

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
H Lee Moffitt Cancer Center and Research
INSTITUTE HOSPITAL INC
% YVETTE M LYONS TREMONTI
Doing business as

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

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

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

D Employer identification number
59-3238634

E Telephone number
(813) 745-4673

G Gross receipts \$ 1,043,410,497

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

J Website: WWW MOFFITT ORG

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 ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1994 **M** State of legal domicile FL

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	4,024
6 Total number of volunteers (estimate if necessary)	852
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,143,313	13,341,848
9 Program service revenue (Part VIII, line 2g)	910,107,573	1,028,462,216
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-439,416	-695,016
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,229,314	1,483,749
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	925,040,784	1,042,592,797
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,725,500	2,567,866
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)	305,393,332	327,744,767
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)	472,097,361	544,658,211
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	781,216,193	874,970,844
19 Revenue less expenses Subtract line 18 from line 12	143,824,591	167,621,953

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	185,909,533	215,935,906
21 Total liabilities (Part X, line 26)	66,566,124	47,302,138
22 Net assets or fund balances Subtract line 21 from line 20	119,343,409	168,633,768

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: 2019-05-15
YVETTE M LYONS TREMONTI EVP/CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: MICHELE N MELCHIOR
Preparer's signature: MICHELE N MELCHIOR
Date: _____
Check if self-employed PTIN: P00488037
Firm's name: Grant Thornton LLP Firm's EIN: _____
Firm's address: 201 S COLLEGE ST STE 2500 Phone no: (704) 632-3500
CHARLOTTE, NC 28244

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 \$ 753,304,418 including grants of \$ 2,567,866) (Revenue \$ 1,027,787,576)
See Additional Data

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 ▶ 753,304,418

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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, [X] 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, address, and telephone number of the person who possesses the organization's books and records: YVETTE M LYONS TREMONTI 12902 MAGNOLIA DRIVE TAMPA, FL 33612 (813) 745-7862

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	1,853,224		
	e Government grants (contributions)	1e	87,312		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,401,312		
	g Noncash contributions included in lines 1a-1f \$ _____		439,052		
	h Total. Add lines 1a-1f		13,341,848		

Program Service Revenue			Business Code			
	2a NET PATIENT SERVICE REVENUE		900099	1,004,446,042	1,004,446,042	
b SPECIALTY PHARMACY		900099	22,250,275	22,250,275		
c OUTPATIENT PHARMACY		900099	800,000			800,000
d EDUCATION CONFERENCES		611710	418,672	418,672		
e CORE LAB REVENUE		900099	231,079	231,079		
f All other program service revenue			316,148	316,148		
g Total. Add lines 2a-2f			1,028,462,216			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			0			
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		122,684			
		c Gain or (loss)		817,700			
		d Net gain or (loss)			-695,016		-695,016
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0			
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a		0			
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a		0				
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	Business Code						
11a REBATES	900099	498,942			498,942		
b INTEREST FROM INS COMPANIES	524114	397,063			397,063		
c CAFETERIA COMMISSION	900099	319,447			319,447		
d All other revenue		268,297	28,989		239,308		
e Total. Add lines 11a-11d		1,483,749					
12 Total revenue. See Instructions		1,042,592,797	1,027,691,205		1,559,744		

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 domestic organizations and domestic governments See Part IV, line 21	2,567,866	2,567,866		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,552,024	3,323,219	228,805	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	410,053	383,639	26,414	
7 Other salaries and wages	253,863,830	195,952,814	57,911,016	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,938,711	10,271,664	2,667,047	
9 Other employee benefits	39,002,581	34,635,364	4,367,217	
10 Payroll taxes	17,977,568	14,099,667	3,877,901	
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,852,294		2,852,294	
c Accounting	207,261		207,261	
d Lobbying	522,463		522,463	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,786,786	30,884,782	18,902,004	
12 Advertising and promotion	6,545,398	25,670	6,519,728	
13 Office expenses	60,274,059	41,015,203	19,258,856	
14 Information technology	21,934,652		21,934,652	
15 Royalties	0			
16 Occupancy	16,152,639	5,290,203	10,862,436	
17 Travel	763,189	402,942	360,247	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	443,738	443,738		
20 Interest	7,786,846		7,786,846	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	35,473,992	16,107,772	19,366,220	
23 Insurance	1,143,737		1,143,737	
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	304,254,697	304,250,275	4,422	
b ALLOCATION OF INTERCO EXP		59,964,487	-59,964,487	
c BAD DEBT EXPENSE	20,715,539	20,715,539		
d HCCB ASSESSMENT	10,868,668	10,868,668		
e All other expenses	4,932,253	2,100,906	2,831,347	
25 Total functional expenses. Add lines 1 through 24e	874,970,844	753,304,418	121,666,426	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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,675	1	2,675
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	2,447,447	3	14,775,321
	4 Accounts receivable, net	99,945,395	4	123,470,561
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	13,154,729	8	15,941,336
	9 Prepaid expenses and deferred charges	1,227,234	9	1,223,474
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	208,378,703		
	b Less accumulated depreciation	161,081,996		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	6,994,939	12	8,933,315
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	4,123,628	15	4,292,517
16 Total assets. Add lines 1 through 15 (must equal line 34)	185,909,533	16	215,935,906	
Liabilities	17 Accounts payable and accrued expenses	39,141,355	17	30,958,915
	18 Grants payable	0	18	0
	19 Deferred revenue	56,725	19	16,083
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	27,368,044	25	16,327,140
	26 Total liabilities. Add lines 17 through 25	66,566,124	26	47,302,138
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	115,572,343	27	164,449,076
	28 Temporarily restricted net assets	3,771,066	28	4,184,692
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	119,343,409	33	168,633,768
	34 Total liabilities and net assets/fund balances	185,909,533	34	215,935,906

Part XI Reconciliation 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	1,042,592,797
2	Total expenses (must equal Part IX, column (A), line 25)	2	874,970,844
3	Revenue less expenses Subtract line 2 from line 1	3	167,621,953
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,343,409
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	-118,331,594
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	168,633,768

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

Software ID:

Software Version:

EIN: 59-3238634

Name: H Lee Moffitt Cancer Center and Research
INSTITUTE HOSPITAL INC

Form 990 (2017)

Form 990, Part III, Line 4a:

H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE HOSPITAL, INC (THE "HOSPITAL") IS LOCATED ON THE CAMPUS OF THE UNIVERSITY OF SOUTH FLORIDA IN TAMPA, FLORIDA 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 49 IN THE NATION TO HOLD THIS DISTINCTION MOFFITT IS A TOP 10 CANCER HOSPITAL AND HAS BEEN NATIONALLY RANKED BY U S NEWS & WORLD REPORT SINCE 1999 WITH MORE THAN 5,700 EMPLOYEES BETWEEN THE HOSPITAL AND RELATED ORGANIZATIONS, MOFFITT HAS AN ECONOMIC IMPACT ON FLORIDA OF \$2.1 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 AVAILABLE 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 DEVOTES MORE THAN 2 MILLION SQUARE FEET TO RESEARCH AND PATIENT CARE ADDITIONALLY, MOFFITT PROVIDES A WIDE ARRAY OF OUTREACH AND EDUCATIONAL ACTIVITIES FOR THE GENERAL PUBLIC AND SELECT UNDERSERVED POPULATIONS IN FISCAL YEAR 2018, THE HOSPITAL RECORDED 406,117 OUTPATIENT VISITS AND 9,095 ADMISSIONS

