

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

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

D Employer identification number
59-3238634

E Telephone number
(813) 745-4673

G Gross receipts \$ 1,369,166,220

F Name and address of principal officer:
DR PATRICK HWU
12902 MAGNOLIA DRIVE
TAMPA, FL 33612

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.MOFFITT.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1994

M State of legal domicile: FL

Part I Summary

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

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

| | | |
|--|-----------|-------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 4,488 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 803 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Prior Year | Current Year |
|---|---------------------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 24,718,713 | 41,081,644 |
| 9 Program service revenue (Part VIII, line 2g) | 1,236,041,531 | 1,326,798,964 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 5,597 | 77,248 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,417,973 | 1,203,231 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,262,183,814 | 1,369,161,087 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 10,589,432 | 7,680,013 |
| 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) | 354,689,002 | 384,677,848 |
| 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) | 652,006,010 | 688,222,848 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,017,284,444 | 1,080,580,709 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 244,899,370 | 288,580,378 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 274,999,134 | 286,006,622 |
| 21 Total liabilities (Part X, line 26) | 60,183,806 | 87,159,124 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 214,815,328 | 198,847,498 |

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: 2021-04-13
YVETTE TREMONTI EVP/CFAO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN: P00488037
Firm's name: ▶ GRANT THORNTON LLP Firm's EIN: ▶ 36-6055558
Firm's address: ▶ 200 S ORANGE AVENUE SUITE 2050 Phone no. (407) 481-5100
ORLANDO, FL 32801

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. ("HOSPITAL") 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 \$ 927,748,035 including grants of \$ 7,680,013) (Revenue \$ 1,326,143,307)
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 ▶ 927,748,035

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

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 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (backup withholding rules).

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



Section A. Governing Body and Management

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; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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

- 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-A 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.
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 | 2,386,899 | | |
| | e Government grants (contributions) | 1e | 23,768,936 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 14,925,809 | | |
| | g Noncash contributions included in lines 1a - 1f: \$ | 1g | 600,077 | | |
| | h Total. Add lines 1a-1f | | 41,081,644 | | |

| Program Service Revenue | | | Business Code | | | |
|--------------------------------|---|--|---------------|---------------|---------------|---------|
| | 2a NET PATIENT SERVICE REVENUE | | 900099 | 1,288,248,349 | 1,288,248,349 | |
| | b SPECIALTY PHARMACY | | 900099 | 36,358,451 | 36,358,451 | |
| | c OUTPATIENT PHARMACY | | 900099 | 800,000 | | 800,000 |
| | d CORE LAB REVENUE | | 900099 | 516,447 | 516,447 | |
| | e QUALITY IMPROVEMENT PROGRAM | | 900099 | 386,928 | 386,928 | |
| | f All other program service revenue. | | | 488,789 | 488,789 | |
| | g Total. Add lines 2a-2f. | | | 1,326,798,964 | | |

| | | | | | | |
|--|--|---|---------------|---------|-----------|---------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | 6a | 129,458 | | | |
| | | b Less: rental expenses | 6b | 0 | | |
| | c Rental income or (loss) | 6c | 129,458 | | | |
| | d Net rental income or (loss) | | | 129,458 | | 129,458 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | 7a | | 82,381 | | |
| | | b Less: cost or other basis and sales expenses | 7b | | 5,133 | |
| | c Gain or (loss) | 7c | | 77,248 | | |
| | d Net gain or (loss) | | | 77,248 | | 77,248 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| | | b Less: direct expenses | 8b | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | | b Less: direct expenses | 9b | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | b Less: cost of goods sold | 10b | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a CAFETERIA COMMISSIONS | 900099 | 319,447 | | | 319,447 | |
| b REBATES | 900099 | 306,432 | | | 306,432 | |
| c INTEREST FROM INS COMPANIES | 524114 | 268,568 | | | 268,568 | |
| d All other revenue | | 179,326 | 48,285 | | 131,041 | |
| e Total. Add lines 11a-11d | | 1,073,773 | | | | |
| 12 Total revenue. See instructions | | 1,369,161,087 | 1,326,047,249 | 0 | 2,032,194 | |

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 | 7,680,013 | 7,680,013 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,723,267 | 3,462,638 | 260,629 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 303,997,145 | 231,132,580 | 72,864,565 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 12,827,473 | 9,805,635 | 3,021,838 | |
| 9 Other employee benefits | 43,021,297 | 37,936,763 | 5,084,534 | |
| 10 Payroll taxes | 21,108,666 | 16,265,308 | 4,843,358 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 5,487,503 | | 5,487,503 | |
| c Accounting | 190,972 | | 190,972 | |
| d Lobbying | 441,210 | | 441,210 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 60,366,453 | 30,133,254 | 30,233,199 | |
| 12 Advertising and promotion | 6,319,006 | 19,113 | 6,299,893 | |
| 13 Office expenses | 63,260,387 | 45,023,668 | 18,236,719 | |
| 14 Information technology | 26,444,154 | | 26,444,154 | |
| 15 Royalties | | | | |
| 16 Occupancy | 16,856,357 | 5,546,363 | 11,309,994 | |
| 17 Travel | 660,605 | 353,444 | 307,161 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 7,313,835 | | 7,313,835 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 38,812,433 | 14,362,628 | 24,449,805 | |
| 23 Insurance | 1,217,250 | | 1,217,250 | |
| 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 | 426,054,312 | 426,052,765 | 1,547 | |
| b ALLOC OF INTERCO EXP | 0 | 68,842,029 | -68,842,029 | |
| c BAD DEBT EXPENSE - PATI | 14,290,715 | 14,290,715 | | |
| d HCCB ASSESSMENT | 12,935,724 | 12,935,724 | | |
| e All other expenses | 7,571,932 | 3,905,395 | 3,666,537 | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,080,580,709 | 927,748,035 | 152,832,674 | 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 | | 2 | |
| | 3 Pledges and grants receivable, net | 14,399,110 | 3 | 21,036,632 |
| | 4 Accounts receivable, net | 169,052,931 | 4 | 152,243,038 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 19,092,902 | 8 | 30,123,202 |
| | 9 Prepaid expenses and deferred charges | 3,474,413 | 9 | 8,209,490 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 230,369,210 | | |
| | b Less: accumulated depreciation | 179,430,692 | | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | 11,607,530 | 12 | 11,932,320 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 5,061,200 | 15 | 11,520,748 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 274,999,134 | 16 | 286,006,622 | |
| Liabilities | 17 Accounts payable and accrued expenses | 43,356,947 | 17 | 45,591,695 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,104 | 19 | 10,187 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 16,823,755 | 25 | 41,557,242 |
| | 26 Total liabilities. Add lines 17 through 25 | 60,183,806 | 26 | 87,159,124 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 209,855,164 | 27 | 193,690,975 |
| | 28 Net assets with donor restrictions | 4,960,164 | 28 | 5,156,523 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 214,815,328 | 32 | 198,847,498 | |
| 33 Total liabilities and net assets/fund balances | 274,999,134 | 33 | 286,006,622 | |

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 | 1,369,161,087 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,080,580,709 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 288,580,378 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 214,815,328 |
| 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 | -304,548,208 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 198,847,498 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 59-3238634

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

Form 990 (2019)

