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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

Doing Business As

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

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33612

D Employer identification number
59-3238634

E Telephone number
(813) 745-4673

G Gross receipts $ 715,850,453

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

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

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MOFFITT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile FL

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	2,996
6	Total number of volunteers (estimate if necessary)	**6**	285
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	6,143,920	8,687,447
	9 Program service revenue (Part VIII, line 2g)	630,566,541	702,928,667
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,107,244	1,126,327
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,785,787	3,012,807
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	640,603,492	715,755,248
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,597,568	10,629,829
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	220,677,758	237,883,430
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	333,167,642	357,837,966
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	564,442,968	606,351,225
	19 Revenue less expenses Subtract line 18 from line 12	76,160,524	109,404,023

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	112,736,878	135,008,983
	21 Total liabilities (Part X, line 26)	43,809,973	48,959,973
	22 Net assets or fund balances Subtract line 21 from line 20	68,926,905	86,049,010

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-02-13

Yvette Tremonti EVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WILLIAM RIKER				P01226021

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 55 IVAN ALLEN JR BLVD SUITE 1000
ATLANTA, GA 30308 — Phone no (404) 874-8300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 519,628,343 including grants of $ 10,629,829) (Revenue $ 702,971,018)

H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE HOSPITAL, INC (THE "HOSPITAL") IS LOCATED ON THE CAMPUS OF THE UNIVERSITY OF SOUTH FLORIDA IN TAMPA, FL SINCE OPENING IN 1986, THE HOSPITAL HAS BEEN GUIDED BY ONE MISSION, "TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER " MOFFITT IS A LEADING NATIONAL CANCER INSTITUTE (NCI) COMPREHENSIVE CANCER CENTER - ONE OF ONLY 41 IN THE NATION TO HOLD THIS DISTINCTION MOFFITT IS THE TOP-RANKED CANCER HOSPITAL IN FLORIDA AND HAS BEEN LISTED IN U S NEWS & WORLD REPORT AS ONE OF THE "BEST HOSPITALS" FOR CANCER SINCE 1999 WITH MORE THAN 4,500 EMPLOYEES BETWEEN THE HOSPITAL AND RELATED ORGANIZATIONS, MOFFITT HAS AN ECONOMIC IMPACT ON FLORIDA OF NEARLY $1 6 BILLION RESEARCH IS CRITICAL TO MOFFITT'S MISSION MUCH OF OUR CLINICAL TRIALS AND STUDIES ARE DONE THROUGH COLLABORATION BETWEEN MOFFITT RESEARCHERS AND PHYSICIANS WHO FOCUS ON COMPREHENSIVE CANCER TREATMENT THE CLINICAL TRIALS AND STUDIES EXPLORE NEW MEDICAL DISCOVERIES OR NEW WAYS TO USE EXISTING TREATMENTS TO IMPROVE PATIENT CARE EVERY PARTICIPANT HELPS TAKE US ONE STEP CLOSER TO THAT NEXT BIG BREAKTHROUGH IN CANCER TREATMENT REIMBURSEMENT IS ALSO CRITICAL TO THE HOSPITAL'S OPERATIONS, HOWEVER, MOFFITT RECOGNIZES ITS RESPONSIBILITY TO PROVIDE SERVICES AND EDUCATION TO THOSE NEEDING SPECIALIZED RESEARCH CAPABILITIES PATIENTS WHO MEET MOFFITT'S MEDICAL AND SURGICAL PROTOCOLS AND DO NOT HAVE THE ABILITY TO PAY WILL BE TREATED, IF SUCH PROTOCOLS ARE NOT AVAILIABLE IN THEIR COMMUNITY IT IS THIS COMMITMENT THAT GUIDES THE HOSPITAL TO (1) PROVIDE CARE FOR PATIENTS COVERED BY GOVERNMENTAL PROGRAMS BELOW COST(2) PROVIDE FREE CHARITY CARE FOR THOSE WHO CANNOT PAY(3) PROVIDE ONCOLOGY SPECIALIZATION TO THE STATE OF FLORIDA THROUGH INVOLVEMENT IN INVESTIGATIONAL PROTOCOLS, EDUCATION OF FUTURE PHYSICIANS AND CONTINUING PROFESSIONAL EDUCATION FOR PHYSICIANS AND OTHER ALLIED HEALTH CARE PROFESSIONALS(4) TAKE A LEADERSHIP ROLE IN CANCER PREVENTION AND SCREENING ACTIVITIES THE HOSPITAL IS A CRITICAL RESOURCE FOR THE STATE OF FLORIDA, WHICH RANKS SECOND IN THE NATION IN BOTH CANCER INCIDENCE AND MORTALITY MOFFITT IS LICENSED FOR 206 BEDS AND INCLUDES THE MOFFITT MEDICAL CLINIC, A FREESTANDING OUTPATIENT TREATMENT CENTER LOCATED IN SOUTH TAMPA, AND A FREESTANDING CANCER SCREENING AND PREVENTION CENTER PROVIDING A WIDE ARRAY OF OUTREACH AND EDUCATIONAL ACTIVITIES FOR THE GENERAL PUBLIC AND SELECT UNDERSERVED POPULATIONS IN FISCAL YEAR 2014, THE HOSPITAL RECORDED 339,565 OUTPATIENT VISITS AND 9,153 INPATIENT ADMISSIONS TO HELP FURTHER ITS MISSION, MOFFITT COLLABORATES WITH RESPECTED ACADEMIC HOSPITAL SYSTEMS, REGIONAL CARE CENTERS AND PHYSICIANS GROUPS KNOWN AS THE MOFFITT ONCOLOGY NETWORK THE NETWORK MEMBERS ARE HELPING MOFFITT DEVELOP A PREMIER CANCER CARE DELIVERY SYSTEM, FOCUSED SOLELY ON PROVIDING PATIENTS THE BEST PERSONALIZED CANCER CARE

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 519,628,343

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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 V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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? *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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	120		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,996		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		
	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**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶YVETTE TREMONTI 12902 MAGNOLIA DRIVE
TAMPA,FL 33612 (813)745-7862

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,723,953	5,119,757	965,643

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 178

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LAB CORP OF AMERICA PO BOX 12140 BURLINGTON NC 27216	LAB SERVICES	1,253,825
MEDCYCLE MANAGEMENT 1718 GENERAL GEORGE PATTON DR BRENTWOOD TN 37027	COLLECTIONS	239,630
MEDICAL DOCTOR ASSOC PO BOX 277185 ATLANTA GA 30384	STAFFING	224,409
MEDICAL STAFFING NETWORK PO BOX 202996 DALLAS TX 75320	STAFFING	223,159
HILL WARD & HENDERSON PO BOX 2532 TAMPA FL 33601	LEGAL SERVICES	195,817

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 ▶ 11

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	5,174,881			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,512,566			
	g	Noncash contributions included in lines 1a-1f $		3,084,475			
	h	**Total.** Add lines 1a-1f . . . . . ▶		8,687,447			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERV REV	900099	688,221,383	688,221,383		
	b	SPECIALTY PHARMACY	900099	12,480,955	12,480,955		
	c	OUTPATIENT PHARMACY	900099	808,000	808,000		
	d	AFFILIATE SERVICES	900099	504,509	504,509		
	e	EDUCATION CONFERENCES	611710	371,022	371,022		
	f	All other program service revenue		542,798	542,798		
	g	**Total.** Add lines 2a–2f . . . . . ▶		702,928,667			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,163,638			1,163,638
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		57,894			
	b	Less cost or other basis and sales expenses		95,205			
	c	Gain or (loss)		-37,311			
	d	Net gain or (loss) . . . . . ▶		-37,311			-37,311
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722210	2,324,682			2,324,682
	b	INT FROM INS CO	524114	204,998			204,998
	c	REBATES	900099	162,629			162,629
	d	All other revenue		320,498	42,351		278,147
	e	**Total.** Add lines 11a–11d . . . . . ▶		3,012,807			
	12	**Total revenue.** See Instructions . . . . . ▶		715,755,248	702,971,018	0	4,096,783

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	10,629,829	10,629,829		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,976,561	2,831,626	144,935	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	216,640	206,091	10,549	
7 Other salaries and wages	187,770,339	149,012,096	38,758,243	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,246,532	6,700,269	1,546,263	
9 Other employee benefits	25,206,211	22,774,625	2,431,586	
10 Payroll taxes	13,467,147	10,826,025	2,641,122	
11 Fees for services (non-employees)				
a Management				
b Legal	2,161,812		2,161,812	
c Accounting	338,789		338,789	
d Lobbying	354,552		354,552	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,517,799	12,514,095	6,003,704	
12 Advertising and promotion	2,426,353	42,279	2,384,074	
13 Office expenses	44,321,281	29,594,812	14,726,469	
14 Information technology	7,999,064		7,999,064	
15 Royalties . .				
16 Occupancy	11,928,333	3,052,305	8,876,028	
17 Travel	569,060	262,234	306,826	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	481,014	481,014		
20 Interest	7,030,886		7,030,886	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,049,422	9,870,044	20,179,378	
23 Insurance	1,512,844		1,512,844	
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	176,792,477	176,781,201	11,276	
b ALLOC OF INTERCO EXP	0	52,986,504	-52,986,504	
c PURCHASED SERVICES	31,925,032	13,166,883	18,758,149	
d HCCB ASSESSMENT	7,888,054	7,888,054		
e All other expenses	13,541,194	10,008,357	3,532,837	
25 **Total functional expenses.** Add lines 1 through 24e	606,351,225	519,628,343	86,722,882	0
26 **Joint costs.** Complete this line only if the organization 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

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		10,875	1	10,025
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,300,429	3	2,469,265
	4	Accounts receivable, net		67,619,381	4	85,460,800
	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	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		8,491,465	8	9,335,007
	9	Prepaid expenses and deferred charges		1,246,795	9	1,236,204
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 165,171,583			
	b	Less accumulated depreciation	10b 132,885,500	30,649,559	10c	32,286,083
	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		3,418,374	15	4,211,599
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		112,736,878	16	135,008,983
Liabilities	17	Accounts payable and accrued expenses		22,818,068	17	23,872,604
	18	Grants payable			18	
	19	Deferred revenue		166,667	19	174,021
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		20,825,238	25	24,913,348
	26	**Total liabilities.** Add lines 17 through 25		43,809,973	26	48,959,973
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		65,778,599	27	83,164,579
	28	Temporarily restricted net assets		3,148,306	28	2,884,431
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		68,926,905	33	86,049,010
	34	Total liabilities and net assets/fund balances		112,736,878	34	135,008,983

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	715,755,248
2	Total expenses (must equal Part IX, column (A), line 25)	2	606,351,225
3	Revenue less expenses Subtract line 2 from line 1	3	109,404,023
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,926,905
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	-92,281,918
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,049,010