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 0	X		X				0	0	0
HON MARK A PIZZO DIRECTOR, VICE CHAIR	1 0	X		X				0	0	0
JOSEPH CABALLERO DIRECTOR, SEC/TREAS	1 0	X		X				0	0	0
MICHAEL BICE DIRECTOR	1 0	X						0	0	0
ROLAND DANIELS DIRECTOR	1 0	X						0	0	0
VALERIE GODDARD DIRECTOR	1 0	X						0	0	0
JACQUELINE LEWIS DIRECTOR	1 0	X						0	0	0
JO MANION DIRECTOR	1 0	X						0	0	0
JENNIFER MOFFITT DIRECTOR	1 0	X						0	0	0
KEVIN PLUMMER DIRECTOR	1 0	X						0	0	0

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			
NICOLAS PORTER DIRECTOR	1 0 0 0	X						0	0	0
MARY ANNE REILLY DIRECTOR	1 0 0 0	X						0	0	0
BETH SIMONETTI DIRECTOR	1 0 0 0	X						0	0	0
SUPRIYA TANEJA DIRECTOR	1 0 0 0	X						0	0	0
HAL WALKER DIRECTOR	1 0 0 0	X						0	0	0
JOHN A KOLOSKY HOSPITAL PRESIDENT	23 0 34 0			X				0	909,515	612,343
LOUIS D DE LA PARTE EVP-GEN COUNSEL, ASST SEC	20 0 37 0			X				0	645,877	224,020
G DOUGLAS LETSON EVP-PHYS IN CHIEF	15 0 40 0			X				855,339	0	169,281
YVETTE LYONS TREMONTI EVP-CFO & ASST TREASURER	20 0 37 0			X				0	745,032	215,925
BRAULIO VICENTE SVP-MMG, HOS OPS TO 11/3/17	35 0 20 0			X				437,671	0	259,985

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			
MATT BEDNAR VP-AMBULATORY OPERATIONS	55 0 0 0			X				99,355	0	9,856
JANE FUSILERO VP-PATIENT CARE SVS/CNO	55 0 0 0			X				476,591	0	76,873
ROBERT KEENAN VP-QUALITY/CMO	55 0 0 0			X				661,371	0	70,963
CYNTHIA TERRANO VP-PAYER STRATEGIES	35 0 20 0			X				417,775	0	54,523
JOANNA WEISS VP REV CYCLE MGMT	35 0 20 0			X				0	346,155	104,448
MARILYN COSTACHE CHIEF RISK OFFICER	55 0 0 0			X				0	71,875	10,648
SACHIN APTE ASSOC CHIEF MEDICAL OFFICER	50 0 0 0					X		635,228	0	69,673
VLADIMIR FEYGELMAN SR MBR PHYSICIST	50 0 0 0					X		266,591	0	200,813
EDUARDO G MOROS SR MBR PHYSICIST	50 0 0 0					X		379,552	0	128,017
AMARJIT S SAINI COORD BRACHYTHERAPY PHYSIC	50 0 0 0					X		248,155	0	233,501

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			
STUART G WASSERMAN DIR CLINICAL PHYSICS	50 0 0 0					X		318,138	0	135,227
W MICHAEL ALBERTS FORMER DIRECTOR, MED DIR MCK	50 0 0 0						X	370,857	0	282,633
JULIE DJEU FORMER DIRECTOR, ACD RSCH	0 0 50 0						X	0	405,432	116,374
ALAN F LIST FORMER EVP-PHYS IN CHIEF	0 0 57 0						X	0	1,453,278	334,441

SCHEDULE A
(Form 990 or
990EZ)

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.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

H Lee Moffitt Cancer Center and Research
INSTITUTE HOSPITAL INC

Employer identification number

59-3238634

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2016.** 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 VI 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 59-3238634

Name: H Lee Moffitt Cancer Center and Research
INSTITUTE HOSPITAL INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization H Lee Moffitt Cancer Center and Research INSTITUTE HOSPITAL INC	Employer identification number 59-3238634
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) ▶ \$ _____
- Volunteer hours for political campaign activities (see instructions) _____

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- 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-
1				
2				
3				
4				
5				
6				

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		12,355
e Publications, or published or broadcast statements?	Yes		23,276
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		715,299
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		33,529
i Other activities?	Yes		19,204
j Total Add lines 1c through 1i			803,663
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1, LOBBYING ACTIVITIES	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 (WHO ARE VOLUNTEERS) AND ELECTED OFFICIALS TO PROMOTE THE INSTITUTION'S LEGISLATIVE OBJECTIVES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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" on 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 on 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 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" on 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		205,055,266	160,800,886	44,254,380
e Other		3,042,327		3,042,327
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				47,296,707

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
HCCB ASSESSMENT	14,931,425
ESTIMATED THIRD-PARTY SETTLEMENTS	1,395,715
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	16,327,140

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' on 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 (losses) 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-3238634

Name: H Lee Moffitt Cancer Center and Research
INSTITUTE HOSPITAL INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC DID NOT HAVE ANY UNCERTAIN POSITIONS IN ITS AUDITED FINANCIAL STATEMENTS THE ASC-740 FOOTNOTE READS AS FOLLOWS THE CANCER CENTER RECOGNIZES A TAX POSITION AFTER DETERMINING THAT A RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT (GREATER THAN 50% LIKELIHOOD) SUSTAIN THE POSITION FOLLOWING AN AUDIT 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

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

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

OMB No 1545-0047
2017
Open to Public Inspection

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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 eligible 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	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			21,593,561		21,593,561	2 530 %
b Medicaid (from Worksheet 3, column a)			35,772,225	17,274,405	18,497,820	2 170 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			57,365,786	17,274,405	40,091,381	4 700 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			883,885	31,250	852,635	0 100 %
f Health professions education (from Worksheet 5)			3,629,514		3,629,514	0 420 %
g Subsidized health services (from Worksheet 6)			44,287		44,287	0 010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			4,557,686	31,250	4,526,436	0 530 %
k Total. Add lines 7d and 7j			61,923,472	17,305,655	44,617,817	5 230 %

Part II Community Building Activities Complete this table 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			172		172	0 %
7 Community health improvement advocacy						
8 Workforce development			17,023		17,023	0 %
9 Other						
10 Total			17,195		17,195	0 %

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 Healthcare 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	6,013,732
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	233,698,246
6	Enter Medicare allowable costs of care relating to payments on line 5	6	261,880,451
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-28,182,205
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> 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

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 H LEE MOFFITT CANCER CTR & RESEARCH

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, 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 (FAP)

H LEE MOFFITT CANCER CTR & RESEARCH

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION B, LINE 16C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION B, LINE 16C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

H LEE MOFFITT CANCER CTR & RESEARCH

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? If "No," indicate why	21	No
a	<input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

H LEE MOFFITT CANCER CTR & RESEARCH

Name of hospital facility or letter of facility reporting group _____

22 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 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?