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, FL. SINCE OPENING IN 1986, THE HOSPITAL HAS BEEN GUIDED BY ONE MISSION, "TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER." MOFFITT IS A LEADING NATIONAL CANCER INSTITUTE (NCI) COMPREHENSIVE CANCER CENTER - ONE OF ONLY 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, 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 218 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 2020, THE HOSPITAL RECORDED 473,227 OUTPATIENT VISITS AND 9,453 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 | | | |
| JOHN A KOLOSKY HOSPITAL PRESIDENT | 23.00 33.00 | | | X | | | | 0 | 998,205 | 960,228 |
| YVETTE M LYONS TREMONTI EVP-CFAO & ASST TREASURER | 20.00 38.00 | | | X | | | | 0 | 964,941 | 321,875 |
| G DOUGLAS LETSON EVP-PHYS IN CHIEF | 15.00 40.00 | | | X | | | | 960,289 | 0 | 256,848 |
| L DAVID DE LA PARTE EVP-GENERAL COUNSEL;ASST SEC | 20.00 38.00 | | | X | | | | 0 | 794,823 | 328,756 |
| ROBERT KEENAN VP-QUALITY/CMO | 55.00 0.00 | | | X | | | | 756,041 | 0 | 138,931 |
| W MICHAEL ALBERTS FORMER DIRECTOR, VP-MED AFFAIRS | 0.00 50.00 | | | | | | X | 0 | 339,064 | 375,867 |
| SACHIN APTE ASSOC CHIEF MEDICAL OFFICER | 50.00 0.00 | | | | | X | | 594,564 | 0 | 97,596 |
| BRYAN MCIVER DEPUTY PHYSICIAN IN CHIEF | 50.00 0.00 | | | | | X | | 594,669 | 0 | 97,379 |
| JANE FUSILERO VP-PATIENT CARE SVS/CNO | 55.00 0.00 | | | X | | | | 550,151 | 0 | 55,467 |
| STUART G WASSERMAN DIR CLINICAL PHYSICS | 50.00 0.00 | | | | | X | | 335,032 | 0 | 234,632 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| EDUARDO G MOROS SR MBR PHYSICIST-RAD ONC | 50.00 0.00 | | | | | X | | 377,511 | 0 | 188,842 |
| VLADIMIR FEYGELMAN SR MBR PHYSICIST-RAD ONC | 50.00 0.00 | | | | | X | | 268,350 | 0 | 291,698 |
| JOANNA WEISS VP FINANCE | 15.00 40.00 | | | X | | | | 0 | 418,125 | 138,073 |
| CYNTHIA TERRANO VP PAYER STRATEGIES | 35.00 20.00 | | | X | | | | 448,738 | 0 | 81,135 |
| MATTHEW BEDNAR VP-AMBULATORY OPS/VIRTUAL CARE | 55.00 0.00 | | | X | | | | 328,642 | 0 | 80,716 |
| S DOMINIC SERAPHIN VP STRAT ALLIANCE & NETWK TO 5/15/20 | 15.00 40.00 | | | X | | | | 0 | 338,688 | 50,737 |
| KEN KOMORNY CHIEF PHARMACY OFFICER | 55.00 0.00 | | | | X | | | 219,782 | 0 | 27,546 |
| MARILYN COSTACHE CHIEF RISK OFFICER | 1.00 54.00 | | | X | | | | 0 | 187,528 | 46,554 |
| BETH A HOUGHTON DIRECTOR, CHAIR | 1.00 1.00 | X | | X | | | | 0 | 0 | 0 |
| THE HON MARK A PIZZO ESQ DIRECTOR, VICE CHAIR | 1.00 1.00 | X | | 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 | | | |
| JOSEPH CABALLERO DIRECTOR, SEC/TREAS | 1.00 2.00 | X | | X | | | | 0 | 0 | 0 |
| MICHAEL BICE DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| ROLAND DANIELS DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| VALERIE GODDARD DIRECTOR | 1.00 1.00 | X | | | | | | 0 | 0 | 0 |
| ROBERT HORTON DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| JACQUELINE LEWIS DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| JO MANION DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| JENNIFER MOFFITT DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| KEVIN PLUMMER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| NICOLAS PORTER DIRECTOR | 1.00 0.00 | 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 | | | |
| MARY ANNE REILLY DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| BETH SIMONETTI DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| SUPRIYA TANEJA DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| HAL WALKER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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 **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) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2019. 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 <input type="checkbox"/> | | |
| b 33 1/3% support test—2018. 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 <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2019. 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 <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2018. 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| | 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)? <i>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.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 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> | Yes | No |
| 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 2019 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-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
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 |
|---|--|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 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 | | 16,518 |
| e | Publications, or published or broadcast statements? | Yes | | 17,829 |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 665,073 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | Yes | | 31,098 |
| i | Other activities? | Yes | | 35,601 |
| j | Total. Add lines 1c through 1i | | | 766,119 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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: | 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

OMB No. 1545-0047 2019 Open to Public Inspection

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. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

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?
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)?
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:
(ii) Revenue included on Form 990, Part VIII, line 1
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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 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 | | 229,051,168 | 179,149,582 | 49,901,586 |
| e Other | | 1,036,932 | | 1,036,932 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 50,938,518 |

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 | |
| (2) HCCB ASSESSMENT | 19,056,262 |
| (3) OPERATING LEASE LIABILITY | 4,097,292 |
| (4) ESTIMATED THIRD PARTY PAYABLES | 18,403,688 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 41,557,242 |

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 | |
| | |
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| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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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: MOFFITT 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
Name of the organization
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
59-3238634

OMB No. 1545-0047
2019
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 | Yes | |
| 1b If "Yes," was it a written policy? | 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 _____ % | 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 _____ % | 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"? | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 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? | | No |
| 6a Did the organization prepare a community benefit report during the tax year? | Yes | |
| b If "Yes," did the organization make it available to the public? | Yes | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 25,839,913 | | 25,839,913 | 2.390 % |
| b Medicaid (from Worksheet 3, column a) | | | 30,868,849 | 3,891,959 | 26,976,890 | 2.500 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 56,708,762 | 3,891,959 | 52,816,803 | 4.890 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 966,325 | | 966,325 | 0.090 % |
| f Health professions education (from Worksheet 5) | | | 3,774,836 | | 3,774,836 | 0.350 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 17,116 | | 17,116 | 0 % |
| j Total. Other Benefits | | | 4,758,277 | | 4,758,277 | 0.440 % |
| k Total. Add lines 7d and 7j | | | 61,467,039 | 3,891,959 | 57,575,080 | 5.330 % |

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 | | | 3,037 | | 3,037 | 0 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | 1,561 | | 1,561 | 0 % |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | 16,462 | | 16,462 | 0 % |
| 9 Other | | | | | | |
| 10 Total | | | 21,060 | | 21,060 | 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 | 3,189,652 |
| 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 | 293,750,557 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 325,541,577 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -31,791,020 |
| 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)

| | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of 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: 20 <u>18</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 B, LINE 10A</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: 20 <u>18</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.MOFFITT.ORG/PUBLICATIONS/COMMUNITY-BENEFIT</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 |
| b | 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 CENTER & 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: | 13 | Yes |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</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? | 14 | 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): | 15 | 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): | 16 | Yes |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>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>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>PART V, SECTION C</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 CENTER & 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: 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) | 19 | No |
| 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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) | 21 | No |
|-----------|---|----|----|