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

Additional Data

Software ID:

Software Version:

EIN: 59-3238634

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETH A HOUGHTON DIRECTOR, CHAIR	1 00 1 00	X		X				0	0	0
THE HONORABLE MARK A PIZZO DIRECTOR, VICE CHAIR	1 00 1 00	X		X				0	0	0
THE HONORABLE H LEE MOFFITT DIRECTOR, SECRETARY/TREASURER	1 00 4 00	X		X				0	0	0
W MICHAEL ALBERTS DIRECTOR, VP-MED AFFAIRS/CMO	55 00 0 00	X		X				399,498	0	53,550
MICHAEL BICE DIRECTOR	1 00 0 00	X						0	0	0
JOSEPH CABALLERO DIRECTOR	1 00 1 00	X						0	0	0
ROLAND DANIELS DIRECTOR	1 00 0 00	X						0	0	0
JULIE DJEU DIRECTOR, ACD RSCH EDUC	1 00 49 00	X						0	302,899	49,604
VALERIE GODDARD DIRECTOR	1 00 0 00	X						0	0	0
STEPHEN K KLASKO MD DIRECTOR	1 00 0 00	X						0	0	0
G DOUGLAS LETSON DIRECTOR, EVP-PHYS IN CHIEF	22 00 33 00	X		X				651,682	0	55,601
ORLANDO NIEVES DIRECTOR	1 00 0 00	X						0	0	0
CHARLES PAIDAS DIRECTOR	1 00 0 00	X						0	0	0
NICOLAS PORTER DIRECTOR	1 00 0 00	X						0	0	0
MARY ANNE REILLY DIRECTOR	1 00 0 00	X						0	0	0
JOHN A KOLOSKY HOSPITAL PRES	25 00 30 00			X				0	782,603	49,523
LOUIS D DE LA PARTE EVP-GEN COUNSEL, ASST SEC	20 00 35 00			X				0	478,606	51,576
YVETTE LYONS TREMONTI EVP-ST&BUS DEV,CFO&ASST TREA 2/2/14	21 00 34 00			X				0	422,671	55,431
BRAULIO VICENTE SVP-HOSP OPERATIONS	35 00 20 00			X				384,002	0	49,766
JANENE CULUMBER SVP-CFO&ASST TREAS TO 2/1/14,FIN&PAY STRAT 2/2/14	21 00 34 00			X				0	437,595	49,983
WILLIAM FRANQUET VP REV CYCLE MGMT AS OF 1/6/2014	35 00 20 00			X				0	0	0
JANE FUSILERO VP-PATIENT CARE SVS/CNO	55 00 0 00			X				336,008	0	42,950
BRENDA S GORDON VP-ANCILLARY SVCS	55 00 0 00			X				299,052	0	23,429
GENE WETZSTEIN DIR PHARMACY	50 00 0 00				X			201,505	0	41,356
VLADIMIR FEYGELMAN ASSOC MBR PHYSICIST	50 00 0 00					X		222,524	0	47,114

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDUARDO G MOROS SR MBR PHYSICIST	50 00 0 00					X		347,302	0	55,365
AMARJIT S SAINI COORD BRACHYTHERAPY PHYSIC	50 00 0 00					X		227,304	0	25,530
SIRIPORN SARANGKASIRI CLINICAL PHYSICIST II	50 00 0 00					X		214,868	0	33,283
STUART G WASSERMAN DIR CLINICAL PHYSICS	50 00 0 00					X		260,515	0	45,755
WILLIAM S DALTON FORMER PRES/CEO	0 00 55 00						X	0	650,794	32,064
DEAN R HEAD FORMER HOSPITAL VP-FAC MGM	0 00 55 00						X	0	223,310	25,679
MARK F HULSE FORMER HOSPITAL VP-CIO	0 00 55 00						X	0	336,830	49,158
ALAN F LIST FORMER EVP-PHYS IN CHIEF	0 00 55 00						X	0	1,193,137	53,794
W J WILSON FORMER HOSPITAL VP-GOVT RE	0 00 55 00						X	0	291,312	45,274
SCOTT D ELDREDGE FORMER KEY EMP, DEPT ADMIN	50 00 0 00						X	179,693	0	29,858

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-3238634

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in 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 in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test		
Return Reference	Explanation	

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		22,631
e	Publications, or published or broadcast statements?	Yes		3,562
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		496,959
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		20,697
i	Other activities?	Yes		11,932
j	Total Add lines 1c through 1i			555,781
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

1	Dues, assessments and similar amounts from members	1	
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	THE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC AND ITS THREE NON-PROFIT SUBSIDIARY CORPORATIONS ("CORPORATION") WERE CREATED TO GOVERN AND OPERATE THE H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE ("INSTITUTE") PURSUANT TO SECTION 1004 43, FLORIDA STATUTES AMONG OTHER THINGS, SECTION 1004 43 FLORIDA STATUTES PROVIDES (1) THAT THE CORPORATION SHALL ENTER INTO AN AGREEMENT WITH THE STATE BOARD OF EDUCATION FOR THE UTILIZATION OF FACILITIES ON THE CAMPUS OF THE UNIVERSITY OF SOUTH FLORIDA, (2) THAT THE CORPORATION SUBMIT ANNUAL POST AUDITS OF ITS FINANCIAL ACCOUNTS TO THE AUDITOR GENERAL OF THE STATE OF FLORIDA AND THE BOARD OF GOVERNORS FOR THEIR REVIEW, AND (3) THAT THE CORPORATION'S CEO REPORT TO THE BOARD OF GOVERNORS OR ITS DESIGNEE AND PROVIDE COPIES OF THE INSTITUTE'S ANNUAL REPORT TO THE GOVERNOR OF THE STATE OF FLORIDA, THE CABINET, THE PRESIDENT OF THE SENATE, THE SPEAKER OF THE HOUSE AND THE CHAIR OF THE BOARD OF GOVERNORS ALTHOUGH THE CORPORATION IS A PRIVATE ENTITY, IT IS NONETHELESS SUBJECT TO THE STATE OF FLORIDA'S PUBLIC RECORDS AND THE PUBLIC MEETINGS LAWS THE CORPORATION ALSO RELIES ON ANNUAL APPROPRIATIONS BY THE LEGISLATURE OF THE STATE OF FLORIDA AND GRANTS FROM VARIOUS LOCAL, STATE AND FEDERAL AGENCIES FOR OPERATION AND MAINTENANCE OF ITS FACILITIES AND FOR SPECIFIC RESEARCH AND CLINICAL PROGRAMS FOR THESE REASONS, THE CORPORATION FROM TIME TO TIME ENGAGES LOBBYISTS AND OTHER CONSULTANTS (1) TO ASSIST IT IN COMPLYING WITH ITS REPORTING REQUIREMENTS TO THE STATE OF FLORIDA UNDER SECTION 1004 43, FLORIDA STATUTES, (2) TO MONITOR LEGISLATIVE AND EXECUTIVE BRANCH ACTION AT LOCAL, STATE AND FEDERAL LEVELS OF GOVERNMENT WHICH IMPACT ITS OPERATION AND THE FULFILLMENT OF ITS MISSION, AND (3) TO INFLUENCE LEGISLATION IN FURTHERANCE OF ITS MISSION IN THE AREAS OF CANCER RESEARCH AND TREATMENT, THE TEACHING AND TRAINING OF HEALTH CARE PROFESSIONALS AND COMMUNITY EDUCATION AND OUTREACH ACTIVITIES THE CORPORATION DOES NOT ENGAGE IN ANY ACTIVITIES TO SUPPORT OR OPPOSE ANY CANDIDATE FOR PUBLIC OFFICE
PART II-B, LINE 1i, OTHER ACTIVITIES	THE OTHER ACTIVITIES AMOUNT LISTED ON LINE 1i IS COMPRISED OF EXPENSES RELATED TO ORCHESTRATING CONTACT BETWEEN GRASSROOTS SUPPORTERS AND ELECTED OFFICIALS TO PROMOTE THE INSTITUTION'S LEGISLATIVE INITIATIVES

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-3238634

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		281,110	281,110	0
d Equipment		162,400,365	132,604,390	29,795,975
e Other		2,490,108		2,490,108
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				32,286,083

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
HCCB ASSESSMENT	9,502,688
ESTIMATED THIRD-PARTY SETTLEMENTS	15,410,660
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	24,913,348

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part 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**				
a	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 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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 information

Return Reference	Explanation
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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493044022925

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-3238634

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	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 all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	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 ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	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 ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
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			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,301,537		18,301,537	3 050 %
b Medicaid (from Worksheet 3, column a)			53,868,698	42,855,879	11,012,819	1 840 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			72,170,235	42,855,879	29,314,356	4 890 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			305,353	0	305,353	0 050 %
f Health professions education (from Worksheet 5)			729,276		729,276	0 120 %
g Subsidized health services (from Worksheet 6)			32,329		32,329	0 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			1,066,958		1,066,958	0 170 %
k **Total.** Add lines 7d and 7j			73,237,193	42,855,879	30,381,314	5 060 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 1,939,368		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	168,323,886
6	Enter Medicare allowable costs of care relating to payments on line 5	6	179,686,395
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-11,362,509
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

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)

Name of hospital facility or facility reporting group H LEE MOFFITT CANCER CENTER & RESEARCH

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning 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	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet 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	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests 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 persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital 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)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C FOR WEBSITE			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ 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 as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ 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			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted 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 required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial 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 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
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)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ 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)			
a ☐ The policy was posted on the hospital facility's website			
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			
e ☐ 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)			
Billing and Collections			
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 the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part 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)

- **a** ☐ 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 individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Section C)

Policy 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			
a ☑ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of 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 individual 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 individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. 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? _____

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	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% OF 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

Form and Line Reference	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

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN A FOR HOSPITAL IS $606,351,225 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $6,352,725 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 $599,998,500

Form and Line Reference	Explanation
Part III, Line 2	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

Form and Line Reference	Explanation
Part III, Line 3	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 OF BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
Part III, Line 4	ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ARE MADE BY MEANS OF THE PROVISION FOR BAD DEBTS ACCOUNTS ARE WRITTEN OFF WHEN DEEMED TO BE UNCOLLECTIBLE AND ARE DEDUCTED FROM THE PATIENT'S ACCOUNTS RECEIVABLE BALANCE THE AMOUNT OF THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENT HEALTHCARE COVERAGE AND OTHER COLLECTION INDICATORS ONE TOOL USED IN MANAGEMENT'S ASSESSMENT IS A DETAILED REVIEW OF HISTORICAL COLLECTIONS AND WRITE-OFFS AT THE CANCER CENTER THAT REPRESENT A MAJORITY OF THE CANCER CENTER'S REVENUES AND ACCOUNTS RECEIVABLE THE RESULTS OF THE DETAILED REVIEW OF HISTORICAL COLLECTIONS AND WRITE-OFFS EXPERIENCE, ADJUSTED FOR CHANGES IN TRENDS AND CONDITIONS, ARE USED TO EVALUATE THE ALLOWANCE AMOUNT FOR THE CURRENT PERIOD