If "Yes," explain in Section C

24 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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

990 Schedule H, Supplemental Information

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 GUIDELINES FOR THE PATIENT'S FAMILY SIZE SHALL BE ENTITLED TO 100% FINANCIAL ASSISTANCE ON QUALIFYING BALANCES B PATIENTS WHO HAVE FAMILY INCOME AND ASSETS BETWEEN 201%-400% OF THE FEDERAL POVERTY GUIDELINE FOR THE PATIENT'S FAMILY SIZE SHALL BE CLASSIFIED AS "SELF PAY TIER 1" STATUS AND ARE ENTITLED TO FINANCIAL ASSISTANCE OF 65% ON QUALIFYING BALANCES C PATIENTS WHO ARE MEDICALLY NEEDY MAY STILL APPLY FOR FINANCIAL ASSISTANCE, BUT WILL PRESUMPTIVELY QUALIFY FOR FINANCIAL ASSISTANCE IF THEY CANNOT MEET THEIR SHARE OF COST AS DETERMINED BY THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES THE LEVEL OF ASSISTANCE WILL BE DETERMINED BY WHICH INCOME LEVEL THE PATIENT'S SHARE OF COST FALLS ON THE FEDERAL POVERTY GUIDELINES
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

990 Schedule H, Supplemental Information

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 \$874,970,844 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS \$20,715,539 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 \$854,255,305 PART II MOFFITT PARTICIPATES IN THE CHAPTERS HEALTH BIOETHICS COMMITTEE MEETINGS WHICH IS COMPRISED OF HEALTHCARE PROFESSIONALS FROM THE COMMUNITY THAT HAVE EXPERIENCE DEALING WITH HEALTHCARE RELATED ETHICS ISSUES THE COMMITTEE OVERSEES ETHICS ISSUES FOR CHAPTERS HOSPICE SYSTEM MOFFITT HAS DEVELOPED A MENTORING PROGRAM WHERE YOUNG SCHOOL-BASED ADULTS CAN VOLUNTEER AT MOFFITT IN ORDER TO EDUCATE THEM ON THE IMPORTANCE OF PROVIDING HEALTHCARE TO THE COMMUNITY, AND HOW MOFFITT AND OTHER HEALTHCARE ORGANIZATIONS PLAY A ROLE IN MEETING THE NEEDS OF THE COMMUNITY THE VOLUNTEERS ARE GUIDED THROUGH VARIOUS DEPARTMENTS THROUGHOUT THE ORGANIZATION AND RECEIVE HANDS ON EXPERIENCE IN THE AREAS ASSIGNED
PART III, LINE 2	THE METHODOLOGY USED TO CALCULATE BAD DEBT EXPENSE WAS CALCULATING THE COST TO CHARGE RATIO, USING PATIENT EXPENSES TO GROSS CHARGES, AND APPLYING IT TO THE BAD DEBT PROVISION IN PART III, LINE 4

990 Schedule H, Supplemental Information

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.
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 COSTS WOULD POTENTIALLY LIMIT OR EVEN COMPROMISE THE QUALITY OF SERVICE PROVIDED TO THE ELDERLY OR DISABLED.

990 Schedule H, Supplemental Information

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 HIS OR HER 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
PART VI, LINE 2	MOFFITT CANCER CENTER IS HEAVILY INVOLVED IN THE COMMUNITY WITH OUTREACH/EDUCATION EFFORTS (E G , M-POWER OUTREACH TEAM), COMMUNITY-BASED PARTICIPATORY RESEARCH, PARTICIPATION IN COMMUNITY COMMITTEES OR COALITIONS (E G , HEALTHY HILLSBOROUGH) AND PARTNERSHIPS WITH FEDERALLY-QUALIFIED HEALTH CENTERS AND FREE CLINICS THESE EFFORTS ENSURE THE ORGANIZATION IS CONTINUOUSLY ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITY MOFFITT'S CHNA REPORT EXPLAINS THE PROCESS OF ASSESSING THE NEEDS OF THE COMMUNITY WE ENGAGED COMMUNITY MEMBERS THROUGH FOCUS GROUPS AND AN ONLINE SURVEY, AS WELL AS, PUBLIC HEALTH PROFESSIONALS VIA IN-PERSON AND TELEPHONE INTERVIEWS DURING THE COMPLETION OF THE NEEDS ASSESSMENT THE REPORT CAN BE FOUND ON OUR WEBSITE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PUBLICATION OF THE POLICY A THE CENTER HAS PLACED SIGNAGE IN THE ADMISSION AREAS OF THE HOSPITAL INFORMING PATIENTS OF FINANCIAL ASSISTANCE AND MAKES ITS POLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THE POLICY WIDELY AVAILABLE ON ITS WEBSITE INDIVIDUALS WITH ACCESS TO THE INTERNET CAN ACCESS, DOWNLOAD, VIEW, AND PRINT A HARD COPY OF THIS POLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THIS POLICY FROM THE WEBSITE I WITHOUT REQUIRING SPECIAL COMPUTER HARDWARE OR SOFTWARE (OTHER THAN SOFTWARE THAT IS READILY AVAILABLE TO MEMBERS OF THE PUBLIC WITHOUT PAYMENT OF ANY FEE), II WITHOUT PAYING A FEE TO THE CENTER, AND III WITHOUT CREATING AN ACCOUNT OR BEING OTHERWISE REQUIRED TO PROVIDE PERSONALLY IDENTIFIABLE INFORMATION B THE CENTER PROVIDES INDIVIDUALS WHO ASK HOW TO ACCESS A COPY OF THE POLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THE POLICY ONLINE WITH THE DIRECT WEBSITE ADDRESS, OR URL, OF THE WEB PAGE WHERE THE POLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THE POLICY ARE POSTED C THE CENTER WILL MAKE PAPER COPIES OF THIS POLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THIS POLICY AVAILABLE UPON REQUEST AND WITHOUT CHARGE, BOTH BY MAIL AND IN PUBLIC LOCATIONS AT THE CENTER, INCLUDING ANY ADMISSIONS AREAS D THE CENTER WILL NOTIFY AND INFORM PATIENTS WHO RECEIVE CARE AT THE CENTER ABOUT THIS POLICY NOT ONLY BY SIGNAGE IN THE ADMISSION AREAS BUT ALSO BY OFFERING A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AS PART OF THE INTAKE OR DISCHARGE PROCESS IN ADDITION, THE CANCER CENTER REPRESENTATIVE WILL ALSO GUIDE A PATIENT TO THE WEBSITE OR URL WHERE COPIES OF THIS POLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THIS POLICY MAY BE OBTAINED THE CENTER ALSO INCLUDES A CONSPICUOUS WRITTEN NOTICE ON BILLING STATEMENTS THAT NOTIFIES AND INFORMS RECIPIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE UNDER THIS POLICY ALONG WITH THE TELEPHONE NUMBER OF THE OFFICE OR DEPARTMENT THAT CAN PROVIDE INFORMATION RELATED TO THE POLICY AND THE FINANCIAL ASSISTANCE APPLICATION PROCESS E AT ANY TIME DURING THE PATIENT'S TREATMENT THE PATIENT MAY REQUEST A COPY OF THIS POLICY, THE FINANCIAL ASSISTANCE APPLICATION, OR THE PLAIN LANGUAGE SUMMARY OF THIS POLICY F IF A MEMBER OF THE WORKFORCE BECOMES AWARE OF THE PATIENT'S NEED FOR FINANCIAL ASSISTANCE DURING THE ADMISSION PROCESS, THE PATIENT SERVICE REPRESENTATIVE WILL PROVIDE THE PATIENT WITH THE NECESSARY INFORMATION NEEDED TO APPLY FOR FINANCIAL ASSISTANCE G THE CENTER WILL ALSO TRANSLATE THIS POLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THIS POLICY INTO THE PRIMARY LANGUAGES SPOKEN BY ALL SIGNIFICANT POPULATIONS SERVED BY THE CENTER</p>
PART VI, LINE 4	<p>MOFFITT PRIMARILY SERVES THE TAMPA BAY AREA, WHICH COMPRISES OF HILLSBOROUGH, PINELLAS, PASCO, AND POLK COUNTIES IN WEST CENTRAL FLORIDA FIFTY-EIGHT PERCENT OF MOFFITT'S 2017 PATIENT POPULATION IS FROM THIS PRIMARY SERVICE AREA THIS AREA HAS OVER 3 MILLION RESIDENTS 64% WHITE RESIDENTS, 13% BLACK RESIDENTS, AND 19% HISPANICS THE MAJORITY (53%) OF THE PRIMARY SERVICE AREA'S HOUSEHOLD INCOME DISTRIBUTION IS UNDER \$50,000 ABOUT 16% OF INDIVIDUALS IN THE PRIMARY SERVICE AREA ARE BELOW THE POVERTY LEVEL NEARLY IDENTICAL PERCENTAGES OF PRIMARY SERVICE AREA RESIDENTS (12.9%) AND THE STATE (13.5%) DO NOT HAVE A HIGH SCHOOL DEGREE</p>