Part V Facility Information *(continued)*

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

H LEE MOFFITT CANCER CENTER & 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 THEFEDERAL POVERTY GUIDELINES FOR THE PATIENT'S FAMILY SIZE SHALL BEENTITLED TO 100% FINANCIAL ASSISTANCE ON QUALIFYING BALANCES.B. PATIENTS WHO HAVE FAMILY INCOME AND ASSETS BETWEEN 201%-400% OF THEFEDERAL POVERTY GUIDELINE FOR THE PATIENT'S FAMILY SIZE SHALL BECLASSIFIED AS "SELF PAY TIER 1" STATUS AND ARE ENTITLED TO FINANCIALASSISTANCE OF 65% ON QUALIFYING BALANCES.C. PATIENTS WHO ARE MEDICALLY NEEDY MAY STILL APPLY FOR FINANCIALASSISTANCE, BUT WILL PRESUMPTIVELY QUALIFY FOR FINANCIAL ASSISTANCE IFTHEY CANNOT MEET THEIR SHARE OF COST AS DETERMINED BY THE FLORIDADEPARTMENT OF CHILDREN AND FAMILIES. THE LEVEL OF ASSISTANCE WILL BEDETERMINED BY WHICH INCOME LEVEL THE PATIENT'S SHARE OF COST FALLS ON THEFEDERAL 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 THE HOSPITAL IS \$1,080,580,709. THE TOTAL BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS \$14,290,715. 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 \$1,066,289,994. |
| PART II, COMMUNITY BUILDING ACTIVITIES: | MOFFITT PARTICIPATES IN THE CHAPTERS HEALTH BIOETHICS COMMITTEE MEETINGSWHICH IS COMPRISED OF HEALTHCARE PROFESSIONALS FROM THE COMMUNITY THATHAVE EXPERIENCE DEALING WITH HEALTHCARE RELATED ETHICS ISSUES. THECOMMITTEE OVERSEES ETHICS ISSUES FOR CHAPTERS HOSPICE SYSTEM.MOFFITT HAS DEVELOPED A MENTORING PROGRAM CALLED "VOLUNTEEN" WHERE HIGH SCHOOL STUDENTS CAN VOLUNTEER AT MOFFITT. THE PROGRAM IS DESIGNED TO EXPOSE TEENS TO HEALTHCARE CAREERS, 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 DEPARTMENTSTHROUGHOUT THE ORGANIZATION AND RECEIVE HANDS ON EXPERIENCE IN THE AREASASSIGNED. IN FY20, THERE WERE 100 STUDENTS WHO VOLUNTEERED FOR OVER 2,500 HOURS.MOFFITT PARTICIPATED IN THE BIG BROTHERS BIG SISTERS SCHOOL TO WORK PROGRAM THAT PROVIDES ONE-ON-ONE MENTORING IN THE WORKPLACE FOR HIGH SCHOOL JUNIORS AND SENIORS TO HELP IMPROVE GRADUATION RATES. MOFFITT TEAM MEMBERS MENTORED 25 STUDENTS, TOTALING 222 HOURS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| 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. |
| 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. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART III, LINE 8: | THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNT OF MEDICAREALLOWABLE COSTS IS THE STEP-DOWN METHOD WHICH DISALLOWS CERTAIN COSTS TOBE CONSIDERED AS COSTS RELATED TO PATIENT CARE. MEDICARE SHORTFALLS WHICHARE COSTS INCURRED BY THE HOSPITAL TO PROVIDE QUALITY CARE AND TREATMENT OF ITS PATIENTS SHOULD BE TREATED AS COMMUNITY BENEFIT. TO NOT INCUR THESE COST WOULD POTENTIALLY LIMIT OR EVEN COMPROMISE THE QUALITY OF SERVICE PROVIDED TO THE ELDERLY OR DISABLED. |
| PART III, LINE 9B: | PATIENTS ARE SCREENED DURING THE ADMISSIONS PROCESS TO ASSESS THE NEEDFOR FINANCIAL ASSISTANCE. HOWEVER, IF AT ANY POINT IN THE COLLECTIONPROCESS IT IS DETERMINED THAT THE PATIENT MAY BE UNABLE TO MEET HIS ORHER OBLIGATION, THE PATIENT WILL BE SENT AN APPLICATION FOR FINANCIALASSISTANCE OR CHARITY ADJUSTMENT. IF PATIENT DOES NOT EXPRESS THEINABILITY TO PAY PRIOR TO BILLING, AN INVOICE IS SENT TO THE PATIENTWHICH INCLUDES CONTACT INFORMATION FOR A PATIENT SERVICE REPRESENTATIVEIF THE PATIENT NEEDS FINANCIAL ASSISTANCE. A HOSPITAL REPRESENTATIVE WILLMAKE EVERY EFFORT TO WORK WITH THE PATIENT TO DETERMINE WHETHER FINANCIALASSISTANCE IS NEEDED. IF THE PATIENT DOES NOT STATE THE NEED OR DOES NOTQUALIFY FOR FINANCIAL ASSISTANCE THEREAFTER, AND PAYMENTS ARE NOT MADE ASAGREED, THE HOSPITAL REPRESENTATIVE MAY OFFER REASONABLE PAYMENT PLANS TOHELP PATIENTS MEET THEIR FINANCIAL OBLIGATIONS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 2: | <p>MOFFITT CANCER CENTER IS HEAVILY INVOLVED IN THE COMMUNITY WITHOUTREACH/EDUCATION EFFORTS (E.G., M-POWER OUTREACH TEAM), COMMUNITY-BASEDPARTICIPATORY RESEARCH, PARTICIPATION IN COMMUNITY COMMITTEES ORCOALITIONS (E.G., HEALTHY HILLSBOROUGH) AND PARTNERSHIPS WITHFEDERALLY-QUALIFIED HEALTH CENTERS AND FREE CLINICS. THESE EFFORTS ENSURETHE ORGANIZATION IS CONTINUOUSLY ASSESSING THE HEALTH CARE NEEDS OF THECOMMUNITY. MOFFITT'S CHNA REPORT EXPLAINS THE PROCESS OF ASSESSING THENEEDS OF THE COMMUNITY. WE ENGAGED COMMUNITY MEMBERS THROUGH AN ONLINE SURVEY, AS WELL AS, PUBLIC HEALTH PROFESSIONALS VIA TELEPHONE INTERVIEWS DURING THE COMPLETION OF THE NEEDS ASSESSMENT. THE REPORT CAN BE FOUND ON OUR WEBSITE. AS WELL, MOFFITT'S COMMUNITY OUTREACH, ENGAGEMENT, AND EQUITY TEAM DEVELOPED A CATCHMENT AREA PROFILE THAT HIGHLIGHTS CANCER RELEVANT DATA COLLECTED FOR CHNA INCLUDING INCIDENCE, RISK FACTORS, AND PREVENTION BEHAVIORS TO HELP STAKEHOLDERS MAKE INFORMED DECISIONS ABOUT THEIR RESEARCH, EDUCATION, AND OUTREACH PRIORITIES RELATED TO MOFFITT'S 15-COUNTY CATCHMENT AREA.</p> |
| PART VI, LINE 3: | <p>PUBLICATION OF THE POLICY: A. THE CENTER HAS PLACED SIGNAGE IN THE ADMISSION AREAS OF THE HOSPITALINFORMING PATIENTS OF FINANCIAL ASSISTANCE AND MAKES ITS POLICY, THEFINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THEPOLICY WIDELY AVAILABLE ON ITS WEBSITE. INDIVIDUALS WITH ACCESS TO THEINTERNET CAN ACCESS, DOWNLOAD, VIEW, AND PRINT A HARD COPY OF THISPOLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGESUMMARY 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 WITHOUTPAYMENT OF ANY FEE); II. WITHOUT PAYING A FEE TO THE CENTER; AND III. WITHOUT CREATING AN ACCOUNT OR BEING OTHERWISE REQUIRED TO PROVIDEPERSONALLY-IDENTIFIABLE INFORMATION. B. THE CENTER PROVIDES INDIVIDUALS WHO ASK HOW TO ACCESS A COPY OF THEPOLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND THE PLAIN LANGUAGESUMMARY OF THE POLICY ONLINE WITH THE DIRECT WEBSITE ADDRESS, OR URL, OFTHE WEB PAGE WHERE THE POLICY, THE FINANCIAL ASSISTANCE APPLICATION, ANDTHE PLAIN LANGUAGE SUMMARY OF THE POLICY ARE POSTED. C. THE CENTER WILL MAKE PAPER COPIES OF THIS POLICY, THE FINANCIALASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THIS POLICYAVAILABLE UPON REQUEST AND WITHOUT CHARGE, BOTH BY MAIL AND IN PUBLICLOCATIONS AT THE CENTER, INCLUDING ANY ADMISSIONS AREAS. D. THE CENTER WILL NOTIFY AND INFORM PATIENTS WHO RECEIVE CARE AT THECENTER ABOUT THIS POLICY NOT ONLY BY SIGNAGE IN THE ADMISSION AREAS BUTALSO BY OFFERING A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY OF THEFINANCIAL ASSISTANCE POLICY AS PART OF THE INTAKE OR DISCHARGE PROCESS.IN ADDITION, THE CANCER CENTER REPRESENTATIVE WILL ALSO GUIDE A PATIENTTO THE WEBSITE OR URL WHERE COPIES OF THIS POLICY, THE FINANCIALASSISTANCE APPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THIS POLICY MAYBE OBTAINED. THE CENTER ALSO INCLUDES A CONSPICUOUS WRITTEN NOTICE ONBILLING STATEMENTS THAT NOTIFIES AND INFORMS RECIPIENTS ABOUT THEAVAILABILITY OF FINANCIAL ASSISTANCE UNDER THIS POLICY ALONG WITH THE TELEPHONE NUMBER OF THE OFFICE OR DEPARTMENT THAT CAN PROVIDE INFORMATIONRELATED 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 PLAINLANGUAGE SUMMARY OF THIS POLICY. F. IF A MEMBER OF THE WORKFORCE BECOMES AWARE OF THE PATIENT'S NEED FORFINANCIAL ASSISTANCE DURING THE ADMISSION PROCESS, THE PATIENT SERVICEREPRESENTATIVE WILL PROVIDE THE PATIENT WITH THE NECESSARY INFORMATIONNEEDED TO APPLY FOR FINANCIAL ASSISTANCE. G. THE CENTER WILL ALSO TRANSLATE THIS POLICY, THE FINANCIAL ASSISTANCEAPPLICATION, AND THE PLAIN LANGUAGE SUMMARY OF THIS POLICY INTO THEPRIMARY LANGUAGES SPOKEN BY ALL SIGNIFICANT POPULATIONS SERVED BY THECENTER.</p> |