Form and Line Reference	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 TO THE ELDERLY OR DISABLED

Form and Line Reference	Explanation
Part III, Line 9b	PATIENTS ARE SCREENED DURING THE ADMISSIONS PROCESS TO ASSESS THE NEED FOR FINANCIAL ASSISTANCE HOWEVER, IF AT ANY POINT IN THE COLLECTION PROCESS IT IS DETERMINED THAT THE PATIENT MAY BE UNABLE TO MEET ITS OBLIGATION, THE PATIENT WILL BE SENT AN APPLICATION FOR FINANCIAL ASSISTANCE OR CHARITY ADJUSTMENT IF PATIENT DOES NOT EXPRESS THE INABILITY TO PAY PRIOR TO BILLING, AN INVOICE IS SENT TO THE PATIENT WHICH 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 THEIR FINANCIAL OBLIGATIONS

Form and Line Reference	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 COMPETENT 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

Form and Line Reference	Explanation
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 FINANCIAL ASSISTANCE HOSPITAL ALSO OFFERS PAYMENT PLAN OPTIONS

Form and Line Reference	Explanation
Part VI, Line 4	DEMOGRAPHICS OF MOFFITT'S SERVICE AREA THE HEALTH OF A COMMUNITY IS ASSOCIATED WITH NUMERO US FACTORS INCLUDING WHAT RESOURCES AND SERVICES ARE AVAILABLE (E G , SAFE GREEN SPACE, AC CESS TO HEALTHY FOODS) AS WELL AS WHO LIVES IN THE COMMUNITY THE SECTION BELOW PROVIDES A N OVERVIEW OF THE POPULATION OF MOFFITT'S SERVICE AREA THE DEMOGRAPHICS OF A COMMUNITY AR E 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 I NDIVIDUAL'S HEALTH, THE DISTRIBUTION OF THESE CHARACTERISTICS IN A COMMUNITY MAY AFFECT TH E NUMBER AND TYPE OF SERVICES AND RESOURCES AVAILABLE MOST PARTICIPANTS DESCRIBED THEIR C OMMUNITIES 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 POPULAT IONS AND LONG-TIME RESIDENTS THAT CREATES CHALLENGES FOR COMMUNITIES POPULATION IN 2013, T HE SEVEN COUNTY REGION SERVED BY MOFFITT ("THE REGION") HAD A POPULATION OF 4,226,113, RAN GING FROM 172,778 IN HERNANDO COUNTY TO 1,306,314 IN HILLSBOROUGH COUNTY HILLSBOROUGH COU NTY (31%) COMPRISED THE LARGEST PROPORTION OF THE REGION'S POPULATION, FOLLOWED BY PINELLA S COUNTY (22%) FURTHERMORE, THE REGION'S OVERALL POPULATION HAS INCREASED BY 3 71% OVER T HE FOUR YEARS, WHICH IS SIMILAR TO GROWTH OF FLORIDA POPULATION AT 4%, AND IS A THIRD MORE THAN THE U S POPULATION OF 2 5% THE COUNTIES IN THE REGION INCREASED BY AT LEAST 3 4%, WITH MANATEE COUNTY EXPERIENCING THE GREATEST AMOUNT OF GROWTH (6%) AGE DISTRIBUTION THE AGE DISTRIBUTION OF THE REGION WAS SLIGHTLY HIGHER TO THAT OF FLORIDA'S IN 2013, WITH A SL IGHTLY 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 COUNTI ES RACIAL AND ETHNIC DIVERSITY CULTURAL, RACIAL, AND ETHNIC DIVERSITY WAS THE MOST FREQUEN TLY-CITED CHARACTERISTIC OF MANY COMMUNITIES EXCEPTIONS WERE THE COMMUNITIES OF SARASOTA AND THE RETIREMENT AREA OF HERNANDO WHICH WERE DESCRIBED BY RESPONDENTS AS PREDOMINANTLY W HITE FROM 2009 TO 2013, THE MAJORITY OF THE POPULATION IN THE REGION WAS WHITE, WITH A SMA LLER PROPORTION OF BLACKS, HISPANICS OR ANY OTHER RACE THAN BOTH THE STATE OR THE U S OVE RALL EXAMINING THE INDIVIDUAL COUNTIES REVEALS THAT HERNANDO, PASCO AND SARASOTA WERE THE MOST HOMOGENEOUS COUNTIES, WITH APPROXIMATELY 90% OF THEIR POPULATIONS BEING WHITE HILLS BOROUGH COUNTY HAD THE GREATEST PROPORTION OF HISPANICS (26%) AND BLACKS (17 4%), HIGHER T HAN THAT OF THE STATE (23 6% AND 16 7%, RESPECTIVELY) ADDITIONALLY, WHILE ALL COUNTIES HA VE 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 FOUR YEAR S, WHICH IS GREATER THAN THAT OF THE STATE OR THE U S COMPARED TO FLORIDA AND THE U S , TH E REGION HAD PROPORTIONALLY FEWER FOREIGN BORN (NON-U S BORN) RESIDENTS FLORIDA AT 19 4% WAS ABOVE THE U S AVERAGE (12 9%) OF FOREIGN BORN RESIDENTS ACROSS THE REGION, 16 1% OF THE POPULATION SPOKE A LANGUAGE OTHER THAN ENGLISH AT HOME, WHICH IS BELOW THE STATE (27 4%) AND NATIONAL (20 7%) AVERAGES ALTHOUGH, IN HILLSBOROUGH COUNTY 26 4% OF ITS POPULATIO N SPOKE A LANGUAGE OTHER THAN ENGLISH AT HOME INCOME AND POVERTY BETWEEN 2009 AND 2013 PER SONS LIVING BELOW POVERTY IN THE REGION WERE SIMILAR TO THOSE OF FLORIDA AND THE U S (15 1 %, 16 3%, AND 15 4%, RESPECTIVELY) HOWEVER, OF THE SEVEN COUNTIES, POLK COUNTY HAD THE HI GHEST PERCENT OF PERSONS LIVING BELOW POVERTY AT 18 2% EDUCATION OVERALL, THE EDUCATIONAL ATTAINMENT IN THE SEVEN COUNTY REGION WAS SIMILAR TO THAT OF FLORIDA AND THE U S , 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 BACHELOR'S DEGREE OR HIGHER ALTERNATIVELY, POLK COUNTY HAD THE LOWEST LEVELS OF EDUCATIONAL ATTAINMENT, IN GENERAL, 1 8% OF INDIVIDUALS HAVE LESS THAN A HIGH SCHOOL DEGREE EMPLOYMENT UNEMPLOYMENT RATE IN FLOR IDA FOR 2014 WAS APPROXIMATELY 6 1% SIMILAR TO THAT OF THE U S AT 6 2% ACROSS THE SEVEN COUNTIES OF MOFFITT'S SERVICE AREA, UNEMPLOYMENT RANGED FROM A LOW OF 5% IN MANATEE COUNTY TO A HIGH OF 6 9% IN HERNANDO COUNTY, PER FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY SOCI AL AND PHYSICAL ENVIRONMENT WITHIN THE SEVEN COUNTIES THERE ARE ROUGHLY 76 HOSPITALS EVENL Y SPLIT BETWEEN FOR-PROFIT AND NON-PROFIT PROVIDERS, BASED ON THE 2015 FLORIDA HOSPITAL AS SOCIATION LISTING MOFFITT'S HOSPITAL IS THE ONLY CANCER SPECIALTY HOSPITAL IN THE REGION AND IS THE ONLY CANCER CENTER IN FLORIDA WITH THE

Form and Line Reference	Explanation
Part VI, Line 4	NATIONAL CANCER INSTITUTE (NCI)DESIGNATION

Form and Line Reference	Explanation
Part VI, Line 5	THE HOSPITAL IS INTERNATIONALLY RECOGNIZED FOR ITS FOCUS ON TOTAL CANCER CARE AND TRANSLATIONAL RESEARCH AND HAS GROWN TO BE THE THIRD-LARGEST CANCER CENTER IN THE U S BASED ON OUTPATIENT VISITS 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 963 UNITS OF BLOOD AND PLATELETS WERE DONATED BY MOFFITT EMPLOYEES DURING BLOOD DRIVES HELD ON CAMPUS,3,000 POUNDS OF FOOD AND 460 HOURS OF SERVICE WERE DONATED TO METROPOLITAN MINISTRIES,2137 CHILDREN WERE EDUCATED ABOUT THE IMPORTANCE AND BENEFITS OF HEALTHY BEHAVIORS THROUGH THE MOFFITT HEALTHY KIDZ PROGRAM,EACH YEAR, APPROXIMATELY 1164 MEDICAL RESIDENTS AND FELLOWS, AS WELL AS, 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 IN FY2014 THERE WERE 8,756 TOTAL INTERPRETATION ENCOUNTERS WITH LIMITED ENGLISH PROFICIENCY PATIENTS AND A 950% INCREASE IN THE TOTAL NUMBER OF DEAF AND HARD OF HEARING PATIENTS AND FAMILIES REQUIRING LANGUAGE ASSISTANCE, HOSTED EVENTS AT MOFFITT AND IN THE COMMUNITY ON THE IMPACT OF LANGUAGE AND COMMUNICATION SERVICES ON PATIENT SAFETY, QUALITY OF CARE AND HEALTHCARE OUTCOMES, THE MOFFITT PROGRAM FOR OUTREACH WELLNESS EDUCATION AND RESOURCES (M-POWER), AN OUTREACH PROGRAM FOR UNDERSERVED POPULATIONS, IS DEDICATED TO BUILDING COMMUNITY PARTNERSHIPS WITH OVER 200 COMMUNITY PARTNERS TO DATE THAT PARTICIPATE IN COMMUNITY BASED HEALTH FAIRS, HIGH PROFILE COMMUNITY EVENTS AND CELEBRATIONS, HEALTH EDUCATION ON CANCER RELATED TOPICS, HEALTH ADVISOR TRAINING PROGRAMS, ACCESS TO NO COST CANCER SCREENINGS AND A VARIETY OF EDUCATIONAL PROGRAMS AND MATERIALS, THE YO ME CUIDO (YMC) PROGRAM IS DEDICATED TO ADDRESSING AND REDUCING BREAST CANCER DISPARITIES AMONG SPANISH AND ENGLISH SPEAKING HISPANIC WOMEN, PROVIDING EDUCATION, SCREENINGS, REMINDERS AND REFERRALS FOR WOMEN 40 YEARS AND OLDER AND IN 2012 A MULTI-MEDIA CAMPAIGN WAS LAUNCHED TO SPREAD THE YMC PROGRAM TO A WIDER AUDIENCE BY USING SPANISH MEDIA AND SOCIAL NETWORKS, 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