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Form and Line Reference	Explanation
PART VI, LINE 5	MOFFITT'S CHNA IMPLEMENTATION PLAN OUTLINES THE ORGANIZATIONAL EFFORTS IN PROMOTING THE HEALTH OF OUR COMMUNITY AND ADDRESSING CANCER PREVENTION AND EARLY DETECTION THE M-POWER OUTREACH TEAM IS DEDICATED TO ADDRESS THE CANCER NEEDS OF UNDERSERVED POPULATIONS THROUGH EDUCATION, COMMUNITY COLLABORATIONS, AND NAVIGATION OF SERVICES ADDITIONALLY, FUNDS ARE USED TO PROVIDE SCREENING VOUCHERS FOR UNINSURED INDIVIDUALS TO RECEIVE A BREAST, LUNG, COLORECTAL, OR PROSTATE SCREENING AT NO COST TO THE PATIENT
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 PROGRAMOR 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 ADDITION, 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY BENEFIT EXPENSES PERFORMED BY RELATED ENTITIES	MOFFITT MEDICAL GROUP FINANCIAL ASSISTANCE AT COST WAS \$1,628,180 PERCENT OF TOTAL MMG ENTITY EXPENSE 9756% PERCENT OF COMBINED EXPENSE 133% MOFFITT MEDICAL GROUP HEALTH PROFESSIONS EDUCATION WAS \$11,726,190 PERCENT OF TOTAL MMG ENTITY EXPENSE 703% PERCENT OF COMBINED EXPENSE 96% MOFFITT MEDICAL GROUP'S BAD DEBT EXPENSE AT COST \$972,652 MOFFITT RESEARCH RESEARCH NET COMMUNITY BENEFIT EXPENSE WAS \$34,433,282 PERCENT OF TOTAL PARENT/RESEARCH EXPENSE 1674% PERCENT OF COMBINED EXPENSE 281%

Schedule H (Form 990) 2017

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
<p>H LEE MOFFITT CANCER CENTER & RESEARCH</p>	<p>PART V, SECTION B, LINE 5 INDIVIDUALS, INCLUDING ORGANIZATIONAL LEADERS FROM MULTIPLE SECTORS, COMMUNITY STAKEHOLDERS, AND RESIDENTS, PARTICIPATED 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. THE FOLLOWING INDIVIDUALS WERE INTERVIEWED AS PART OF THIS HEALTH ASSESSMENT, EITHER BY PHONE OR IN PERSON. THEY CONTRIBUTED IMMENSURABLE VALUE IN THE FORMATION OF THIS REPORT, PROVIDING PROFESSIONAL KNOWLEDGE, EXPERT INFORMATION, AND INFORMED PUBLIC POLICY DIRECTION BY PARTICIPATING IN THE ASSESSMENT PROCESSES AS KEY INFORMANTS. WE WOULD LIKE TO ACKNOWLEDGE EACH OF THESE INDIVIDUALS AND THANK THEM FOR THEIR GENEROUS TIME AND CONTRIBUTIONS TO THIS ASSESSMENT: CHRISTINE ABARCA, FLORIDA DEPT OF HEALTH PASCO COUNTY, KIM AMTMANN-BUETTNER, PATIENT & FAMILY ADVISORY PROGRAM, MOFFITT CANCER CENTER, DEBORAH AUSTIN, PHD, DIRECTOR OF COMMUNITY ENGAGEMENT, REACHUP, INC, PASTOR DAN CAMPBELL, DIRECTOR OF DEVELOPMENT FOR PASCO COUNTY METROPOLITAN MINISTRIES, ERM ELINDA CENTENO, DIRECTOR OF ENABLING SERVICES, CENTRAL FLORIDA HEALTH CARE, INC, KRISTIN CHESNUTT, HEALTH SYSTEMS MANAGER, AMERICAN CANCER SOCIETY, FLORIDA DIVISION, VENESSA RIVERA COLON, MANAGER OF MOFFITT PROGRAM FOR OUTREACH WELLNESS EDUCATION & RESOURCES, MOFFITT CANCER CENTER, ERNEST CONEY, CEO, CDC OF TAMPA, KATHY DAIN, EXECUTIVE DIRECTOR, BETH-EL FARM WORKER MINISTRY, LOLITA DASH-PIITTS, EXECUTIVE DIRECTOR, FRONT PORCH CDA, INC, MARTINE DORVILLE, DIRECTOR OF PROGRAMS, UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION, KATHERINE EA GAN, CEO, HILLSBOROUGH AREA REGIONAL TRANSIT (HART), SUSAN EASTER, DIRECTOR OF HEALTH CENTER, ST PETERSBURG FREE CLINIC, MARIA NIEVES EDMONDS, CHAIRPERSON, HISPANIC LEADERSHIP COUNCIL, SHEILA FERRALL, SENIOR DIR, NURSING PRACTICE, EDUC & CLINIC EFFICIENCY, MOFFITT CANCER CENTER, KHALIAH FLEMING, COMMUNITY HEALTH EDUCATOR, MOFFITT CANCER CENTER, MIGUEL FUENTES, REDLANDS CHRISTIAN MIGRANT ASSOCIATION (RCMA), GEORGE GARCIA, BRANCH EXECUTIVE, HIGH POINT BRANCH, YMCA OF THE SUNCOAST, LYNDIA GOWING, REGIONAL COORDINATOR, FLORIDA DEPT OF HEALTH PASCO COUNTY, LUCY GUERRA, MD, ASSOCIATE PROFESSOR OF MEDICINE, UNIVERSITY OF SOUTH FLORIDA SCHOOL OF MEDICINE, ERIC HAAS, MD, SENIOR MEDICAL DIRECTOR FOR MEDICARE ADVANTAGE, FLORIDA BLUE, CARRIE HEPBURN, EXECUTIVE DIRECTOR, TAMPA BAY HEALTHCARE COLLABORATIVE, SHE RRY HOBACK, CHIEF CLINICAL SERVICES OFFICER, TAMPA FAMILY HEALTH CENTERS, DOUGLAS HOLT, MD, DIRECTOR, FLORIDA DEPT OF HEALTH HILLSBOROUGH COUNTY, JOY JACKSON, MD, DIRECTOR, FLORIDA DEPT OF HEALTH POLK COUNTY, DENESE METEYE JAMES, COMMUNITY VOLUNTEER, CYNTHIA JOHNSON, ED D, EDFP, SENIOR MANAGER BUSINESS ASSISTANCE, PINELLAS COUNTY ECONOMIC DEVELOPMENT, CHERI WRIGHT-JONES, REGIONAL VICE</p>