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| Form and Line Reference | Explanation |
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| PART VI, LINE 4: | MOFFITT PRIMARILY SERVES THE TAMPA BAY AREA, WHICH IS COMPRISED OF HILLSBOROUGH, PINELLAS, PASCO, AND POLK COUNTIES IN WEST CENTRAL FLORIDA. THIS PRIMARY SERVICE AREA HAS OVER 3.7 MILLION RESIDENTS: 59.7% WHITE RESIDENTS, 12.5% BLACK RESIDENTS, AND 21.6% HISPANICS. SLIGHTLY LESS THAN HALF (43.2%) OF THE PRIMARY SERVICE AREA'S HOUSEHOLD INCOME DISTRIBUTION IS UNDER \$50,000. ABOUT 13% OF INDIVIDUALS IN THE PRIMARY SERVICE AREA ARE BELOW THE POVERTY LEVEL. |
| 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. IN FISCAL YEAR 2020, THE M-POWER TEAM HELD 113 CANCER EDUCATIONAL WORKSHOPS, SERVING 1,605 INDIVIDUALS (78% HISPANIC OR AFRICAN AMERICAN/BLACK), AS WELL AS, ATTENDED 76 HEALTH FAIRS AND OTHER OUTREACH EVENTS, SERVING 5,707 INDIVIDUALS. 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. IN FISCAL YEAR 2020, 479 UNINSURED MEN AND WOMEN UTILIZED A SCREENING VOUCHER. MOFFITT HEALTHY KIDZ ORGANIZED STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS) EVENTS TO PROMOTE CAREERS IN HEALTHCARE AND EDUCATE ON CANCER PREVENTION AMONG MIDDLE AND HIGH SCHOOL STUDENTS. IN FISCAL YEAR 2020, THE PROGRAM HOSTED 18 STEM EVENTS. THE TAMPA BAY COMMUNITY CANCER NETWORK (TBCCN) IS A COLLABORATIVE NETWORK OF ACADEMIC AND COMMUNITY-BASED ORGANIZATIONS FOCUSED ON CANCER DISPARITIES OUTREACH AND RESEARCH. TBCCN HOSTED 9 OUTREACH EVENTS, REACHING 288 PEOPLE. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 6: | <p>TO FURTHER THE MISSION OF CONTRIBUTING TO THE PREVENTION AND CURE OF CANCER, MOFFITT CANCER CENTER COLLABORATES WITH RESPECTED ACADEMIC, HOSPITAL SYSTEMS, REGIONAL CARE CENTERS AND PHYSICIANS GROUPS KNOWN AS THE MOFFITT ONCOLOGY NETWORK. WHOLLY COMMITTED TO MOFFITT'S MODEL OF PATIENT-CENTERED, INTEGRATED CANCER CARE, THE MOFFITT ONCOLOGY NETWORK IS HELPING MOFFITT DEVELOP A PREMIER CANCER CARE DELIVERY SYSTEM, FOCUSED SOLELY ON PROVIDING PATIENTS THE BEST PERSONALIZED CANCER CARE. THE MOFFITT ONCOLOGY NETWORK IMPLEMENTS MOFFITT'S CLINICAL CARE MODEL, INCLUDING MULTIDISCIPLINARY CANCER CARE, PEER REVIEW, CLINICAL PATHWAYS AND QUALITY ASSURANCE. THE COMMUNITY HEALTH NEEDS ASSESSMENT DETERMINED OPPORTUNITIES THAT CAN BE ADDRESSED BY THE CANCER CENTER AS A WHOLE. THE CANCER CENTER'S NON-HOSPITAL FACILITIES DEDICATED TO SERVING INDIVIDUALS WHO ARE IN NEED OF FINANCIAL ASSISTANCE, HELPING TO DEVELOP AND FUND COMMUNITY PROGRAMS AND PERFORM TRANSLATIONAL RESEARCH TO BENEFIT THE COMMUNITY, INCLUDE MOFFITT FOUNDATION, MOFFITT MEDICAL GROUP, AND MOFFITT RESEARCH. MOFFITT FOUNDATION SOLICITS FUNDS TO SUPPORT THE WORK OF THE CANCER CENTER. DONATIONS MAINTAINED BY THE FOUNDATION MAY BE USED FOR A SPECIFIC PROGRAM OR MAY BE USED TO FURTHER THE OVERALL NEEDS OF THE COMMUNITY. MOFFITT MEDICAL GROUP EMPLOYS PHYSICIANS THAT STAFF THE HOSPITAL AND PROVIDE CLINICAL RESEARCH TO THE CANCER CENTER HEALTH CARE SYSTEM. THESE PHYSICIANS PROVIDE MEDICAL SERVICES TO THOSE PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. IN 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. COMMUNITY BENEFIT EXPENSES PERFORMED BY RELATED ENTITIES:</p> <p>MOFFITT MEDICAL GROUP ENTITY: FINANCIAL ASSISTANCE AT COST WAS \$1,949,759 PERCENT OF TOTAL MMG ENTITY EXPENSE: .8867% PERCENT OF COMBINED EXPENSE: .128% HEALTH PROFESSIONS EDUCATION WAS \$11,668,157 PERCENT OF TOTAL MMG ENTITY EXPENSE: 5.31% PERCENT OF COMBINED EXPENSE: .77% BAD DEBT EXPENSE AT COST: \$654,508 MOFFITT RESEARCH ENTITY: RESEARCH NET COMMUNITY BENEFIT EXPENSE WAS \$1,803,029 PERCENT OF TOTAL PARENT/RESEARCH EXPENSE: .76% PERCENT OF COMBINED EXPENSE: .12%</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 |
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| <p>H LEE MOFFITT CANCER CENTER & RESEARCH</p> | <p>PART V, SECTION B, LINE 5: MOFFITT RECOGNIZES THAT THE COMMUNITY'S HEALTH IS AFFECTED BY MULTIPLE FACTORS. THE CURRENT CHNA USED A COLLABORATIVE APPROACH WITH MOFFITT RESEARCH FACULTY AND COMMUNITY STAKEHOLDERS, ANALYZING AN ARRAY OF CLINICAL, SOCIAL AND HEALTH-RELATED DATA. THE DATA COLLECTED INCORPORATED THREE DIFFERENT SOURCES: 1) PUBLICLY-AVAILABLE DATA ON SOCIAL, ECONOMIC, AND HEALTH ISSUES 2) PHONE INTERVIEWS WITH COMMUNITY STAKEHOLDERS 3) ONLINE SURVEY OF COMMUNITY RESIDENTS MOFFITT HIRED CARNAHAN GROUP, INC. TO PERFORM COMMUNITY STAKEHOLDER PHONE INTERVIEWS. A TOTAL OF 39 EXTERNAL COMMUNITY STAKEHOLDERS AND 13 INTERNAL MOFFITT STAFF INTERVIEWS WERE CONDUCTED BETWEEN JANUARY 28, 2019 AND MARCH 7, 2019. YOUNG & RUBICAM, INC. WAS HIRED AS A CONSULTANT TO IMPLEMENT AN ONLINE COMMUNITY SURVEY. THE RESPONSES WERE WEIGHTED BASED ON CENSUS DATA TO REFLECT THE AREA POPULATION. THE SURVEY WAS AVAILABLE IN BOTH ENGLISH AND SPANISH. THERE WERE 740 PARTICIPANTS FROM THE PRIMARY SERVICE AREA. WE WOULD LIKE TO ACKNOWLEDGE EACH OF THE FOLLOWING ORGANIZATIONS AND MOFFITT DEPARTMENT STAFF WHO PARTICIPATED IN AN INTERVIEW FOR THIS ASSESSMENT. THEY CONTRIBUTED IMMEASURABLE VALUE IN THE FORMATION OF THIS REPORT, PROVIDING PROFESSIONAL KNOWLEDGE, EXPERT INFORMATION, AND INFORMED PUBLIC POLICY DIRECTION. WE THANK ALL PARTICIPANTS, WHETHER BY PHONE OR ONLINE, FOR THEIR GENEROUS TIME AND CONTRIBUTIONS TO THIS ASSESSMENT. COMMUNITY STAKEHOLDER ORGANIZATIONS INCLUDE ALLEGANY FRANCISCAN MINISTRIES - TAMPA BAY REGION, GULF COAST NORTH AREA HEALTH EDUCATION CENTER, AMERICAN CANCER SOCIETY, HAITIAN ASSOCIATION, ANGELS CARE CENTER OF ELOISE, HILLSBOROUGH COUNTY HEALTH CARE PLAN, BAYCARE, HISPANIC SERVICES COUNCIL-HEALTHY LIVING PROGRAMS, CATHOLIC MOBILE MEDICAL SERVICES, INDIGENT HEALTH CARE, CITY OF ST. PETERSBURG, LAKE WALES FREE CLINIC, COMMUNITY HEALTH CENTERS OF PINELLAS, LAKE AND REGIONAL HOSPITAL, CRISIS CENTER, METROPOLITAN MINISTRIES, DESOTO COUNTY BOARD OF COUNTY COMMISSIONERS, PREMIER COMMUNITY HEALTHCARE GROUP, DIVISION OF HUMAN SERVICES, PASCO COUNTY, ST. PETERSBURG FREE CLINIC, FACES OF COURAGE FOUNDATION, SUNCOAST COMMUNITY HEALTH CENTERS, FAMILY HEALTHCARE FOUNDATION, TAMPA FAMILY HEALTH CENTERS, FARMWORKER SELF HELP, TAMPA GENERAL HOSPITAL, FLORIDA DEPARTMENT OF HEALTH-HILLSBOROUGH COUNTY, TAMPA YMCA, FLORIDA DEPARTMENT OF HEALTH-PASCO COUNTY, UNITED WAY SUNCOAST, FLORIDA DEPARTMENT OF HEALTH-PINELLAS COUNTY, UNIVERSITY AREA COMMUNITY DEVELOPMENT CORPORATION, FLORIDA DEPARTMENT OF HEALTH-POLK COUNTY, USF & LATINOS UNIDOS POR UN NUEVO AMANECER, INC., FOUNDATION FOR A HEALTHY ST. PETERSBURG, UNIVERSITY OF SOUTH FLORIDA COLLEGE OF PUBLIC HEALTH, GOOD SAMARITAN HEALTH CLINIC, AND USF OFFICE OF COMMUNITY ENGAGEMENT & PARTNERSHIPS. MOFFITT DEPARTMENTS INCLUDE BREAST PROGRAM DIVISION, MOFFITT PROGRAM FOR OUTREACH, WELLNESS, EDUCATION, AND RESOURCES, CLINIC ADMINISTRATION, NURSING PRACTICE, EDUCATION & CLINICAL EFFECTIVENESS, CLINICAL TRIALS CORE, PATIENT AND ADVISORY EXECUTIVE PROGRAM, HOSPITAL ADMINISTRATION</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 |
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| H LEE MOFFITT CANCER CENTER & RESEARCH | TION, SOCIAL WORK, INTERNATIONAL & EXECUTIVE REFERRAL SERVICES, TAMPA BAY COMMUNITY CANCER NETWORK, MARKETING, AND U54 PARTNERSHIP. |