Form and Line Reference	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 $1,984,393PERCENT OF TOTAL MMG ENTITY EXPENSE 1 82%PERCENT OF COMBINED EXPENSE 23%MOFFITT MEDICAL GROUPHEALTH PROFESSIONS EDUCATION WAS $8,143,658PERCENT OF TOTAL MMG ENTITY EXPENSE 7%PERCENT OF COMBINED EXPENSE 97%MOFFITT MEDICAL GROUP'S BAD DEBT EXPENSE AT COST $987,441MOFFITT RESEARCHRESEARCH NET COMMUNITY BENEFIT EXPENSE WAS $30,897,629PERCENT OF TOTAL AFFILIATE EXPENSE 24 09%PERCENT OF COMBINED EXPENSE 3 69%

Form and Line Reference	Explanation
PART VI, LINE 7	H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC HAS ONLY ONE LICENSED HOSPITAL OPERATING IN THE STATE OF FLORIDA, WHICH DOES NOT REQUIRE FILING A COMMUNITY BENEFIT REPORT

Additional Data

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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 DIVERSITYCONFERENCE PLANNING ASSISTANTMANAGER, CONTINUING EDUCATION AND CONFERENCE PLANNINGRESEARCH FACULTYCOORDINATOR, PROGRAM OUTREACH, LATTE (LUNG AND THORACIC TUMOR EDUCATION)MANAGER, EMPLOYEE HEALTH SERVICESDIRECTOR, NUTRITION THERAPYSUPERVISOR AND COORDINATOR, MELANOMA PROGRAMDEPARTMENT ADMINISTRATOR, WOMEN'S ONCOLOGYMANAGER CLINIC OPERATIONS, MOFFITT CANCER CENTER SCREENING AND PREVENTIONMEDICAL DIRECTOR, MOFFITT CANCER CENTER SCREENING AND PREVENTIONRESEARCH COORDINATORMANAGER, 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 CENTERVP 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 ASSOCIATIONPINELLAS COUNTY HEALTH DEPARTMENT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH	Part V, Section B, Line 5d THE CHNA IS AVAILABLE ON MOFFITT'S WEBSITE AT, HTTP //MOFFITT ORG/THE-MOFFITT-EXPERIENCE/COMMUNITY-BENEFIT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
H LEE MOFFITT CANCER CENTER & RESEARCH	Part V, Section B, Line 18e MOFFITT HOSPITAL DID NOT INITIATE ANY OF THE ACTIONS DESCRIBED IN SCHEDULE H, PART V, SECTION B, LINE 17 HOWEVER, IF THE HOSPITAL HAD UNDERTAKEN ANY OF THE LISTED ACTIONS, IT WOULD HAVE FIRST NOTIFIED PATIENTS OF ITS FINANCIAL ASSISTANCE POLICY ON ADMISSION, PRIOR TO DISCHARGE, AND IN COMMUNICATIONS WITH THE PATIENTS REGARDING THEIR BILLS MOFFITT HOSPITAL DOCUMENTS ITS DETERMINATION OF WHETHER PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-3238634

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) H LEE MOFFITT CC&RI INC 12902 MAGNOLIA DRIVE TAMPA,FL 33612	59-2451713	501(C)(3)	10,576,930				INTERCOMPANY SUPPORT
(2) MOFFITT GENETICS CORPORATION 10902 N MCKINLEY DRIVE TAMPA,FL 33612	20-8486180		49,899				INTERCOMPANY SUPPORT

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

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

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	THE SCHEDULE I, PART II GRANT AMOUNTS REPRESENT INTERCOMPANY SUPPORT AND ARE ONLY MADE TO RELATED ORGANIZATIONS TO SUPPORT THEIR OPERATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-3238634

Part I Questions Regarding Compensation

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

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

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

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

Part III Supplemental Information

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 any additional information

Return Reference	Explanation
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
Part I, Lines 4a-b	BRENDA S GORDON LEFT MOFFITT HOSPITAL ON JULY 7, 2013 AND RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF $104,650 THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AND AMOUNTS LISTED ARE INCLUDED IN THEIR TOTAL COMPENSATION LISTED IN SCH J, PART II, COLUMN B, RESPECTIVELY WILLIAM M ALBERTS-$0 YVETTE M LYONS TREMONTI-$0 JANENE J CULUMBER-$0 JOHN A KOLOSKY-$0 BRAULIO VICENTE-$0 LOUIS D DE LA PARTE-$0 G DOUGLAS LETSON-$0 BRENDA S GORDON-$0 WILLIAM S DALTON-$0 ALAN F LIST-$215,089 W J WILSON-$0
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

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
W MICHAEL ALBERTS DIRECTOR, VP-MED AFFAIRS/CMO	(I) (II)	312,531 0	65,811 0	21,156 0	22,678 0	36,398 0	458,574 0	0 0
JULIE DJEU DIRECTOR, ACD RSCH EDUC	(I) (II)	0 266,025	0 20,159	0 16,715	0 22,672	0 27,680	0 353,251	0 0
G DOUGLAS LETSON DIRECTOR, EVP-PHYS IN CHIEF	(I) (II)	483,596 0	155,439 0	12,647 0	22,694 0	38,436 0	712,812 0	0 0
JOHN A KOLOSKY HOSPITAL PRES	(I) (II)	0 598,403	0 155,805	0 28,395	0 22,706	0 28,821	0 834,130	0 0
LOUIS D DE LA PARTE EVP-GEN COUNSEL, ASST SEC	(I) (II)	0 376,684	0 99,190	0 2,732	0 22,685	0 35,575	0 536,866	0 0
YVETTE LYONS TREMONTI EVP-ST&BUS DEV,CFO&ASST TREA 2/2/14	(I) (II)	0 335,318	0 86,210	0 1,143	0 22,543	0 38,527	0 483,741	0 0
BRAULIO VICENTE SVP-HOSP OPERATIONS	(I) (II)	310,815 0	64,327 0	8,860 0	16,431 0	40,137 0	440,570 0	0 0
JANENE CULUMBER SVP-CFO&ASST TREAS TO 2/1/14,FIN&PAY	(I) (II)	0 360,760	0 67,776	0 9,059	0 16,435	0 39,445	0 493,475	0 0
JANE FUSILERO VP-PATIENT CARE SVS/CNO	(I) (II)	276,405 0	55,550 0	4,053 0	16,426 0	34,482 0	386,916 0	0 0
BRENDA S GORDON VP-ANCILLARY SVCS	(I) (II)	118,643 0	56,006 0	124,403 0	11,205 0	17,946 0	328,203 0	0 0
GENE WETZSTEIN DIR PHARMACY	(I) (II)	173,044 0	27,645 0	816 0	9,137 0	33,788 0	244,430 0	0 0
VLADIMIR FEYGELMAN ASSOC MBR PHYSICIST	(I) (II)	220,558 0	500 0	1,466 0	20,975 0	27,428 0	270,927 0	0 0
EDUARDO G MOROS SR MBR PHYSICIST	(I) (II)	344,068 0	500 0	2,734 0	22,681 0	34,980 0	404,963 0	0 0
AMARJIT S SAINI COORD BRACHYTHERAPY PHYSIC	(I) (II)	226,804 0	500 0	0 0	12,160 0	13,371 0	252,835 0	0 0
SIRIPORN SARANGKASIRI CLINICAL PHYSICIST II	(I) (II)	207,602 0	5,346 0	1,920 0	11,986 0	22,163 0	249,017 0	0 0
STUART G WASSERMAN DIR CLINICAL PHYSICS	(I) (II)	218,199 0	34,571 0	7,745 0	12,272 0	35,376 0	308,163 0	0 0
WILLIAM S DALTON FORMER PRES/CEO	(I) (II)	0 642,953	0 0	0 7,841	0 12,575	0 29,952	0 693,321	0 0
DEAN R HEAD FORMER HOSPITAL VP-FAC MGM	(I) (II)	0 190,414	0 28,102	0 4,794	0 10,710	0 22,142	0 256,162	0 0
MARK F HULSE FORMER HOSPITAL VP-CIO	(I) (II)	0 278,344	0 50,029	0 8,457	0 16,427	0 39,388	0 392,645	0 0
ALAN F LIST FORMER EVP-PHYS IN CHIEF	(I) (II)	0 664,735	0 226,905	0 301,497	0 22,710	0 38,050	0 1,253,897	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WJ WILSON FORMER HOSPITAL VP-GOVT RE	(I)	0	0	0	0	0	0	0
	(II)	233,526	56,613	1,173	16,156	33,887	341,355	0
SCOTT D ELDREDGE FORMER KEY EMP, DEPT ADMIN	(I)	146,003	23,166	10,524	10,533	23,288	213,514	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-3238634

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total ▶ $												

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CAITLAN MILLER	SEE PART V	26,757	SEE PART V		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV	INTERESTED PERSON CAITLAN MILLERRELATIONSHIP FAMILY MEMBER OF BRAULIO VICENTE, OFFICERTRANSACTION COMPENSATION AS AN EMPLOYEE OF THE ORGANIZATION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-3238634

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	9	3,084,475	PURCHASE PRICE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

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

Part II **Supplemental Information.** 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.