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
<p>H LEE MOFFITT CANCER CENTER & RESEARCH</p>	<p>PRESIDENT, ALLEGHANY FRANCISCAN MINISTRIES, ROBERT KEENAN, MD, CHIEF MEDICAL OFFICER, VP Q UALITY, MOFFITT CANCER CENTER, JACK KOLOSKY, CHIEF OPERATING OFFICER, MOFFITT CANCER CENTE R, GINA KRAVITZ, EXECUTIVE DIRECTOR, SUSAN G KOMEN SUNCOAST, VALARIE LEE, PUBLIC HEALTH SE RVICES MANAGER, FLORIDA DEPT OF HEALTH PINELLAS COUNTY, DOUGLAS LETSON, MD, EXECUTIVE VIC E PRESIDENT, PHYSICIAN-IN-CHIEF, MOFFITT CANCER CENTER, KARENNE LEVY, DIRECTOR OF PATIENT EXPERIENCE (FORMERLY), MOFFITT CANCER CENTER, NATASHA MARTIN, HUMAN SERVICES MANAGER, PASC O COUNTY HUMAN SERVICES, CHRISTINA MATHIS, CEO, GULFCOAST NORTH AREA HEALTH EDUCATION CENT ER, MICHELE MCCOY, SEMINOLE INDIAN TRIBE, KATE MCDONALD, HEALTH SERVICES COORDINATOR, LAKE WALES CARE CENTER, SETH MCKEEL, SOUTHERN STRATEGY GROUP, FORMER REPRESENTATIVE OF POLK CO UNTY DISTRICT 40, KYLE MOBLEY, SENIOR MANAGER FOR HOSPITAL SYSTEMS, AMERICAN CANCER SOCIET Y, FLORIDA DIVISION, MIKE NAPIER, ADMINISTRATOR, FLORIDA DEPT OF HEALTH PASCO COUNTY, SHA LEWA NOEL-THOMAS, PHD, MANAGER, SOCIAL SERVICES DEPT (FORMERLY), HILLSBOROUGH COUNTY BOAR D OF COMMISSIONERS, DONNA PETERSEN, PHD, DEAN, USF COLLEGE OF PUBLIC HEALTH, MARIA PINZ N, EXECUTIVE DIRECTOR, HISPANIC SERVICES COUNCIL, CHERYL POLLOCK, DIRECTOR, BUSINESS DEVELOP MENT & COMMUNITY SERVICES, PREMIER COMMUNITY HEALTHCARE GROUP, LARRY POWELL, PRESIDENT, AN GELS CARE CENTER OF ELOISE, SISTER SARA PROCTOR, PROGRAM COORDINATOR, CATHOLIC MOBILE MEDI CAL SERVICES, FRANK RIDDICK, CHAIRMAN, TAMPA CITY COUNCIL, CLARA REYNOLDS, PRESIDENT/CEO, CRISIS CENTER OF TAMPA BAY, ASHLEY RIVERA, CHIEF EXECUTIVE OFFICER, WE CARE OF POLK COUNTY , MARGARITA ROMO, EXECUTIVE DIRECTOR, FARMWORKERS SELF-HELP, INC , JOLENE ROWE, SOCIAL WOR K SUPERVISOR, MOFFITT CANCER CENTER, LEISA STANLEY, PHD, ASSOCIATE EXECUTIVE DIRECTOR, HEA LTHY START COALITION OF HILLSBOROUGH COUNTY, INC , DONNA THOMAS, ASSISTANT DIRECTOR, GOOD SAMARITAN HEALTH CLINIC OF PASCO, JOSSETTE TOULME, TREASURER, HAITIAN ASSOCIATION FOUNDATI ON OF TAMPA BAY, INC , MARY LYNN ULREY, CEO, DRUG ABUSE COMP COORDINATING OFFICE (DACCO), BRIAN WINFIELD, CHIEF FINANCIAL OFFICER (FORMERLY), EQUALITY FLORIDA INSTITUTE, INC , AND CARRIE ZEISSE, CHIEF OPERATING OFFICER, UNITED WAY SUNCOAST</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, LINES 6A AND 6B IN OCTOBER 2015, MOFFITT COLLABORATED WITH THE FLORIDA DEPARTMENT OF HEALTH, HILLSBOROUGH COUNTY, TO COMPLETE THE CHNA AND LATER ESTABLISH HEALTHY HILLSBOROUGH HEALTHY HILLSBOROUGH IS A COMMITTEE OF LOCAL HOSPITALS, THE COUNTY HEALTH DEPARTMENT, AND FEDERALLY QUALIFIED HEALTH CENTERS THE PURPOSE OF HEALTHY HILLSBOROUGH WAS TO MEET THE FEDERAL CHNA REQUIREMENTS FOR ALL ENTITIES AND TO WORK COLLABORATIVELY IN THE PROCESS THE ORGANIZATIONS INVOLVED ARE FLORIDA DEPARTMENT OF HEALTH HILLSBOROUGH COUNTY FLORIDA HOSPITAL CARROLLWOOD FLORIDA HOSPITAL TAMPA SOUTH FLORIDA BAPTIST HOSPITAL ST JOSEPH'S HOSPITAL SUNCOAST COMMUNITY HEALTH CENTERS TAMPA FAMILY HEALTH CENTERS TAMPA GENERAL HOSPITAL H LEE MOFFITT CANCER CENTER & RESEARCH PART V, SECTION B, LINE 7A THE CHNA report was made available ON THE HOSPITAL FACILITY'S WEBSITE AT WWW.MOFFITT.ORG/PUBLICATIONS/COMMUNITY-BENEFIT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
<p>H LEE MOFFITT CANCER CENTER & RESEARCH</p>	<p>PART V, SECTION B, LINE 10A THE most recently adopted implementation strategy WAS POSTED ON THE hospital facility's WEBSITE AT WWW MOFFITT ORG/PUBLICATIONS/COMMUNITY-BENEFIT H LEE MOFFITT CANCER CENTER & RESEARCH PART V, SECTION B, LINE 11 BASED ON THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, LEGACY CONSULTING GROUP IDENTIFIED TWELVE SIGNIFICANT HEALTH NEEDS WITHIN THE COMMUNITY THESE TWELVE NEEDS CAN BE GROUPED INTO FOUR BASIC CATEGORIES -ACCESS TO CARE (TRANSPORTATION FOR DISADVANTAGED, AVAILABILITY OF PRIMARY CARE PHYSICIANS, HEALTH CARE NAVIGATION), -SCREENING AND PREVENTION, GENERAL (LUNG CANCER, BREAST CANCER, PROSTATE CANCER, COLORECTAL CANCER, SMOKING CESSATION), -CANCER EDUCATION AND AWARENESS, AND -OBESITY (ACCESS TO HEALTHY FOODS, DIET/NUTRITION, EXERCISE) IN ORDER TO EVALUATE AND PRIORITIZE THESE NEEDS, A MEETING OF THE MOFFITT CANCER CENTER COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE WAS HELD ON MARCH 24, 2016, AT THE MOFFITT BUSINESS CENTER IN TAMPA TEN COMMITTEE MEMBERS ATTENDED IN PERSON AND THREE PARTICIPATED BY PHONE THE PRIORITIZING CRITERIA WERE BASED ON ALIGNMENT TO MOFFITT'S MISSION, THE ABILITY AND FEASIBILITY TO ADDRESS A PARTICULAR HEALTH NEED, AND THE RESULTING IMPACT AND BENEFIT TO THE COMMUNITY THE STEERING COMMITTEE DECIDED THAT MOFFITT WOULD NOT ADDRESS "AVAILABILITY OF PRIMARY CARE PHYSICIANS"OBESITY" SINCE THESE ISSUES EITHER DO NOT ALIGN WITH MOFFITT'S MISSION AND VISION OR THAT OTHER ENTITIES WERE BETTER EQUIPPED TO ADDRESS THEM IN ADDITION, "GENERAL CANCER EDUCATION AND AWARENESS" CONTINUES TO BE A