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 |
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| H LEE MOFFITT CANCER CENTER & RESEARCH | PART V, SECTION B, LINE 6A: IN OCTOBER 2015, MOFFITT COLLABORATED WITH THE FLORIDA DEPARTMENT OF HEALTH, HILLSBOROUGH COUNTY, TO 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 IS TO COMPLETE A COMPREHENSIVE CHNA AND TO IDENTIFY OPPORTUNITIES FOR COLLABORATION TO COLLECTIVELY IMPACT AND IMPROVE THE HEALTH OF HILLSBOROUGH COUNTY. HOSPITAL FACILITIES WITH WHICH MOFFITT COLLABORATED ARE:-FLORIDA HOSPITAL -SHRINER'S HOSPITAL FOR CHILDREN - TAMPA-SOUTH FLORIDA BAPTIST HOSPITAL-ST. JOSEPH'S HOSPITALS-TAMPA GENERAL HOSPITAL IN 2019, THE HEALTHY HILLSBOROUGH COMMITTEE EXTENDED THE PARTNERSHIP TO THE COUNTY HEALTH DEPARTMENTS IN PINELLAS, PASCO, AND POLK TO COLLABORATE ON THE CHNA. THE FOUR COUNTY COLLABORATION IS CALLED ALL4HEALTHFL. |