Return Reference	Explanation
Part I, Column (b)	THE NUMBER ON LINE 25(B) REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-3238634

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 LOUIS D DE LA PARTE - OFFICER JANENE J CULUMBER - OFFICER YVETTE LYONS TREMONTI - OFFICER HOSPITAL & MOFFITT TECHNOLOGIES CORPORATION JOHN A KOLOSKY - OFFICER LOUIS D DE LA PARTE - OFFICER JANENE J CULUMBER - OFFICER

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

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	LINE 11B, 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

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

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

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

Return Reference	Explanation
Form 990, Part VII, Section A	WILLIAM FRANQUET DID NOT RECEIVE REPORTABLE COMPENSATION IN CALENDAR YEAR 2013 GIVEN HIS HIRE DATE WAS JANUARY 6, 2014 AVERAGE WEEKLY HOURS REFLECTED IN PART VII ARE BASED ON HIS HIRE DATE WITHIN THE ORGANIZATION'S TAX YEAR

Return Reference	Explanation
Form 990, Part IX, Column (D)	THERE ARE NO FUNDRAISING EXPENSES BECAUSE THE CONTRIBUTIONS ARE FROM RELATED AND NON-RELATED ORGANIZATIONS 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

Return Reference	Explanation
Form 990, Part XI, line 9	TRANSFER TO TAX EXEMPT AFFILIATES -92018043 INTEREST IN NET ASSETS OF FOUNDATION -263875

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493044022925

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-3238634

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-2451713	PARENT-RESEARCH	FL	501(c)(3)	Line 7	N/A		No
(2) H LEE MOFFITT CANCER CTR & RESEARCH INSTITUTE FOUNDATION INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238636	FUNDRAISING	FL	501(c)(3)	Line 7	N/A		No
(3) H LEE MOFFITT CC&RI LIFETIME CANCER SCREENING CENTER INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238640	PRACTICE MANAGEMENT	FL	501(c)(3)	Line 9	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MOFFITT TECHNOLOGIES CORPORATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612 30-0332914	TECHNOLOGY MANAGEMENT	FL	N/A	C					No
(2) MOFFITT GENETICS CORPORATION 10902 N MCKINLEY DRIVE TAMPA, FL 33612 20-8486180	DATABASE MANAGEMENT	FL	N/A	C					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

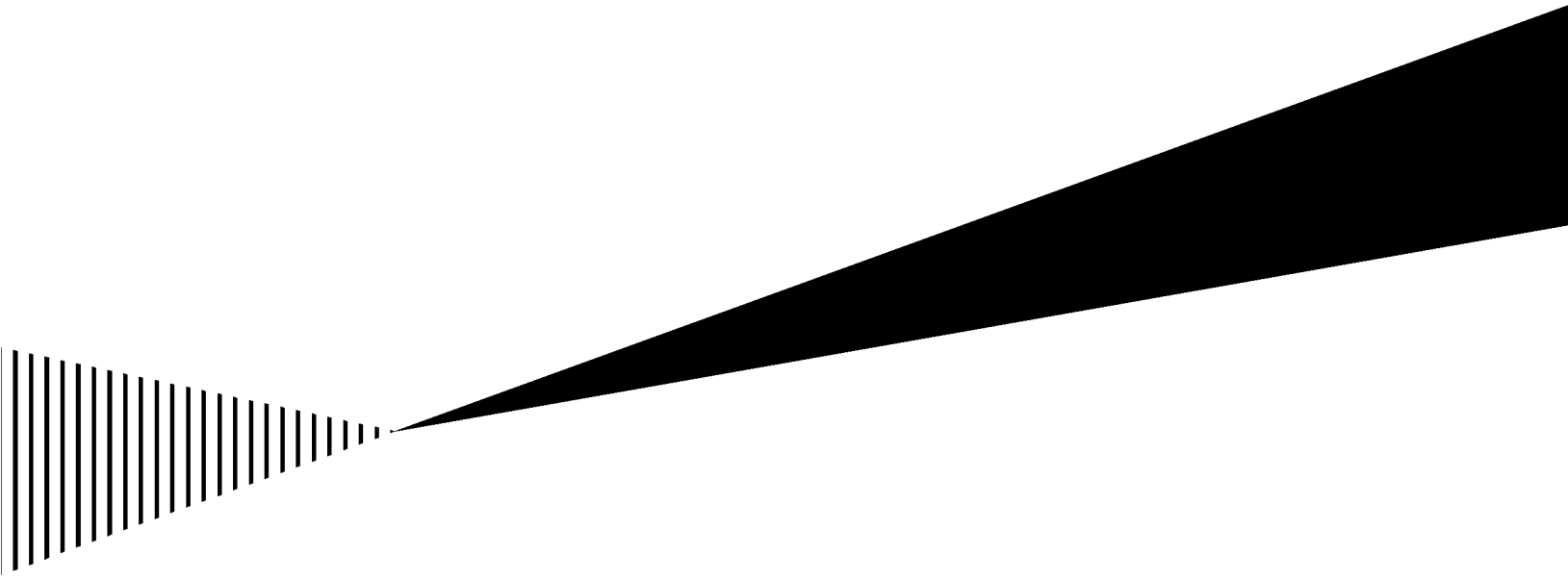
Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

H. Lee Moffitt Cancer Center & Research Institute, Inc. and Subsidiaries
Years Ended June 30, 2014 and 2013
With Report of Independent Certified Public Accountants

Ernst & Young LLP



EY
Building a better working world

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

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

Contents

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Building a better working world

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, 2014 and 2013, 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 consolidated financial statements.

Management's Responsibility for the Consolidated 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. Those 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.

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, 2014 and 2013, 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 accompanying consolidating balance sheet and consolidating statement of operations are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. 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 2, 2014, 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.

Ernst & Young LLP

October 2, 2014

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

Consolidated Balance Sheets

	June 30	
	2014	**2013**
Assets		
Current assets:		
Cash and cash equivalents	**$ 96,422,318**	$ 86,941,683
Current portion of assets limited as to use	**14,136,011**	9,275,205
Accounts receivable, less allowances for uncollectibles (2014 – $15,951,000; 2013 – $16,207,000)	**94,617,255**	77,015,193
Current portion of pledges receivable	**5,369,110**	3,754,159
Inventories	**9,335,007**	8,491,465
Grant receivables	**14,650,949**	8,862,666
Prepaid and other current assets	**10,328,881**	12,034,997
Total current assets	**244,859,531**	206,375,368
Assets limited as to use, net of current portion	**312,927,510**	293,619,889
Pledges receivable, less discounts and allowances for uncollectible pledges, net of current portion	**7,497,964**	9,994,818
Property, plant, and equipment:		
Land	**9,306,184**	9,306,184
Building and land improvements	**361,767,830**	360,402,078
Equipment	**399,612,584**	387,531,743
	770,686,598	757,240,005
Less accumulated depreciation	**(456,780,421)**	(424,242,107)
	313,906,177	332,997,898
Construction-in-progress	**34,667,574**	8,382,824
	348,573,751	341,380,722
Other assets	**3,803,874**	3,565,741
Total assets	**$ 917,662,630**	$ 854,936,538

	June 30	
	2014	**2013**
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	**$ 58,411,463**	$ 48,416,546
Accrued employee compensation	**42,104,716**	38,251,994
Accrued interest	**5,609,783**	5,673,463
Estimated third-party settlements	**15,410,660**	12,598,877
Current portion of long-term debt	**8,560,000**	4,595,000
Total current liabilities	**130,096,622**	109,535,880
Other liabilities	**22,622,216**	21,064,503
Long-term debt, net of current portion	**303,247,525**	312,828,864
Total liabilities	**455,966,363**	443,429,247
Net assets:		
Unrestricted	**381,967,626**	337,784,031
Temporarily restricted	**66,231,370**	60,286,832
Permanently restricted	**13,497,271**	13,436,428
Total net assets	**461,696,267**	411,507,291
Total liabilities and net assets	**$ 917,662,630**	$ 854,936,538

See accompanying notes.

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

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30	
	2014	**2013**
Unrestricted revenues and other support		
Net patient service revenues	**$ 758,687,299**	$ 691,152,110
Provision for patient service bad debts	**(9,587,253)**	(14,326,373)
Net patient service revenues less provision for bad debts	**749,100,046**	676,825,737
Other revenues, less provision for grant and other bad debts (2014 – $1,075,000, 2013 – $30,000)	**81,601,789**	77,564,295
Net assets released from restrictions and used for operating expenses	**24,516,592**	25,094,908
Total unrestricted revenues and other support	**855,218,427**	779,484,940
Expenses		
Salaries, wages, and benefits	**415,260,342**	383,987,410
Faculty fees	**9,813,167**	9,636,730
Purchased services	**82,223,363**	69,442,153
Supplies	**219,275,934**	203,315,182
Other operating expenses	**60,336,305**	55,922,609
Depreciation and amortization	**39,329,725**	40,447,058
Interest	**8,220,377**	8,810,223
Total expenses	**834,459,213**	771,561,365
Income from operations	**20,759,214**	7,923,575
Nonoperating gains, net	**13,402,694**	9,989,687
Excess of revenues and gains over expenses and losses	**34,161,908**	17,913,262

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

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

	Year Ended June 30	
	2014	**2013**
Unrestricted net assets		
Excess of revenues and gains over expenses and losses	**$ 34,161,908**	$ 17,913,262
Other changes		
Net assets released from restrictions and used to purchase property, plant, and equipment	**79,939**	1,550,554
Net assets released from restrictions and used for payment of long-term debt	**10,385,721**	7,009,239
Change in net unrealized losses on investments	**(1)**	(63,273)
Grants (used for purchases) received for reimbursement of property, plant, and equipment	**135,485**	(42,207)
Restricted investment income	**(589,144)**	(532,793)
Other	**9,687**	56,033
Increase in unrestricted net assets	**44,183,595**	25,890,815
Temporarily restricted net assets		
Contributions and memorials	**17,051,167**	15,808,388
Grants and contracts with purpose restrictions	**13,099,007**	11,669,648
Investment income	**589,144**	532,793
Net assets released from purpose restrictions and used to purchase property, plant, and equipment	**(79,939)**	(1,550,554)
Net assets released from purpose restrictions and used for payment of operating expenses	**(23,168,783)**	(23,772,898)
Net assets released from purpose restrictions and used for payment of long-term debt	**(10,385,721)**	(7,009,239)
Net assets released from purpose restrictions and used for payment of interest	**(668,365)**	(657,164)
Net assets released from time restrictions and used for payment of operating expenses	**(679,444)**	(664,846)
Proceeds from the Cigarette Tax Trust Fund	**10,648,291**	5,691,996
Interest earnings on proceeds from the Cigarette Tax Trust Fund	**18**	122
Loss on uncollectible temporarily restricted pledges	**(461,347)**	(70,500)
Other	**510**	(1)
Increase (decrease) in temporarily restricted net assets	**5,944,538**	(22,255)
Permanently restricted net assets		
Contributions and memorials	**60,843**	341,582
Increase in permanently restricted net assets	**60,843**	341,582
Increase in net assets	**50,188,976**	26,210,142
Net assets at beginning of year	**411,507,291**	385,297,149
Net assets at end of year	**$ 461,696,267**	$ 411,507,291