CORNERSTONE OF MOFFITT'S STRATEGIC PLAN IT HAS INCORPORATED SEVERAL EDUCATION AND AWARENESS PROGRAMS IN THE IMPLEMENTATION WHICH FOLLOWS TO DATE SOME OF THE HIGHLIGHTS IN EXECUTING THIS PLAN HAS BEEN 1) A WEB-BASED SEARCHABLE COMMUNITY RESOURCE DIRECTORY DESIGNED FOR MOFFITT TEAM MEMBERS TO HAVE A CENTRALLY LOCATED SOURCE OF INFORMATION WHEN NAVIGATING PATIENTS AND ROUGHLY COMMUNITY MEMBERS IN NEED OF SERVICES, 2) PUBLIC SERVICE ANNOUNCEMENTS (PSA) WERE DEVELOPED TO PROMOTE CANCER SCREENINGS PSA'S WERE AIRED ON TELEVISION DURING THE RESPECTIVE CANCER AWARENESS MONTH IN ADDITION FACEBOOK LIVE HAS BEEN UTILIZED TO EDUCATE ON THE IMPORTANCE OF CANCER PREVENTION AND SCREENING IN ADDITION, A WEBSITE WAS CREATED AND AIRED FOR VIEWERS TO OBTAIN MORE INFORMATION ABOUT CANCER SCREENINGS AND A TOLL FREE NUMBER PROVIDED 3) HIRED COMMUNITY NAVIGATORS TO ASSIST PATIENTS WITH SCHEDULING APPOINTMENTS, LANGUAGE SERVICES, AND COORDINATING TRANSPORTATION 4) DONATED TO HILLSBOROUGH AREA REGIONAL TRANSIT TO HELP FUND A NEW BUS ROUTE TO SERVE THE UNIVERSITY AREA IN WHICH THE CENTER IS LOCATED 5) PROVIDED OVER 2,000 CANCER SCREENING VOUCHERS TO UNINSURED PATIENTS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 13B PATIENTS WHO ARE MEDICALLY NEEDY MAY STILL APPLY FOR FINANCIAL ASSISTANCE, BUT WILL PRESUMPTIVELY QUALIFY FOR FINANCIAL ASSISTANCE IF THEY CANNOT MEET THEIR SHARE OF COST AS DETERMINED BY THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES THE LEVEL OF ASSISTANCE WILL BE DETERMINED BY WHICH INCOME LEVEL THE PATIENT'S SHARE OF COST FALLS ON THE FEDERAL POVERTY GUIDELINES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 13H CRITERIA USED TO DETERMINE ELIGIBILITY NOT ONLY INCLUDES INCOME LEVEL, ASSET LEVEL, INSURANCE OR UNDERINSURANCE STATUS AND RESIDENCY, BUT MAY ALSO INCLUDE INFORMATION RELATED TO EMPLOYMENT STATUS, NUMBER OF DEPENDENTS IN HOUSEHOLD AND FINANCIAL SUPPORT BY ANY OTHER PERSON OR PROGRAM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
<p>H LEE MOFFITT CANCER CENTER & RESEARCH</p>	<p>PART V, SECTION B, LINE 15E METHOD BY WHICH PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE A PATIENTS THAT REQUEST FINANCIAL ASSISTANCE OR WHO HAVE BEEN IDENTIFIED AS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE WILL BE REFERRED TO THE CENTER'S FINANCIAL COUNSELORS B PATIENTS MAY CONTACT THE MOFFITT CANCER CENTER BUSINESS OFFICE AT 12902 MAGNOLIA DRIVE, MCB-BO, TAMPA, FLORIDA 33612, OR CALL 1-800-456-3434 EXT 8422 OR THE DIRECT NUMBER AT 813-745-8422 FOR INFORMATION AND ASSISTANCE REGARDING THE FINANCIAL ASSISTANCE APPLICATION C PATIENTS WILL BE INFORMED OF THE PROCESS AND PROCEDURES INVOLVED FOR A FINANCIAL ASSISTANCE APPLICATION EITHER BEFORE RECEIVING SERVICES OR DURING THE BILLING AND COLLECTION PROCESS D THE PATIENT AND/OR THE PATIENT'S FAMILY WILL BE ADVISED OF ALL DOCUMENTATION REQUIRED TO MAKE A DETERMINATION AS TO ELIGIBILITY FOR FINANCIAL ASSISTANCE E A FINANCIAL COUNSELOR WILL INTERVIEW THE PATIENT OR THE PATIENT'S RELATIVES WHO ARE LEGALLY RESPONSIBLE FOR THE PATIENT'S SUPPORT IN COMPLIANCE WITH HIPAA GUIDELINES DURING THE INTERVIEW, THE FINANCIAL COUNSELOR WILL GATHER INFORMATION ABOUT THE PATIENTS CIRCUMSTANCES AND ABILITY TO PAY AND, IF REQUESTED, MAY ASSIST THE PATIENT OR PATIENT'S FAMILY IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION F A PATIENT AND/OR A PATIENT'S FAMILY MAY ALSO MEET WITH THE CENTER'S PHARMACY REPRESENTATIVE TO APPLY FOR AVAILABLE ASSISTANCE PROGRAMS FOR PHARMACEUTICAL CARE G A REQUEST FOR FINANCIAL ASSISTANCE AND A DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE SHOULD OCCUR PRIOR TO RENDERING NON-EMERGENT MEDICALLY NECESSARY SERVICES HOWEVER, THE DETERMINATION MAY BE DONE AT ANY POINT IN THE COLLECTION PROCESS H IF THE MARITAL STATUS OF A MINOR CANNOT BE DETERMINED, OR WHERE THERE IS NOT SUFFICIENT DOCUMENTATION TO CONFIRM A MINOR'S EMANCIPATION, ELIGIBILITY OF FINANCIAL ASSISTANCE WILL BE BASED ON THE INCOME AND ASSETS OF THE PARENT/PARENTS OR LEGAL GUARDIAN OF THE MINOR DOCUMENTATION PROVIDED FOR THE FINANCIAL ASSISTANCE APPLICATION MUST BE CONSISTENT WITH ALL OTHER DOCUMENTATION PRESENTED FOR REVIEW</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE HTTPS //MOFFITT ORG/PATIENT-FAMILY/INSURANCE-FINANCIAL-INFORMATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 16J 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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 20E MOFFITT HOSPITAL DID NOT INITIATE ANY OF THE ACTIONS DESCRIBED IN SCHEDULE H, PART V, SECTION B, LINE 19 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 CONTINUOUS EFFORT IS MADE TO QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE, SUCH AS ASSISTING WITH THE APPLICATION PROCESS TO DETERMINE ELIGIBILITY AS WELL AS IDENTIFYING OTHER PROGRAMS THAT MAY PROVIDE ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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 21D 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