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 |
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| H LEE MOFFITT CANCER CENTER & RESEARCH | PART V, SECTION B, LINE 6B: IN ADDITION TO THE HOSPITALS LISTED ABOVE, MOFFITT ALSO PARTNERED WITH OTHER HEALTH ORGANIZATIONS TO DETERMINE THE NEEDS OF THE COMMUNITY. THOSE ORGANIZATIONS ARE AS FOLLOWS:-FLORIDA DEPARTMENT OF HEALTH HILLSBOROUGH COUNTY-SUNCOAST COMMUNITY HEALTH CENTERS-TAMPA FAMILY HEALTH CENTERS |

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 |
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| <p>H LEE MOFFITT CANCER CENTER & RESEARCH</p> | <p>PART V, SECTION B, LINE 11: BASED ON THE RESULTS OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, TEN MAJOR HEALTH NEEDS WERE IDENTIFIED WITHIN THE COMMUNITY. THESE TEN NEEDS CAN BE GROUPED INTO FOUR BASIC CATEGORIES: -ACCESS TO CARE (HEALTHCARE NAVIGATION, TRANSPORTATION, SOCIAL DETERMINANT OF HEALTH)-HEALTH BEHAVIORS (SMOKING, PHYSICAL INACTIVITY, ALCOHOL USE, OBESITY, HPV VACCINATION)-CANCER SCREENING-CANCER BELIEFS ON MAY 6, 2019, A MEETING WAS HELD WITH MOFFITT STAFF AND COMMUNITY PARTNERS TO REVIEW THE NEEDS ASSESSMENT RESULTS AND TO PRESENT THE IDENTIFIED PRIORITY AREAS. THERE WERE SEVEN COMMUNITY PARTNERS FROM HEALTH CLINICS, ACADEMIA, AND COMMUNITY-BASED ORGANIZATIONS AND 16 MOFFITT STAFF MEMBERS, REPRESENTING A VARIETY OF DEPARTMENTS IN ATTENDANCE. THE IDENTIFIED HEALTH NEEDS WERE PLACED ON SEPARATE WALL CHARTS AND DISPLAYED THROUGHOUT THE MEETING ROOM. EACH PARTICIPANT HAD UP TO FIVE "STICKY DOTS" THEY COULD USE TO VOTE ON THEIR PERCEIVED MOST-PRESSING HEALTH NEEDS. THE PRIORITIZING CRITERIA WERE BASED ON ALIGNMENT TO MOFFITT'S MISSION AND RESOURCES, THE ABILITY AND FEASIBILITY TO ADDRESS A PARTICULAR HEALTH NEED, AND THE RESULTING IMPACT AND BENEFIT TO THE COMMUNITY. EACH PARTICIPANT COULD PLACE ALL OR PART OF THEIR ALLOTTED DOTS ON A SINGLE NEED OR ALLOCATE THEM TO MULTIPLE NEEDS ACCORDING TO THEIR OWN PERCEPTIONS. FOLLOWING THE INITIAL VOTE, PARTICIPANTS REGROUPED TO DISCUSS HOW THE VOTES WERE DISTRIBUTED. BASED ON THE DISCUSSION, THE GROUP DECIDED ON THE TOP FOUR PRIORITIES TO ADDRESS IN THE 2020-2022 IMPLEMENTATION PLAN: HEALTHCARE NAVIGATION, TRANSPORTATION, CANCER SCREENING, AND HPV VACCINATION. TO DATE SOME OF THE HIGHLIGHTS IN EXECUTING THE 2020-2022 IMPLEMENTATION PLAN HAVE BEEN IN THE FOLLOWING AREAS. HEALTHCARE NAVIGATION: 1. MOFFITT PATIENT NAVIGATORS OFFER INDIVIDUALIZED ASSISTANCE TO PATIENTS, FAMILIES AND CAREGIVERS TO HELP OVERCOME SYSTEM BARRIERS AND WORK DIRECTLY WITH THE CLINICAL TEAM TO COORDINATE CARE. MOFFITT INCREASED THE NUMBER OF PATIENTS RECEIVING NAVIGATION SERVICES WITHIN THE FOLLOWING CLINICS: *ADOLESCENT & YOUNG ADULT/SARCOMA - 31 PATIENTS *HEAD AND NECK ONCOLOGY - 99 PATIENTS *THORACIC ONCOLOGY - 38 PATIENTS *GENITOURINARY ONCOLOGY - 96 PATIENTS *NEURO-ONCOLOGY - 48 PATIENTS 2. NAVIGATED PATIENTS HAD FAVORABLE SATISFACTION SCORES (95.7) ON THE QUESTION "DEGREE TO WHICH YOUR CARE WAS COORDINATED AMONG YOUR CAREGIVERS." 3. TREATMENT RETENTION RATE AMONG NAVIGATED PATIENTS INCREASED (52%) COMPARED TO FY19 (37%). TRANSPORTATION: 1. THE M-POWER OUTREACH TEAM PARTNERS WITH SUNCOAST COMMUNITY HEALTHCARE CENTER TO PROVIDE TRANSPORTATION SERVICES FOR UNINSURED WOMEN TO RECEIVE A BREAST CANCER SCREENING AT MOFFITT THROUGH ITS VOUCHER PROGRAM. THESE EVENTS ARE KNOWN AS COMMUNITY DAYS. THERE WERE TWO COMMUNITY DAY EVENTS WITH A TOTAL OF 10 WOMEN WHO WERE SCREENED CANCER SCREENING: 1. THE MOFFITT PROGRAM FOR OUTREACH, WELLNESS, EDUCATION AND RESOURCES (M-POWER) HOSTED 113 HEALTH EDUCATION WORKSHOPS IN THE AREAS OF CANCER P</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>REVENTION, EARLY DETECTION AND SCREENING, REACHING 1,605 ADULTS. 2. THE TAMPA BAY COMMUNITY CANCER NETWORK (TBCCN) IS A COLLABORATIVE NETWORK OF ACADEMIC AND COMMUNITY-BASED ORGANIZATIONS. TBCCN HOSTED 9 OUTREACH EVENTS FOCUSED ON CANCER DISPARITIES AND RESEARCH, REACHING 288 ADULTS. 3. THE LUNG AND THORACIC TUMOR EDUCATION (LATTE) PROGRAM HOSTED 2 OUTREACH EVENTS FOCUSED ON LUNG CANCER ADVOCACY, SUPPORT, EDUCATION, AND COMMUNITY OUTREACH, REACHING 35 ADULTS. 4. MOFFITT OFFERS COMMUNITY MEMBERS OPPORTUNITIES TO RECEIVE A CANCER SCREENING AT NO COST TO HELP IMPROVE SCREENING BEHAVIORS. *SCREENING VOUCHERS WERE UTILIZED BY 479 UNINSURED INDIVIDUALS WHO MEET SPECIFIC CRITERIA FOR LUNG, BREAST, PROSTATE AND COLORECTAL CANCER SCREENINGS. *MOLE PATROL, THE MOBILE SKIN CANCER SCREENING PROGRAM, TRAVELED TO EIGHT COMMUNITY EVENTS AND SCREENED 1,042 INDIVIDUALS. *THE DEPARTMENT OF HEAD AND NECK-ENDOCRINE ONCOLOGY PARTICIPATED IN TWO COMMUNITY EVENTS AND PROVIDED SCREENINGS TO 258 INDIVIDUALS BY EXAMINING AN INDIVIDUAL'S HEAD, NECK AND ORAL CAVITY. *THE SURVIVORSHIP CLINIC PHYSICIANS PROMOTE CANCER SCREENING AMONG THEIR AGE-ELIGIBLE PATIENTS AND THERE WERE 52 PATIENTS WHO PARTICIPATED IN EITHER A BREAST, PROSTATE, OR LUNG CANCER SCREENING. HPV VACCINATION: 1. MOFFITT ORGANIZED THE FLORIDA LEADERSHIP SUMMIT TO ELIMINATE HPV-RELATED CANCERS SUMMIT ON MARCH 4, 2020. THIS EVENT TARGETED PROVIDERS AND HEALTH CARE PROFESSIONALS TO INCREASE AWARENESS AND LEVERAGE EXPERTISE TO CREATE STRATEGIES AND IDENTIFY RESOURCES ASSOCIATED WITH HPV-RELATED CANCER ELIMINATION, VACCINATION AND CERVICAL CANCER SCREENING. THERE WERE 141 ATTENDEES, REPRESENTING 40 FLORIDA CITIES, 23 FLORIDA COUNTIES AND PUERTO RICO. FOUR STRATEGIC THEMES TO ADDRESS HPV-RELATED CANCERS WERE IDENTIFIED: INDIVIDUAL ACTIONS, PRACTICE/SYSTEMS CHANGES, PROVIDER/PATIENT/PARENT COMMUNICATIONS AND DATA NEEDS. AS NOTED, MOFFITT IS NOT ABLE TO ADDRESS ALL OF THE SIGNIFICANT HEALTH NEEDS IDENTIFIED AND BASED ON THE AFOREMENTIONED CRITERIA (RESOURCES, ALIGNMENT TO MISSION, ABILITY & FEASIBILITY TO ADDRESS THE NEED, AND THE RESULTING IMPACT AND BENEFIT TO THE COMMUNITY) THE FOLLOWING SIGNIFICANT HEALTH NEEDS DO NOT ALIGN WITH THOSE CRITERIA AND ARE NOT BEING ADDRESSED BY MOFFITT: -SOCIAL DETERMINANT OF HEALTH-HEALTH BEHAVIORS-CANCER BELIEFS</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 RESIDENCE, 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 |
|--|--|
| H LEE MOFFITT CANCER CENTER & RESEARCH | <p>PART V, SECTION B, LINE 15E: METHOD BY WHICH PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 PATIENT'S CIRCUMSTANCES AND ABILITY TO PAY AND, IF REQUESTED, MAY ASSIST THE PATIENT OR PATIENT'S FAMILY IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION.</p> <p>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.</p> <p>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.</p> <p>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, 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. |