See accompanying notes

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

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2014	**2013**
Operating activities and nonoperating gains		
Increase in net assets	**$ 50,188,976**	$ 26,210,142
Adjustments to reconcile increase in net assets to net cash (used in) provided by operating activities and nonoperating gains		
Loss on sale of property, plant, and equipment	**375,239**	444,915
Restricted contributions and restricted investment income	**(28,349,971)**	(22,375,375)
Contribution of restricted securities	**(5,533,908)**	–
Contribution of unrestricted securities	**35,052**	–
Unrealized loss on donated land held for sale and investment	**170,000**	–
Grants and contracts with purpose restrictions	**(13,099,007)**	(11,669,648)
Grants received for reimbursement of property, plant, and equipment purchases	**(135,485)**	(42,207)
Investments in assets limited as to use designated as trading securities, net	**(1,126,308)**	(7,059,841)
Change in net unrealized gains on investments	**(6,098,247)**	(1,289,888)
Depreciation and amortization	**39,329,725**	40,447,058
Amortization of bond premium and discount	**(1,021,339)**	(816,800)
Gain on early extinguishment of debt	–	(1,348,691)
Provision for bad debts	**10,662,387**	14,356,373
Other realized gains	**(1,742,997)**	–
Changes in operating assets and liabilities		
Accounts receivable	**(28,264,449)**	(9,887,041)
Inventories	**(843,542)**	1,156,310
Grant receivables	**(5,788,283)**	661,626
Prepaid and other assets	**1,211,134**	807,463
Pledges receivable	**881,903**	(4,681,452)
Accounts payable and accrued expenses	**9,994,918**	149,919
Accrued employee compensation	**3,852,722**	(2,233,587)
Accrued interest	**(63,680)**	1,143,067
Estimated third-party settlements	**2,811,783**	15,776,433
Other liabilities	**1,557,714**	12,402,127
Net cash provided by operating activities and nonoperating gains	**29,004,337**	52,150,903
Investing activities		
Purchases of property, plant, and equipment	**(46,811,145)**	(29,822,058)
Purchases of investments	**(25,000,000)**	–
Change in assets limited as to use	**8,021,075**	(116,927,145)
Other realized gains	**1,742,997**	–
Net cash used in investing activities	**(62,047,073)**	(146,749,203)
Financing activities		
Payments on long-term debt	**(4,595,000)**	(66,415,000)
Proceeds from the issuance of long-term debt	–	183,986,487
Restricted contributions and restricted investment income	**28,349,971**	22,375,375
Grants and contracts with purpose restrictions	**13,099,007**	11,669,648
Contribution of securities with purpose restrictions	**5,533,908**	–
Grants received for reimbursement of property, plant, and equipment purchases	**135,485**	42,207
Payment for debt financing costs	–	(1,460,886)
Net cash provided by financing activities	**42,523,371**	150,197,831
Increase in cash and cash equivalents	**9,480,635**	55,599,531
Cash and cash equivalents at beginning of year	**86,941,683**	31,342,152
Cash and cash equivalents at end of year	**$ 96,422,318**	$ 86,941,683

See accompanying notes

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

Notes to Consolidated Financial Statements

June 30, 2014

1. Organization

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

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

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

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

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

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

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

1. Organization (continued)

Mission Statement

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

2. Summary of Significant Accounting Policies

Nonoperating Gains and Losses

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

Use of Estimates

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

Statements of Cash Flows

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

2. Summary of Significant Accounting Policies (continued)

Estimated Third-Party Settlements

The Cancer Center is reimbursed on a cost basis for Medicare inpatient and outpatient services subject to certain limitations. The Cancer Center is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Cancer Center and audits by the Medicare fiscal intermediary. For services provided to Medicaid beneficiaries, the Cancer Center is reimbursed on a cost basis for outpatient services, subject to certain limitations, and reimbursed based on All Payor Related – Diagnostic Related Groups for inpatient services. 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.

The Cancer Center has reviewed its Medicaid outpatient rate, and believes it has received a higher rate in prior fiscal years than to which it is entitled. The Cancer Center contacted Florida's Agency for Health Care Administration to discuss the issue, but no resolution of the matter has occurred. Therefore, the Cancer Center has accrued a liability, for the fiscal years ended June 30, 2014 and 2013, of $8,668,000 and $7,558,000, respectively, for the estimated overpayments received by the Cancer Center.

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, Patient Accounts Receivable, and the Allowance for Uncollectibles

Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigation. Net patient service revenue increased (decreased) by approximately $4,422,000 and $(1,248,000) for the years ended June 30, 2014 and 2013, respectively, for adjustments to prior-year estimated third-party settlements.

2. Summary of Significant Accounting Policies (continued)

Net patient revenues are recorded during the period the health care services are provided based upon the estimated amounts due from the patients and third-party payors. Third-party payors include federal and state agencies (under 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 records a provision for doubtful accounts related to uninsured accounts to record the net self-pay accounts receivable at the estimated collectible amounts. Net patient service revenues from third-party payors, and other revenues for the fiscal years ended June 30, 2014 and 2013, are summarized in the following table:

	Twelve Months Ended June 30			
	2014	**Ratio**	**2013**	**Ratio**
Medicare	**$ 211,459,605**	**28.2%**	$ 186,894,268	27.6%
Medicaid	**41,169,261**	**5.5**	37,632,520	5.6
Managed care	**483,326,290**	**64.5**	444,598,824	65.7
Other/self-pay	**22,732,143**	**3.1**	22,026,498	3.2
Revenues before provision for patient service bad debts	**758,687,299**	**101.3**	691,152,110	102.1
Provision for patient service bad debts	**(9,587,253)**	**(1.3)**	(14,326,373)	(2.1)
Net patient service revenues less provision for bad debts	**$ 749,100,046**	**100.0%**	$ 676,825,737	100.0%

The Cancer Center provides for accounts receivable that could become uncollectible in the future by establishing an allowance to reduce the carrying value of such receivables to the estimated net realizable value. 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.

2. Summary of Significant Accounting Policies (continued)

These allowances are 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. For all payor types, when the Cancer Center can no longer reasonably estimate collectability of an account based on the aging of the balance due and the volatility and unpredictable nature of the amount, the Cancer Center reserves substantially all amounts due.

The Cancer Center's reserve for patients with third-party coverage decreased to 12.1% of third-party accounts receivable as of June 30, 2014, from 16.1% of third-party receivable as of June 30, 2013. In addition, the Cancer Center's third-party write-offs increased $2,275,000 to $54,734,000 for the fiscal year ended June 30, 2014, from $52,460,000 for the fiscal year ended June 30, 2013. These changes were primarily a result of policy and noncovered charges. The Cancer Center has not changed its charity care or uninsured discount policies during the fiscal years ended June 30, 2014 or 2013.

The Cancer Center's allowance for doubtful accounts for self-pay/commercial patients decreased to 47.7% of self-pay accounts receivable as of June 30, 2014, from 52.0% of self-pay/commercial accounts receivable as of June 30, 2013. In addition, the Cancer Center's self-pay/commercial write-offs decreased $1,205,000 to $18,359,000 for the fiscal year ended June 30, 2014, from $19,564,000 for the fiscal year ended June 30, 2013. These changes were the result of positive trends experienced in the write-off and collection of self-pay/commercial patients during the fiscal year ended June 30, 2014.

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.

2. Summary of Significant Accounting Policies (continued)

Inventories

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

Risk Management and Self-Insurance

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

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

Fair Value of Certain Financial Instruments

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

Fair Value Measurements

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 Financial Accounting Standard Board (FASB) established a hierarchy of inputs that the entity must consider, including both independent market data inputs and the entities' assumptions about the market's participant assumptions. The hierarchy is summarized as follows:

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

2. Summary of Significant Accounting Policies (continued)

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

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

The following table summarizes the Cancer Center's significant financial assets as of June 30, 2014:

	Fair Value Measurements at Reporting Date Using			
	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Assets:				
Cash and cash equivalents	$ 96,422,318	$ 96,422,318	$ –	$ –
Assets limited as to use:				
Cash and cash equivalents	160,840,661	160,840,661	–	–
U.S. Government obligations	5,947,291	5,947,291	–	–
Fixed income securities	118,218,776	–	118,218,776	–
Equity securities	41,357,474	41,357,474	–	–
Real assets	699,319	699,319	–	–
Total assets	$ 423,485,839	$ 305,267,063	$ 118,218,776	$ –

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.

2. Summary of Significant Accounting Policies (continued)

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, 2014 and 2013 is approximately $314,129,000 and $310,180,000, 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 (Cigarette Tax). The Board of Directors (the Board) 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, 2014 and 2013.

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.

2. Summary of Significant Accounting Policies (continued)

The Cancer Center has under construction, or is planning construction projects, with remaining estimated costs to complete of approximately $81,064,000 as of June 30, 2014, to be primarily funded by the Bond issuances as described in Note 6.

Contributed Resources

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

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

State Appropriations

The Cancer Center receives an annual appropriation from the State, a portion of which is recorded as other revenues in the accompanying consolidated statements of operations and changes in net assets. The remainder is redirected to be used as state matching funds for the Cancer Center's participation in the Low Income Pool, and received by the Cancer Center as enhanced Medicaid funding.

Beginning January 1, 1999, and continuing for 10 years thereafter, the Cancer Center received an approximate aggregate minimum of $100,000,000 from the Cigarette Tax. Additionally, beginning July 1, 2002 and continuing through June 30, 2014, an additional amount was received from the Cigarette Tax aggregating $64,000,000 as a result of extensions and increases from the State in 2002, 2009, and 2012. During the year ended June 30, 2014, the State enacted legislation increasing the appropriation from 2.75% to 4.04%, for the period of July 1, 2014 through June 30, 2033, to approximately $297,000,000.

2. Summary of Significant Accounting Policies (continued)

From January 1, 1999, and continuing through June 30, 2013, the Cigarette Tax funds were to be used for the purposes of constructing, furnishing, and equipping a cancer center 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. As of July 1, 2013, the Cigarette Tax funds are to be used for the purposes of constructing, furnishing, equipping, financing, operating, and maintaining cancer research and clinical and related facilities and other properties owned or leased by the Cancer Center, as well as for the repayment of the debt incurred for the Series 2012A bonds. No receivable is recorded as of June 30, 2014 or 2013 in the accompanying consolidated balance sheets for the proceeds from the Cigarette Tax related to the period July 1, 2014 to June 30, 2033, as the amounts are subject to future legislative support from the State. For each of the years ended June 30, 2014 and 2013, the Cancer Center respectively received approximately $10,648,000 and $5,692,000 from the Cigarette Tax proceeds and applicable earnings. These amounts are recorded as increases in temporarily restricted net assets for the years ended June 30, 2014 and 2013.

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

2. Summary of Significant Accounting Policies (continued)

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 bases of assets and liabilities. Deferred tax assets or liabilities at the end of each period are determined using the currently enacted tax rate expected to apply to taxable income in the period that the deferred tax asset or liability is expected to be realized or settled.

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

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.

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 $20,286,000 and $16,809,000 for the years ended June 30, 2014 and 2013, 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

2. Summary of Significant Accounting Policies (continued)

were $33,303,000 and $36,937,000 for the years ended June 30, 2014 and 2013, 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 $7,888,000 and $6,748,000 for the years ended June 30, 2014 and 2013, respectively.

Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 provide for incentive payments under the Medicare and Medicaid programs for certain hospitals and professional that adopts and use electronic health records 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. The Cancer Center recognized approximately $0 and $506,000 of incentive payments for the years ended June 30, 2014 and 2013, respectively. 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.