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes," on 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.

Department of the Treasury Internal Revenue Service

Name of the organization H Lee Moffitt Cancer Center and Research INSTITUTE HOSPITAL INC

Employer identification number 59-3238634

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC 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 noncash assistance, (h) Purpose of grant or assistance. Row 1: H LEE MOFFITT CANCER CTR & RES INST INC, 59-2451713, 501(C)(3), 2,562,366, 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. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
H Lee Moffitt Cancer Center and Research
INSTITUTE HOSPITAL INC

Employer identification number

59-3238634

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input checked="" type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	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	No
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	No
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		
<input type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed on 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6	For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III	6b	Yes
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accrued 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 1B	PAYMENTS MADE FOR SOCIAL CLUB DUES ARE APPROVED BY THE JOINT EXECUTIVE COMPENSATION AND BENEFITS COMMITTEE (JEC&BC). PAYMENTS ARE A FIXED AMOUNT BASED ON JOB CLASSIFICATION AND ARE DOCUMENTED IN MINUTES OF THE COMMITTEE AND REPORTED BACK TO THE BOARD. ONE OFFICER RECEIVED CLUB DUES BENEFITS.
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	BRAULIO VICENTE, OFFICER, RECEIVED SEVERANCE PAYMENTS FROM HOSPITAL IN THE AMOUNT OF \$38,420. TO BE ELIGIBLE TO PARTICIPATE IN THE 457(F) NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), PARTICIPANTS MUST ELECT TO CONTRIBUTE AT LEAST 10% ACROSS THE 403(B) AND 457(B) PLANS, AND ARE VESTED AFTER 10 YEARS OF SERVICE. LUMP SUM DISTRIBUTIONS FROM THE ACCOUNT ARE MADE UPON NORMAL RETIREMENT OR TERMINATION. BELOW ARE INDIVIDUALS LISTED ON HOSPITAL'S 2017 FORM 990 PART VII, SECTION A, THAT PARTICIPATED IN THE 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AND THEIR RESPECTIVE AMOUNTS OF COMPENSATION CONSTRUCTIVELY RECEIVED IN TAX YEAR 2017 FROM THE PLAN: WILLIAM M. ALBERTS-\$0, MATTHEW BEDNAR-\$0, YVETTE M. LYONS TREMONTI-\$33,689, JOHN A. KOLOSKY-\$52,591, BRAULIO VICENTE-\$10,790, LOUIS D. DE LA PARTE-\$27,837, G. DOUGLAS LETSON-\$45,867, ALAN F. LIST-\$86,947, JOANNA WEISS-\$3,209, JULIE Y. DJEU-\$1,250, JANE FUSILERO-\$11,064, VLADIMIR FEYGELMAN-\$505, EDUARDO G. MOROS-\$1,250, AMARJIT S. SAINI-\$4,021, STUART G. WASSERMAN-\$1,781, SACHIN APTE-\$0, ROBERT KEENAN-\$0, CYNTHIA TERRANO-\$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.
PART I, LINE 1A	DURING THE YEAR ONE OFFICER RECEIVED COMPENSATION TO COVER CLUB DUES AND MEMBERSHIPS.