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 |
|--|---|
| PART V, SECTION B, LINE 16C WEBSITE ADDRESS FULL URL: | HTTPS://MOFFITT.ORG/PATIENT-FAMILY/INSURANCE-FINANCIAL-INFORMATION/FINANCIAL-ASSISTANCE/ |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019
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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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 CENTER AND RESEARCH INSTITUTE INC, 59-2451713, 501(C)(3), 7,680,013, INTERCOMPANY SUPPORT.

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

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, THE GRANT LISTED AS INTERCOMPANY SUPPORT IS ONLY MADE TO A RELATED ORGANIZATION TO SUPPORT ITS OPERATIONS. THE ORGANIZATION MAY ALSO, FROM TIME TO TIME, GIVE DONATIONS OR SPONSORSHIPS TO OTHER ORGANIZATIONS THAT ALIGN WITH OUR MISSION. THE ORGANIZATIONS ARE VETTED AND APPROVED BEFORE THE GRANT OR SPONSORSHIP IS GIVEN AND UNLESS OTHERWISE NOTED, THESE AMOUNTS ARE GRANTED FOR GENERAL PURPOSES AND DO NOT REQUIRE SPECIFIC MONITORING AS TO USE. |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
59-3238634

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----|----|
| 1a Check the 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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on 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 | | 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 on Line 1a? | Yes | |
| 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | | |
| <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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? | | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | Yes | |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only 501(c)(3), 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? | | No |
| b Any related organization? | | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | |
| 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? | Yes | |
| b Any related organization? | Yes | |
| If "Yes," on line 6a or 6b, describe in Part III. | | |
| 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. | | 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. | | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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 1A | HOSPITAL PAYS MEMBERSHIP DUES TO A SOCIAL CLUB FOR G.D. LETSON. THE AMOUNT PAID IS INCLUDED IN G.D. LETSON'S TAXABLE WAGES. PART I, LINE 1B: PAYMENTS MADE FOR SOCIAL CLUB DUES ARE INITIALLY APPROVED BY EXECUTIVE LEADERSHIP AND HUMAN RESOURCES AND REVIEWED/APPROVED BY THE JOINT EXECUTIVE COMPENSATION AND BENEFITS COMMITTEE (JE&BC), APPOINTED BY THE BOARD TO APPROVE SUCH PAYMENTS AND ASSOCIATED AMOUNTS. |
| PART I, LINE 3 | FOR TAX YEAR 2019 JOHN KOLOSKY, HOSPITAL'S PRESIDENT, IS PAID BY A RELATED ORGANIZATION. THE COMPENSATION IS ESTABLISHED 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, LINE 4B | 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 2019 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 2019 FROM THE PLAN: WILLIAM M. ALBERTS-\$1,500 MATTHEW BEDNAR-\$0 LOUIS D. DE LA PARTE-\$38,187 VLADIMIR FEYGELMAN-\$1,500 JANE FUSILERO-\$26,654 ROBERT KEENAN-\$0 JOHN A. KOLOSKY-\$56,144 G. DOUGLAS LETSON-\$54,918 YVETTE M. LYONS TREMONTI-\$47,887 EDUARDO G. MOROS-\$1,500 CYNTHIA TERRANO-\$0 STUART G. WASSERMAN-\$135 JOANNA WEISS-\$18,056 |
| PART I, LINE 6 | IN GENERAL, INCENTIVE COMPENSATION IS BASED ON MOFFITT'S ACHIEVEMENT AGAINST SPECIFIC ORGANIZATIONAL GOALS RELATED TO NET OPERATING INCOME AND ON DIVISION OR INDIVIDUAL GOALS. NET OPERATING INCOME MUST MEET OR EXCEED A CERTAIN THRESHOLD IN ORDER TO TRIGGER A PAYOUT FOR THE ORGANIZATIONAL GOAL COMPONENTS. |