2. Summary of Significant Accounting Policies (continued)

Recently Issued Accounting Pronouncements

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 adoption of this guidance did not have a significant impact on the Cancer Center's consolidated financial statements.

In April 2013, the FASB issued guidance on how a not-for-profit (NFP) should report services received from personnel of an affiliate. An 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 service 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 March 2014, the FASB issued technical corrections and improvements to clarify the Master Glossary of the Codification, consolidate multiple instances of the same term into a single definition, and make minor improvements to the Master Glossary. The amendments are effective upon issuance (March 14, 2014). The adoption of this guidance did not have a significant impact on the Cancer Center's consolidated financial statements.

In April 2014, the FASB issued a new standard that raises the threshold for disposals to qualify as discontinued operations by focusing on strategic shifts that have or will have a major impact on an entity's operations and financial results. The standard is effective for fiscal years beginning after December 15, 2014, and interim periods within those years. Management is currently evaluating the effect of adopting the new standard on the Cancer Center's consolidated financial statements.

2. Summary of Significant Accounting Policies (continued)

In May 2014, the FASB issued a new standard on revenue recognition which further clarifies the accounting for revenue and related revenue transactions, such as the provision for doubtful accounts. The standard is effective for fiscal years beginning after December 15, 2017, and interim periods within those years. Management is currently evaluating the effect of adopting the new standard on the Cancer Center's consolidated financial statements.

In June 2014, the FASB issued a new standard that requires repurchase-to-maturity transactions to be accounted for as secured borrowings, and revised the financial statement disclosures of repurchase transactions. The standard is effective for fiscal years beginning after December 15, 2014, and interim periods within those years. Management is currently evaluating the effect of adopting the new standard on the Cancer Center's consolidated financial statements.

3. Subsequent Events

The Cancer Center has evaluated subsequent events for the year ended June 30, 2014 through October 2, 2014, the date the financial statements were issued. No significant subsequent events were noted that would require recognition or disclosure through such date.

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	
	2014	**2013**
Money market funds	**$ 160,840,661**	$ 172,641,381
U.S. Government obligations	**5,947,291**	4,610,724
Corporate debt securities	**73,851,949**	65,159,979
Asset-backed securities	**18,532,420**	14,133,982
Mortgage-backed securities	**25,834,407**	11,233,372
Equity securities	**41,357,474**	34,471,739
Real assets	**699,319**	643,917
	327,063,521	302,895,094
Less current portion	**(14,136,011)**	(9,275,205)
	$ 312,927,510	$ 293,619,889

4. Assets Limited as to Use (continued)

Assets limited as to use are designated as follows:

	June 30 2014	2013
Investment securities (trading):		
Internally designated	**$ 128,954,005**	$ 99,820,788
Donor restricted	**48,153,895**	41,744,080
Held by bond trustee under indenture:		
Interest fund	**6,092,128**	4,845,950
Construction fund	**120,537,756**	133,918,588
Principal fund	**8,043,883**	4,429,248
Debt service reserve fund	**11,875,768**	11,376,816
Revenue allocation fund	**–**	7
	146,549,535	154,570,609
Cigarette Tax	**3,406,086**	6,759,617
	327,063,521	302,895,094
Less current portion	**(14,136,011)**	(9,275,205)
	$ 312,927,510	$ 293,619,889

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 2014	2013
Patient care	**$ 4,716,979**	$ 4,795,333
Research and education	**52,147,825**	42,912,904
Patient and family lodging	**7,270**	1,695
Financial aid for employees	**41,828**	39,367
Cigarette Tax (research tower)	**3,406,086**	6,759,617
Operations	**5,911,382**	5,777,916
	$ 66,231,370	$ 60,286,832

5. Temporarily and Permanently Restricted Net Assets (continued)

Permanently restricted net assets are restricted to:

	June 30	
	2014	**2013**
Investment in perpetuity, the income from which is expendable to support:		
Patient care	**$ 633,550**	$ 633,550
Research and education	**12,620,676**	12,580,576
Operations	**243,045**	222,302
	$ 13,497,271	$ 13,436,428

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 Funds Act of 2006. 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 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 22 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.

5. Temporarily and Permanently Restricted Net Assets (continued)

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 effects 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

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.

5. Temporarily and Permanently Restricted Net Assets (continued)

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

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

The Cancer Center has a policy of appropriating for distribution each year 4% of its endowment fund's 12-month moving average market value at fiscal year-end June 30. In establishing this policy, the Cancer Center considered the long-term expected return on its endowment.

Accordingly, over the long term, the Cancer Center expects the current spending policy to allow its endowment to grow at an average of the long-term rate of inflation. This is consistent with the Cancer Center's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specific term, as well as to provide additional real growth through new gifts and investment return.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor of UMIFA requires the Cancer Center to retain as a fund of perpetual duration. In accordance with GAAP, deficiencies of this nature are reported in unrestricted net assets. No permanently restricted endowments had a fair value of assets less than the level required by donor stipulation as of June 30, 2014.

5. Temporarily and Permanently Restricted Net Assets (continued)

The following is a summary of changes in endowment net assets for the years ended June 30, 2014 and 2013, respectively:

	Unrestricted	Permanently Restricted	Total
Endowment net assets, July 1, 2012	$ 2,131,312	$ 13,094,846	$ 15,226,158
Investment return:			
Investment income	222,014	–	222,014
Net appreciation (realized and unrealized)	1,398,715	–	1,398,715
Total investment gain	3,752,041	13,094,846	16,846,887
Contributions	–	341,582	341,582
Appropriation of endowment assets for expenditure	(99,192)	–	(99,192)
Other changes:			
Appropriation of endowment interest	442,793	–	442,793
Endowment net assets, June 30, 2013	4,095,642	13,436,428	17,532,070
Investment return:			
Investment income	**176,084**	–	**176,084**
Net appreciation (realized and unrealized)	**1,715,476**	–	**1,715,476**
Total investment gain	**5,987,202**	**13,436,428**	**19,423,630**
Contributions	–	**60,843**	**60,843**
Appropriation of endowment assets for expenditure	**(197,707)**	–	**(197,707)**
Other changes:			
Appropriation of endowment interest	**499,144**	–	**499,144**
Endowment net assets, June 30, 2014	**$ 6,288,639**	**$ 13,497,271**	**$ 19,785,910**

6. Long-Term Debt

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

	June 30 2014	2013
Capital Improvement Hospital Revenue Bonds, Series 2007A, including $11,895,000 due in varying amounts from July 1, 2014 to July 1, 2019 of 5.00%; $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 $958,038 and $981,937 at June 30, 2014 and 2013, respectively	**$ 111,723,038**	$ 113,411,937
Capital Improvement Hospital Revenue Bonds, Series 2010A, including $19,825,000 in serial bonds due in varying amounts from September 1, 2014 to September 1, 2030, plus interest at variable rates	**19,825,000**	20,720,000
Refunding and Capital Improvement Cigarette Tax Allocation Bonds, Series 2012A, including $96,255,000 in serial bonds due in varying amounts from September 1, 2014 to September 1, 2029, and $35,360,000 of 4.00% term bonds due September 1, 2033, including an unamortized net original premium of $10,576,791 and $11,307,276 at June 30, 2014 and 2013, respectively	**142,191,791**	143,617,276

6. Long-Term Debt (continued)

	June 30 2014	2013
Hospital Revenue Refunding Bonds, Series 2012B, including $35,295,000 in serial bonds due in varying amounts from July 1, 2014 to July 1, 2032, plus interest at variable rates, including an unamortized net original premium of $2,772,696 and $3,039,651 at June 30, 2014 and 2013, respectively	**$ 38,067,696**	$ 39,674,651
	311,807,525	317,423,864
Less current portion	**(8,560,000)**	(4,595,000)
	$ 303,247,525	$ 312,828,864

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 (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. These Revenue Bonds were refunded during the year ended June 30, 2013.

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 Cigarette Tax 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

6. Long-Term Debt (continued)

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, 2014, the Cancer Center is in compliance with these requirements.

In September 2010, the Cancer Center issued $22,000,000 in Hospital Revenue Bonds, Series 2010A (2010 Bonds) for construction, renovation, and equipping of the new Moffitt at International Plaza location. The 2010 Bonds are secured under the Indenture that provides, among other things, a security interest in gross revenues, accounts receivable, and certain property. Under the terms of the indenture, the Cancer Center is required to maintain a minimum debt service coverage ratio. The Indenture also provides for limitations on additional indebtedness and transfers of operating assets, unrestricted cash, and marketable securities. At June 30, 2014, 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 Cigarette Tax 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, 2014, the Cancer Center is in compliance with these requirements.

6. Long-Term Debt (continued)

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, 2014, 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.

Maturities of long-term debt, as of June 30, 2014, are as follows:

2015	$ 8,560,000
2016	8,850,000
2017	9,180,000
2018	9,525,000
2019	9,915,000
Thereafter	251,470,000
	297,500,000
Unamortized net premium	14,307,525
	$ 311,807,525

For the years ended June 30, 2014 and 2013, the Cancer Center incurred interest costs of approximately $8,220,000 and $8,810,000, respectively, and paid interest of approximately $12,468,000 and $11,137,000, respectively. Interest capitalized was approximately $4,264,000 (interest costs of approximately $4,400,000 net of capitalized interest income of approximately $136,000) and $3,345,000 (interest costs of approximately $3,475,000 net of capitalized interest income of approximately $130,000) in 2014 and 2013, respectively.

6. Long-Term Debt (continued)

At June 30, 2014 and 2013, respectively, the Cancer Center had $5,000,000 and $8,000,000 lines 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, 2014, the Cancer Center is in compliance with these requirements. There were no outstanding balances under the lines of credit at June 30, 2014 and 2013.

7. Operating Leases

Rental expense for space and equipment incurred under operating leases was approximately $10,528,000 and $9,508,000 in 2014 and 2013, respectively. Commitments for noncancelable operating leases with terms in excess of one year are as follows:

2015	$ 6,754,708
2016	5,808,942
2017	4,216,363
2018	3,824,935
2019	2,897,044
Thereafter	14,807,372
	$ 38,309,364

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 $16,687,000 and $16,052,000 in 2014 and 2013, respectively.

The Cancer Center has an employee health benefit plan covering substantially all health costs for eligible employees and their dependents, including self-insurance coverage for amounts up to specified levels. Health claims expense was approximately $27,089,000 and $23,427,000 for the years ended June 30, 2014 and 2013, respectively.

9. Nonoperating Gains, Net

Nonoperating gains, net, consist of the following:

	Year Ended June 30	
	2014	**2013**
Interest income and dividends	**$ 4,289,478**	$ 3,679,877
Net unrealized and realized investment gain	**7,133,293**	4,718,042
Gain on early extinguishment of debt	**–**	1,348,691
Loss on sale of property, plant, and equipment	**(375,239)**	(444,915)
Other gains, net	**2,355,162**	687,992
	$ 13,402,694	$ 9,989,687

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 $70,379,000 or 74%, and $57,500,000 or 75%, due from managed care payors, and $18,200,000 or 19%, and $17,900,000 or 23%, due from the Medicare program at June 30, 2014 and 2013, respectively. The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services. Accounts receivable are reported net of estimated allowances for uncollectible accounts in the accompanying consolidated balance sheets.

11. Pledges Receivable

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

	June 30	
	2014	**2013**
Pledges due:		
In less than one year	**$ 5,369,110**	$ 3,754,159
In one to five years	**11,249,283**	13,424,170
	16,618,393	17,178,329
Discounts on pledges greater than one year	**(3,361,319)**	(3,339,352)
Allowance for uncollectible pledges	**(390,000)**	(90,000)
	12,867,074	13,748,977
Less current portion	**5,369,110**	3,754,159
	$ 7,497,964	$ 9,994,818

At June 30, 2014 and 2013, approximately $12,008,000 and $13,701,000, 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, 2014, the Cancer Center did not record approximately $306,000 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

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 years ended June 30, 2014 and 2013, the Cancer Center recognized $216,000 and $1,049,000, respectively, in other revenues.

12. Other Funding Sources (continued)

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.

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 2014 and 2013, the Cancer Center paid the University approximately $7,260,000 and $7,724,000, and received approximately $138,000 and $148,000 in connection with these agreements.

13. Affiliated Organizations (continued)

During the years ended June 30, 2014 and 2013, the Cancer Center had agreements with the University to provide professional and support staff, along with other services, at the Cancer Center. These services included research, medical education, administrative, and patient care services. An annual fee was established for these services at the beginning of the fiscal year and was payable in equal monthly installments. The following amounts were paid in relation to these agreements:

	Year Ended June 30	
	2014	**2013**
Faculty salaries	**$ 9,813,000**	$ 9,637,000
Other support	**966,000**	864,000

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

	June 30	
	2014	**2013**
Due from (included in prepaid and other current assets)	**$ 734,000**	$ 1,174,000
Due to (included in accounts payable and accrued expenses)	**(414,000)**	(667,000)

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 $8,067,000 and $7,157,000 of investments, at June 30, 2014 and 2013, 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.

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 $2,635,000 and $2,862,000 for professional liability reserves as of June 30, 2014 and 2013, respectively.

The Cancer Center may be liable for potential losses in excess of the amount recorded at June 30, 2014; 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.

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	
	2014	**2013**
Patient care	**$ 702,260,938**	$ 644,382,827
Research and education	**110,800,960**	107,974,218
Fund-raising	**5,340,668**	4,990,441
General and administrative	**16,056,647**	14,213,879
	$ 834,459,213	$ 771,561,365

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	
	2014	**2013**
Restriction accomplished:		
Patient care	**$ 307,689**	$ 484,131
Research and education	**22,944,709**	24,417,445
Patient and family lodging	**–**	469,776
Financial aid for employees	**6,002**	8,134
Cigarette Tax – used for payment of principal and interest	**11,054,086**	7,666,403
Time	**669,766**	608,812
	$ 34,982,252	$ 33,654,701

Supplementary Information

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

Consolidating Balance Sheet

June 30, 2014

	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	$ 10,025	$ 90,824,973	$ 2,666,020	$ –	$ 260,974	$ 2,660,326	$ –	$ 96,422,318
Current portion of assets limited as to use	–	14,136,011	–	–	–	–	–	14,136,011
Accounts receivable, net	85,460,800	–	–	9,156,455	–	–	–	94,617,255
Current portion of pledges receivable	–	–	5,369,135	–	–	–	(25)	5,369,110
Inventories	9,335,007	–	–	–	–	–	–	9,335,007
Grant receivables	2,469,265	12,181,684	–	–	–	–	–	14,650,949
Prepaid and other current assets	1,375,055	23,991,089	406,533	114,488	–	46,472	(15,604,756)	10,328,881
Total current assets	98,650,152	141,133,757	8,441,688	9,270,943	260,974	2,706,798	(15,604,781)	244,859,531
Assets limited as to use, net of current portion	–	210,668,294	102,259,216	–	–	–	–	312,927,510
Pledges receivable, less discounts and allowances for uncollectible pledges, net of current portion	–	–	7,497,964	–	–	–	–	7,497,964
Property, plant, and equipment								
Land	–	9,306,184	–	–	–	–	–	9,306,184
Building and land improvements	281,110	361,156,458	330,262	–	–	–	–	361,767,830
Equipment	162,400,365	236,837,054	167,649	63,874	–	143,642	–	399,612,584
	162,681,475	607,299,696	497,911	63,874	–	143,642	–	770,686,598
Less accumulated depreciation	(132,885,500)	(323,240,717)	(471,432)	(53,552)	–	(129,220)	–	(456,780,421)
	29,795,975	284,058,979	26,479	10,322	–	14,422	–	313,906,177
Construction-in-progress	2,490,108	32,177,466	–	–	–	–	–	34,667,574
	32,286,083	316,236,445	26,479	10,322	–	14,422	–	348,573,751
Other assets	1,188,317	2,185,451	925,406	–	4,800	–	(500,100)	3,803,874
Interest in net assets of Foundation	2,884,431	31,831,201	–	–	–	–	(34,715,632)	–
Total assets	$ 135,008,983	$ 702,055,148	$ 119,150,753	$ 9,281,265	$ 265,774	$ 2,721,220	$ (50,820,513)	$ 917,662,630

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

Consolidating Balance Sheet (continued)

	H. Lee Moffitt Cancer Center & Research Institute Hospital, Inc.	H. Lee Moffitt Cancer Center & Research Institute, Inc.	H. Lee Moffitt Cancer Center & Research Institute Foundation, Inc.	H. Lee Moffitt Cancer Center & Research Institute Lifetime Cancer Screening Center, Inc.	Moffitt Technologies Corporation	Moffitt Genetics Corporation	Eliminations	Total
Liabilities and net assets								
Current liabilities								
Accounts payable and accrued expenses	$ 26,674,379	$ 29,855,670	$ 5,585,753	$ 1,088,370	$ –	$ 10,812,047	$ (15,604,756)	$ 58,411,463
Accrued employee compensation	2,875,000	32,564,976	151,000	6,277,564	–	236,201	(25)	42,104,716
Accrued interest	–	5,609,783	–	–	–	–	–	5,609,783
Estimated third-party settlements	15,410,660	–	–	–	–	–	–	15,410,660
Current portion of long-term debt	–	8,560,000	–	–	–	–	–	8,560,000
Total current liabilities	44,960,039	76,590,429	5,736,753	7,365,934	–	11,048,248	(15,604,781)	130,096,622
Other liabilities	3,999,934	14,864,954	498,083	–	4,800	3,254,445	–	22,622,216
Long-term debt, net of current portion	–	303,247,525	–	–	–	–	–	303,247,525
Total liabilities	48,959,973	394,702,908	6,234,836	7,365,934	4,800	14,302,693	(15,604,781)	455,966,363
Net assets								
Unrestricted	83,164,579	262,580,464	46,127,851	1,915,331	260,974	(11,581,473)	(500,100)	381,967,626
Temporarily restricted	2,884,431	44,771,776	53,290,795	–	–	–	(34,715,632)	66,231,370
Permanently restricted	–	–	13,497,271	–	–	–	–	13,497,271
Total net assets	86,049,010	307,352,240	112,915,917	1,915,331	260,974	(11,581,473)	(35,215,732)	461,696,267
Total liabilities and net assets	$ 135,008,983	$ 702,055,148	$ 119,150,753	$ 9,281,265	$ 265,774	$ 2,721,220	$ (50,820,513)	$ 917,662,630

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

Consolidating Statement of Operations

Year Ended June 30, 2014

	H. Lee Moffitt Cancer Center & Research Institute Hospital, Inc.	H. Lee Moffitt Cancer Center & Research Institute, Inc.	H. Lee Moffitt Cancer Center & Research Institute Foundation, Inc.	H. Lee Moffitt Cancer Center & Research Institute Lifetime Cancer Screening Center, Inc.	Moffitt Technologies Corporation	Moffitt Genetics Corporation	Eliminations	Total
Unrestricted revenues and other support								
Net patient service revenues	$ 688,221,383	$ –	$ –	$ 70,465,916	$ –	$ –	$ –	$ 758,687,299
Provision for patient service bad debts	(6,352,725)	–	–	(3,234,528)	–	–	–	(9,587,253)
Net patient service revenues less provision for bad debts	681,868,658	–	–	67,231,388	–	–	–	749,100,046
Other revenues, less provision for grant and other bad debts	22,615,216	80,543,228	4,200,136	1,050,087	–	2,042,556	(28,849,434)	81,601,789
Net assets released from restrictions and used for operating expenses	–	13,236,026	11,280,566	–	–	–	–	24,516,592
Total unrestricted revenues and other support	704,483,874	93,779,254	15,480,702	68,281,475	–	2,042,556	(28,849,434)	855,218,427
Expenses								
Salaries, wages, and benefits	202,196,057	117,328,237	2,019,836	90,815,226	–	2,900,986	–	415,260,342
Faculty fees	8,798,838	992,700	–	227,716	–	–	(206,087)	9,813,167
Purchased services	45,055,141	40,984,480	2,140,754	4,479,949	30	2,684,899	(13,121,890)	82,223,363
Supplies	205,670,370	13,400,208	44,798	112,480	–	48,078	–	219,275,934
Other operating expenses	17,421,122	41,241,954	15,368,049	1,448,090	–	334,408	(15,477,318)	60,336,305
Intercompany services	110,505,417	(123,190,679)	982,547	11,702,715	–	–	–	–
Depreciation and amortization	10,040,600	29,260,580	11,842	4,881	–	11,822	–	39,329,725
Interest	–	8,220,377	–	–	–	44,139	(44,139)	8,220,377
Total expenses	599,687,545	128,237,857	20,567,826	108,791,057	30	6,024,332	(28,849,434)	834,459,213
Income (loss) from operations	104,796,329	(34,458,603)	(5,087,124)	(40,509,582)	(30)	(3,981,776)	–	20,759,214
Nonoperating gains, net	1,523,219	3,526,977	8,300,256	46,482	813	4,947	–	13,402,694
Excess (deficiency) of revenues and gains over expenses and losses	$ 106,319,548	$ (30,931,626)	$ 3,213,132	$ (40,463,100)	$ 783	$ (3,976,829)	$ –	$ 34,161,908

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