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN A KOLOSKY HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	609,388	240,301	59,826	583,361	28,982	1,521,858	0
1LOUIS D DE LA PARTE EVP-GEN COUNSEL, ASST SEC	(i)	0	0	0	0	0	0	0
	(ii)	442,970	170,875	32,032	199,553	24,467	869,897	0
2G DOUGLAS LETSON EVP-PHYS IN CHIEF	(i)	580,969	225,288	49,082	146,829	26,463	1,028,631	0
	(ii)	0	0	0	0	0	0	0
3YVETTE LYONS TREMONTI EVP-CFO & ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	511,143	197,679	36,210	192,008	23,917	960,957	0
4BRAULIO VICENTE SVP-MMG, HOS OPS TO 11/3/17	(i)	287,936	57,100	92,635	228,532	31,453	697,656	0
	(ii)	0	0	0	0	0	0	0
5JANE FUSILERO VP-PATIENT CARE SVS/CNO	(i)	347,555	112,972	16,064	51,942	24,931	553,464	0
	(ii)	0	0	0	0	0	0	0
6ROBERT KEENAN VP-QUALITY/CMO	(i)	494,435	159,759	7,177	42,067	28,896	732,334	0
	(ii)	0	0	0	0	0	0	0
7CYNTHIA TERRANO VP-PAYER STRATEGIES	(i)	312,832	102,038	2,905	26,154	28,369	472,298	0
	(ii)	0	0	0	0	0	0	0
8JOANNA WEISS VP REV CYCLE MGMT	(i)	0	0	0	0	0	0	0
	(ii)	248,767	83,131	14,257	66,973	37,475	450,603	0
9SACHIN APTE ASSOC CHIEF MEDICAL OFFICER	(i)	494,255	63,657	77,316	39,466	30,207	704,901	0
	(ii)	0	0	0	0	0	0	0
10VLADIMIR FEYGELMAN SR MBR PHYSICIST	(i)	254,209	500	11,882	183,358	17,455	467,404	0
	(ii)	0	0	0	0	0	0	0
11EDUARDO G MOROS SR MBR PHYSICIST	(i)	374,253	500	4,799	99,757	28,260	507,569	0
	(ii)	0	0	0	0	0	0	0
12AMARJIT S SAINI COORD BRACHYTHERAPY PHYSIC	(i)	243,111	500	4,544	204,916	28,585	481,656	0
	(ii)	0	0	0	0	0	0	0
13STUART G WASSERMAN DIR CLINICAL PHYSICS	(i)	266,384	48,635	3,119	102,380	32,847	453,365	0
	(ii)	0	0	0	0	0	0	0
14W MICHAEL ALBERTS FORMER DIRECTOR, MED DIR MCK	(i)	312,016	53,470	5,371	261,225	21,408	653,490	0
	(ii)	0	0	0	0	0	0	0
15JULIE DJEU FORMER DIRECTOR, ACD RSCH	(i)	0	0	0	0	0	0	0
	(ii)	304,123	96,179	5,130	99,907	17,374	522,713	0
16ALAN F LIST FORMER EVP-PHYS IN CHIEF	(i)	0	0	0	0	0	0	0
	(ii)	852,182	441,350	159,746	295,667	38,774	1,787,719	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
H Lee Moffitt Cancer Center and Research
INSTITUTE HOSPITAL INC

Employer identification number

59-3238634

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	2	439,052	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**

	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?		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 nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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
SCHEDULE M, PART I, COLUMN (B)	THE NUMBER ON LINE 25(B) REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED, NOT THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

H Lee Moffitt Cancer Center and Research
INSTITUTE HOSPITAL INC

Employer identification number

59-3238634

990 Schedule O, Supplemental Information

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 & M2GEN, CORP JOHN A KOLOSKY - OFFICER LOUIS D DE LA PARTE - OFFICER YVETTE LYONS TREMONTI - OFFICER HOSPITAL & MOFFITT TECHNOLOGIES CORPORATION JOHN A KOLOSKY - OFFICER LOUIS D DE LA PARTE - OFFICER YVETTE LYONS TREMONTI - OFFICER FORM 990, PART VI, SECTION A, LINE 4 THE BOARD'S LIMIT TO APPROVE OR DISAPPROVE CAPITAL EXPENDITURES PER EXPENDITURE WAS INCREASED FROM \$500,000 TO \$1,000,000

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, I NC SHALL HAVE THE POWER TO APPROVE, DISAPPROVE OR REMOVE ANY MEMBER OF THE BOARD OF DIRECTORS OR OFFICER OF THE HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC AS THE SOLE MEMBER OF THE CORPORATION SHALL ALSO 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 APPROVE OR DISAPPROVE THE TRANSFER, SALE, LEASE OR DISPOSITION OF ANY ASSET OF THE CORPORATION IN EXCESS OF TWO HUNDRED THOUSAND DOLLARS (\$200,000 00), E APPROVE OR DISAPPROVE THE CONFERRING OF ANY LIEN OR SECURITY INTEREST IN ASSETS OF THE CORPORATION IN EXCESS OF ONE MILLION DOLLARS (\$1,000,000 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 TWENTY THOUSAND DOLLARS (\$20,000 00) PER CONTRIBUTION OR ANNUAL CONTRIBUTION EXCEEDING FIFTY THOUSAND DOLLARS (\$50,000 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 MILLION DOLLARS (\$1,000,000 00) PER EXPENDITURE OR ONE MILLION DOLLARS (\$1,000,000 00) IN THE AGGREGATE ANNUALLY I APPROVE, DISAPPROVE OR REMOVE ANY MEMBER OF THE BOARD OR OFFICER OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO ELECTRONICALLY FILING FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX), A COPY OF THE RETURN IS PROVIDED 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 THE HOSPITAL'S FORM 990 IS ALSO PROVIDED TO THE CHIEF FINANCIAL OFFICER FOR REVIEW BASED ON THE REVIEW ANY SUGGESTED COMMENTS OR CHANGES ARE DISCUSSED PRIOR TO SIGNING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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 PERQUISITES (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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MOFFITT HOSPITAL MAKES AVAILABLE TO THE PUBLIC THROUGH THIRD PARTY VENDOR'S 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 AND MOFFITT'S WEBSITE 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	EMPLOYEES WHO ARE LISTED ON MOFFITT HOSPITAL'S FORM 990 ARE EMPLOYEES WHOSE W-2'S WERE ISSUED BY MOFFITT INSTITUTE, THE COMMON PAYMASTER AND RELATED ENTITY PROCEDURES TO REPORT COMPENSATION OF EMPLOYEES ON FORM 990 PART VII AND ON SCHEDULE J ARE IN ACCORDANCE WITH IRS INSTRUCTIONS FOR EACH RESPECTIVE SECTION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN NET ASSETS PREDOMINANTLY RELATES TO THE CLOSE OUT OF INTERCOMPANY ACCOUNTS PAYABLE AND RECEIVABLES (DUE TO/DUE FROM) IN THE AMOUNT OF \$7,357,669 TO NET ASSETS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
H Lee Moffitt Cancer Center and Research
INSTITUTE HOSPITAL INC

Employer identification number

59-3238634

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 (if applicable) of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HLMCCR INSTITUTE INC 12902 Magnolia Drive Tampa, FL 33612 59-2451713	RESEARCH	FL	501(C)(3)	LINE 7	NA		No
(2) HLMCCR INSTITUTE FOUNDATION INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238636	FUNDRAISING	FL	501(C)(3)	LINE 7	HLMCCRI INC		No
(3) HLMCCR LIFETIME CANCER SCREENING CTR INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238640	PRACTICE MGT	FL	501(C)(3)	LINE 10	HLMCCRI INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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 MGMT	FL	HLMCCRI INC	C CORP	0	0	0 %		No
(2) M2GEN CORP 10902 N MCKINLEY DRIVE TAMPA, FL 33612 20-8486180	DATABASE MGMT	FL	HLMCCRI INC	C CORP	0	0	0 %		No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, 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 Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
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 VII **Supplemental Information**

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