Additional Data

Software ID:

Software Version:

EIN: 59-3238634

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

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

| (A) Name 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 | | | | |
| 1 JOHN A KOLOSKY HOSPITAL PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 637,453 | 272,161 | 88,591 | 935,088 | 32,263 | 1,965,556 | 0 |
| 1 YVETTE M LYONS TREMONTI EVP-CFAO & ASST TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 628,335 | 264,605 | 72,001 | 292,033 | 36,369 | 1,293,343 | 0 |
| 2 G DOUGLAS LETSON EVP-PHYS IN CHIEF | (i) | 630,149 | 267,799 | 62,341 | 228,820 | 34,724 | 1,223,833 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 L DAVID DE LA PARTE EVP-GENERAL COUNSEL;ASST SEC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 528,721 | 223,021 | 43,081 | 301,619 | 34,961 | 1,131,403 | 0 |
| 4 ROBERT KEENAN VP-QUALITY/CMO | (i) | 554,265 | 194,252 | 7,524 | 119,902 | 31,200 | 907,143 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 W MICHAEL ALBERTS FORMER DIRECTOR, VP- MED AFFAIRS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 331,634 | 0 | 7,430 | 354,578 | 22,747 | 716,389 | 0 |
| 6 SACHIN APTE ASSOC CHIEF MEDICAL OFFICER | (i) | 514,535 | 78,319 | 1,710 | 72,322 | 30,592 | 697,478 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 BRYAN MCIVER DEPUTY PHYSICIAN IN CHIEF | (i) | 492,386 | 97,691 | 4,592 | 78,499 | 31,676 | 704,844 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 JANE FUSILERO VP-PATIENT CARE SVS/CNO | (i) | 381,520 | 135,102 | 33,529 | 37,088 | 26,538 | 613,777 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 STUART G WASSERMAN DIR CLINICAL PHYSICS | (i) | 269,405 | 57,459 | 8,168 | 202,486 | 33,968 | 571,486 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 EDUARDO G MOROS SR MBR PHYSICIST-RAD ONC | (i) | 371,816 | 500 | 5,195 | 161,250 | 30,565 | 569,326 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 VLADIMIR FEYGELMAN SR MBR PHYSICIST-RAD ONC | (i) | 263,031 | 500 | 4,819 | 272,969 | 19,816 | 561,135 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 JOANNA WEISS VP FINANCE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 288,869 | 103,951 | 25,305 | 106,450 | 39,633 | 564,208 | 0 |
| 13 CYNTHIA TERRANO VP PAYER STRATEGIES | (i) | 327,645 | 116,291 | 4,802 | 62,756 | 30,130 | 541,624 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 MATTHEW BEDNAR VP-AMBULATORY OPS/VIRTUAL CARE | (i) | 240,949 | 87,156 | 537 | 49,070 | 38,562 | 416,274 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 S DOMINIC SERAPHIN VP STRAT ALLIANCE & NETWK TO 5/15/20 | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 215,818 | 83,637 | 39,233 | 19,613 | 41,301 | 399,602 | 0 |
| 16 KEN KOMORNY CHIEF PHARMACY OFFICER | (i) | 196,956 | 20,073 | 2,753 | 1,225 | 27,201 | 248,208 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 MARILYN COSTACHE CHIEF RISK OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 157,636 | 29,559 | 333 | 18,962 | 28,377 | 234,867 | 0 |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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 ▶ (<u>EQUIPMENT</u>) | X | 2 | 600,077 | PURCHASE PRICE |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

| Return Reference | Explanation |
|---------------------|---|
| PART I, COLUMN (B): | THE NUMBER ON LINE 25(B) REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED, NOT THE NUMBER OF CONTRIBUTIONS. |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

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.: 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 HOSPITAL & ONCOBAY INC.: LOUIS D. DE LA PARTE - OFFICER YVETTE LYONS TREMONTI - OFFICER |

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 | 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>MOFFITT'S BOARD OF DIRECTORS HAS AN ESTABLISHED SUB-COMMITTEE, THE JOINT EXECUTIVE COMPENSATION & BENEFITS COMMITTEE (JEC&BC) THAT IS MADE UP ENTIRELY OF INDEPENDENT, OUTSIDE DIRECTORS. THIS COMMITTEE IS CHARGED WITH THE OVERSIGHT OF THE PERFORMANCE AND COMPENSATION OF MOFFITT 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 | THE HOSPITAL MAKES AVAILABLE ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS TO THE PUBLIC THROUGH DAC BOND, A THIRD PARTY VENDORS' WEBSITE AND MOFFITT'S WEBSITE. IN ADDITION, FORM 990 IS MADE AVAILABLE ON GUIDESTAR AS WELL AS 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 ALSO 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 (\$304,548,208) TO NET ASSETS. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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| | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|---|--|----|
| | | | | | | Yes | No |
| (1) H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-2451713 | PARENT-RESEARCH | FL | 501(C)(3) | LINE 7 | N/A | | No |
| (2) H LEE MOFFITT CANCER CTR & RESEARCH INSTITUTE FOUNDATION INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238636 | FUNDRAISING | FL | 501(C)(3) | LINE 7 | H LEE MOFFITT CANCER CTR & RES INST INC | | No |
| (3) H LEE MOFFITT CC&RI LIFETIME CANCER SCREENING CENTER INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612 59-3238640 | PRACTICE MANAGEMENT | FL | 501(C)(3) | LINE 10 | H LEE MOFFITT CANCER CTR & RES INST 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 | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|--------------------------------|--|---|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) MOFFITT TECHNOLOGIES CORPORATION 12902 MAGNOLIA DRIVE TAMPA, FL 33612 30-0332914 | TECHNOLOGY MANAGEMENT | FL | H LEE MOFFITT CANCER CTR & RES INST INC | C | | | | | No |
| (2) M2GEN CORP 10902 N MCKINLEY DRIVE TAMPA, FL 33612 20-8486180 | DATABASE MANAGEMENT | FL | H LEE MOFFITT CANCER CTR & RES INST INC | C | | | | | No |
| (3) ONCOBAY CLINICAL INC 10902 N MCKINLEY DRIVE TAMPA, FL 33612 84-3412796 | RESEARCH & PRODUCT DEVELOPMENT | FL | H LEE MOFFITT CANCER CTR & RES INST INC | C | | | | | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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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 | | No |
| b Gift, grant, or capital contribution to related organization(s) | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | | 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 |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |