Form **990**

** PUBLIC DISCLOSURE COPY **
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.

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection JUL 1. 2022 and ending JUN 30 2023 A For the 2022 calendar year, or tax year beginning

	01 (11	2022 Calcindar year, or tax year beginning UVII I, 2022 and	ending (JON 30, 2023				
B	Check if	C Name of organization		D Employer identification number				
•	• •	H. LEE MOFFITT CANCER CENTER & RESEARC	H					
Г	Addre chang	INSTITUTE FOUNDATION, INC.						
F	Name			59-32386	36			
\vdash	Initial		Doom/ouite	<u> </u>				
누	freturn □Final		Room/suite	E Telephone number 813-745-				
L	return.							
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	152,429,851.			
	Amen-	TAMPA, FL 33612		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: MAKIA MUDILEK		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{\Gamma}$	Гах-өх	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	-	list. See instructions			
	Websi		71 327					
		organization: X Corporation Trust Association Other	1	H(c) Group exemptio				
			L Year	of formation: 1994 N	A State of legal domicile: FL			
T i	art I	Summary						
da	1	Briefly describe the organization's mission or most significant activities: $\underline{ extbf{TO}}$ $\underline{ extbf{RP}}$						
Governance		FUNDS FOR THE BENEFIT OF H. LEE MOFFITT C	C&RI,	INC. AND IT	S SUBS.			
'n.	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.			
Ver	3			3	27			
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			27			
0 5	-				48			
jes	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			27			
Activities &	6	Total number of volunteers (estimate if necessary)						
Ç	7 a			7a	-118,032.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	******		0.			
				Prior Year	Current Year			
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)		45,435,303.	33,916,694.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Vel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-4,813,788.	306,618.			
æ	144			-10,374.	-54,382.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,611,141.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			34,168,930.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,306,000.	23,064,145.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,876,793.	5,531,452.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		345,323.	867,327.			
e e	Ь	Total fundraising expenses (Part IX, column (D), line 25) 4,952,48	34.					
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,533,825.	2,668,190.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,061,941.	32,131,114.			
	1			12,549,200.				
	19	Revenue less expenses. Subtract line 18 from line 12			2,037,816.			
Net Assets or				eginning of Current Year	End of Year			
Set	20	Total assets (Part X, line 16)		205,001,241.	234,732,542.			
Y	21	Total liabilities (Part X, line 26)		10,549,147.	13,300,231.			
Š	22	Net assets or fund balances. Subtract line 21 from line 20		194,452,094.	221,432,311.			
Pa	art II	Signature Block						
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			ovilougo una bollot, vi to			
., .,	, 001100	What We must	ion proparoi	Thus arry knowledge.	つ/) .			
٠.		Signature of officer		Date				
Sig	n	1 ° /\		Date				
Hei	'e	YVETTE M. LYONS TREMONTI, EVP/CFAO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	- 1	Date Check	PTIN			
Paid	d	MICHELE N. MELCHIOR Me Doig Dail	itally signed by	y Melchior, Michele 12:33:56 -04'00' self-employ	P00488037			
	parer	Firm's name GRANT THORNTON LLP	ava 1.V1.6D		6-6055558			
Use Only Firm's address 5955 TG LEE BLVD, STE 200								
	J,	ORLANDO, FL 32822		D 40	7-481-5100			
_				j Phone no. 4 U				
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Form	H. LEE MOFFITT CANCER CENTER & RESEARCH 990 (2022) INSTITUTE FOUNDATION, INC. 59-3238636 Page 2	2
	III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	1
1	Briefly describe the organization's mission:	_
	THE PRIMARY EXEMPT PURPOSE OF H. LEE MOFFITT CANCER CENTER AND	
	RESEARCH INSTITUTE FOUNDATION, INC. IS TO RAISE, MAINTAIN AND HOLD	_
	FUNDS WHICH ARE PRIMARILY USED FOR THE BENEFIT OF H. LEE MOFFITT	_
	CANCER CENTER AND RESEARCH INSTITUTE, INC. AND ITS SUBSIDIARIES IN	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?	,
	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?	
Ū	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.	
7	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.	
 4а	(Code:) (Expenses \$23 , 734 , 659 . including grants of \$23 , 064 , 145 .) (Revenue \$	_
40	THE MOFFITT CANCER CENTER FOUNDATION WAS FOUNDED IN 1994 WITH THE SOLE	,
	PURPOSE OF SUPPORTING RESEARCH, PATIENT CARE AND EDUCATION AT H. LEE	-
	MOFFITT CANCER CENTER & RESEARCH INSTITUTE. IT IS A TAX-EXEMPT	_
	CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE	_
	CODE AND IS AUTHORIZED TO ACCEPT CHARITABLE GIFTS ON BEHALF OF H. LEE	-
	MOFFITT CANCER CENTER & RESEARCH INSTITUTE. ALL CONTRIBUTIONS ARE TAX	_
	DEDUCTIBLE WITHIN THE LIMITS SET BY LAW.	-
	DEDOCTIBLE WITHIN THE DIMITS SET BI DAW:	-
	PHILANTHROPY IS CRITICAL TO THE MOFFITT MISSION - TO CONTRIBUTE TO THE	-
	PREVENTION AND CURE OF CANCER - AND PHILANTHROPIC DONATIONS ARE	-
	DISSEMINATED ACROSS A WIDE SPECTRUM OF MOFFITT PROGRAMS AND SERVICES.	_
	DIDDLILLIAND NOTED IN THE DIRECTION OF MOTIVE INCOME.	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u>-</u>
	/ (Light lace 4	,
		_
		-
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		•
		_

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ Total program service expenses 23,734,659.

) (Revenue \$

Form **990** (2022)

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Part IV | Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	in 100, complete concedure b,			37
	Part VI	11a		<u>X</u>
b	, , ,			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u>X</u>
_	in 100, complete conceans 2, ratex	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	- 22	
18		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	-22	
IJ	,	19		х
20a	complete Schedule G, Part III	20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
	g			

Form 990 (2022) INSTITUTE FOUNDA'L Part IV Checklist of Required Schedules (continued) INSTITUTE FOUNDATION, INC. 59-3238636 Page **4**

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
22		22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	, ,	23	Х	
04-	Schedule J			\vdash
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		- v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
00		21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
~ =	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	T 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
00000	1 10 12 22	Form	990	(2022)

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INSTITUTE FOUNDATION, INC.

Par	ιV	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
				ı		Yes	No
2a		r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
		for the calendar year ending with or within the year covered by this return	2 a	48			
		east one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
					3a	X	
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	X	
4a		ny time during the calendar year, did the organization have an interest in, or a signature or other a		•			٦,
		cial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	it)?	4a		X
р		es," enter the name of the foreign country		+- (FDAD)			
5 0		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar			5a		X
		the organization a party to a prohibited tax shelter transaction at any time during the tax year? Iny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
		es" to line 5a or 5b, did the organization file Form 8886-T?			5c		
		s the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
ou		contributions that were not tax deductible as charitable contributions?			6a		х
h	•	es," did the organization include with every solicitation an express statement that such contributi					
-		not tax deductible?		•	6b		
7		unizations that may receive deductible contributions under section 170(c).					
	_	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
					7b	Х	
С	Did th	he organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file	e Form 8282?			7c		Х
d	If "Ye	es," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did th	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the	organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fil	e a Form 1098-C?	7h		
8	Spon	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	-	soring organization have excess business holdings at any time during the year?			8		
9	-	nsoring organizations maintaining donor advised funds.					
		he sponsoring organization make any taxable distributions under section 4966?			9a		
		he sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10		ion 501(c)(7) organizations. Enter:	100	I			
		tion fees and capital contributions included on Part VIII, line 12 s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		-		
11		ion 501(c)(12) organizations. Enter:	100		-		
· ·	_	s income from members or shareholders	11a				
	_	s income from other sources. (Do not net amounts due or paid to other sources against					
_		unts due or received from them.)	11b				
12a		ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Ye	es," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Secti	ion 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	e organization licensed to issue qualified health plans in more than one state?			13a		
	Note	: See the instructions for additional information the organization must report on Schedule O.					
b		r the amount of reserves the organization is required to maintain by the states in which the		1			
		nization is licensed to issue qualified health plans	13b		-		
		r the amount of reserves on hand	13c				77
					14a		X
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4.5		Х
		ss parachute payment(s) during the year?			15		Λ
16		es," see the instructions and file Form 4720, Schedule N.	incon	ne?	16		X
16		e organization an educational institution subject to the section 4968 excise tax on net investment es," complete Form 4720, Schedule O.	. II ICOI		10		-22
17		ion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitios				
•		would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
		es," complete Form 6069.					

INSTITUTE FOUNDATION, INC.

59-3238636

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
				_	Yes	No_		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	7				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	7				
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?			2	X			
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	. 4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		. 5		X		
6	Did the organization have members or stockholders?			6	X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or					
	more members of the governing body?			7a	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or					
	persons other than the governing body?			7b	X	<u> </u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:					
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	the					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)					
			,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10	1	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10t	,			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	118	ı X	<u> </u>		
b	Describe on 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			12	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe					
	on Schedule O how this was done			120				
13	Did the organization have a written whistleblower policy?			13				
14	Did the organization have a written document retention and destruction policy?			14	X	\bot		
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			158	1	X		
b	Other officers or key employees of the organization			15k	,	X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	th a					
	taxable entity during the year?			168	1	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's					
	exempt status with respect to such arrangements?			16k	<u> </u>			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	T (section 501(c)(3)s only) availa	able		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest policy, a	nd fina	ncial			
	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 boo	ks and	l records					
	YVETTE M. LYONS TREMONTI - 813-745-7862							
	12902 MAGNOLIA DRIVE, TAMPA, FL 33612							

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	J		((C)			(D)	(E)	(F)
Note			(-1		Pos	ition				` '	
Company Comp		1	box	, unles	ss per	rson is	s both	n an	•	•	amount of
(1) SARABDEEF SINGH		week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
(1) SARABDEEF SINGH		1 '	rector								
(1) SARABDEEF SINGH			or di	ee			ated			`	
(1) SARABDEEF SINGH			ustee	trust		ee ee	Suadu		,	1099-NEC)	~
(1) SARABDEEF SINGH		1 ~	lual tr	tional		nploy	st con	_	1099-NEO)		
SARABDEEP SINGH			ndivid	nstitu)fficer	(ey en	Highes mplo	orme			organizations
C2	(1) SARABDEEP SINGH	7.00		_			1				
EVF - CFAO & ASST TREASURER 54.00	EVP/COO	50.00			Х				0.	618,920.	89,732.
ARIA MULLER	(2) YVETTE M. LYONS TREMONTI										
PRES/EVF-CHIEF PHILAN OFFICER	EVP - CFAO & ASST TREASURER				Х				0.	824,270.	-345,650 .
(4) L. DAVID DE LA PARTE	(3) MARIA MULLER										
EVP/GEN COUNSEL & ASST SEC 54.00 X 0. 674,699330,860.	PRES/EVP-CHIEF PHILAN OFFICER				Х				392,501.	0.	22,193.
SUSAN P. ST ONGE SD.00 X 221,151. 0. 593.											
SR DIRECTOR OF PHILANTHROPY					X				0.	674,699.	<u>-330,860.</u>
Color Colo			1							_	
SR DIR DEVELOPMENT SVCS							X		221,151.	0.	593.
The content of the			-				l		4.55 0.05		
FRM INT PRES 9/1-11/30/2018 55.00							X		167,087.	0.	38,300.
SAMANDA S. HOLLIS			-					l		262 642	465 000
DIR FND CORP AND COMMUNITY GIVING								X	0.	362,618.	-167,283.
DIRECTOR PLANNED GIVING TO 5/23/23	, , ,		-				3,		141 006	_	20 101
Director Planned Giving to 5/23/23 0.00 X 154,387. 0. 19,243.							X		141,026.	0.	38,101.
The composition of the composi			1				v		15/ 397	_	10 2/2
DIR DONOR REL & COMMUNICATIONS 0.00 X							^		134,307.	0.	19,243.
11 ROSE BAKER REILLY			1				v		1// /71	<u> </u>	_120 368
DIRECTOR & CHAIRMAN 1.00 X X X 0.							^		144,4/1.	U •	129,300.
Column			x		x				0.	0.	0.
DIRECTOR & IMMED PAST CHAIRMAN 1.00 X X X 0.	(12) EDWARD C. DROSTE									<u> </u>	
DIRECTOR & PAST CHAIR 1.00 X X 0.	DIRECTOR & IMMED PAST CHAIRMAN		Х		х				0.	0.	0.
Column	(13) BENJAMIN H. HILL III, ESQ	1.00									
DIRECTOR & VICE CHAIRMAN 0.00 X X X 0. 0. 0.	DIRECTOR & PAST CHAIR	1.00	Х		Х				0.	0.	0.
Column	(14) PETER T. KIRKWOOD, ESQ	1.00									
DIRECTOR & SEC/TREAS 2.00 X X X 0. 0. 0.	DIRECTOR & VICE CHAIRMAN	0.00	Х		Х				0.	0.	0.
(16) ASHLEY BELL BARNETT 1.00 DIRECTOR AS OF 5/1/2023 0.00 (17) BARBARA RYALS 1.00 DIRECTOR 0.00 0. 0. 0. 0.	(15) JOSEPH CABALLERO	1.00									
DIRECTOR AS OF 5/1/2023	DIRECTOR & SEC/TREAS		Х		Х				0.	0.	0.
(17) BARBARA RYALS 1.00 X 0. 0. 0. DIRECTOR 0.00 X 0. 0. 0.	(16) ASHLEY BELL BARNETT										
DIRECTOR 0.00 X 0. 0.	DIRECTOR AS OF 5/1/2023		Х						0.	0.	0.
	(17) BARBARA RYALS									_	_
	DIRECTOR	0.00	Х						0.	0.	990 (2022)

232007 12-13-22

59-3238636

Page 8

		-
orm 990 (2022)	INSTITUTE	FOUNDA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more son i	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) DONALD W. WALLACE	1.00									
DIRECTOR TO 9/2022	0.00	Х						0.	0.	0.
(19) EILEEN SENA CURD DIRECTOR	1.00	х						0.	0.	0.
(20) FREDERICK LYNCH DIRECTOR	1.00	х						0.	0.	0.
(21) JIM OVERTON DIRECTOR	1.00	х						0.	0.	0.
(22) JIM U. MORRISON DIRECTOR	1.00	х						0.	0.	0.
(23) JULIE WOOLEY DIRECTOR	1.00	х						0.	0.	0.
(24) KIERSTEN L. ALLEN DIRECTOR	1.00	х						0.	0.	0.
(25) KIM SWEERS DIRECTOR	1.00	х						0.	0.	0.
(26) PATRICK SOBERS DIRECTOR	1.00	Х						0.	0.	0.
1b Subtotal								1,220,623.	2,480,507.	-764,999.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)	1,220,623.	2,480,507.	<u> </u>							

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

	compensation from the organization			12
			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or with	ii iile organization s tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
RKD GROUP LLC, 2701 N DALLAS PKWY, STE	PROFESSIONAL	
650, PLANO, TX 75093	FUNDRAISER	425,886.
MARKETING COMMUNICATION	PRINTING AND	
4800 E 345TH ST, WILLOUGHBY, OH 44094	MARKETING SERVICES	270,068.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2022)

\$100,000 of compensation from the organization

Form 990

CC Position (check all that apply)	Form 990 INSTITUT	'E FOUND	IT/	ON	ī, <u> </u>	IN	<u>с.</u>			59-323	8636
(A) Name and title Avarage hours per week (light any hours for rolated organizations below line) (27) FAUL ANDERSON 1.00 0.00 X (28) FERET J. CAMPO 1.00 0.00 X (29) RECRET GONDMART 1.00 0.00 X 0.	Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, a	nd F	lighe	est (Compensated Employe	ees (continued)	
Name and title										' '	(F)
Nours Per Week (list arry Nours for related organizations Nours							ı				
Week (list arry hours for related organizations below line) W.2/1099-MISC) W.2/1099-MISC) W.2/1099-MISC) Compensator from the organizations W.2/1099-MISC) W.2/1099-MISC) Compensator from the organizations W.2/1099-MISC) W.2/1099-MISC) W.2/1099-MISC) Compensator from the organizations W.2/1099-MISC) W.2/1099-MISC) W.2/1099-MISC) W.2/1099-MISC) W.2/1099-MISC) Compensator from the organizations W.2/1099-MISC)		1	(с					ly)	•		amount of
(ist any 25		per							from		other
1.00		I	_				oyee		1		compensation
1.00		1 '	recto				empl			(W-2/1099-MISC)	
1.00			or di	e e			sated		(W-2/1099-MISC)		
1.00			rustee	l trust		ee Ge	u beu :				
1.00		1 "	dual tr	ıtiona	_	nploy	stcor	-			Organizations
1.00			Indivi	Institu	Office	Key er	Highe	Forme			
DIRECTOR (28) PETER J. CAMPO 1.00 1.00 1.00 1.00 1.00 29) RICHARD GONEMART 1.00 DIRECTOR (30) ROBERT DUTKOWSKY 1.00 DIRECTOR (31) RONALD J. CAMPBELL 1.00 DIRECTOR (32) S. KATHERINE FRAZIER 1.00 DIRECTOR (33) SARRET MAJUMDAR DIRECTOR (34) SERN HYER 1.00 DIRECTOR (35) SHAY GRESE 1.00 DIRECTOR (36) STEVEN M. RANEY DIRECTOR (37) THE HON. H. LEE MOFFITT, ESQ DIRECTOR (38) WILLIAM BRAND DIRECTOR (30) DIRECTOR (30) DIRECTOR (31) DIRECTOR (32) S. MAD GRESE (34) SERVEN M. RANEY DIRECTOR (35) SHAY GRESE (36) STEVEN M. RANEY DIRECTOR (37) THE HON. H. LEE MOFFITT, ESQ DIRECTOR (38) WILLIAM BRAND DIRECTOR (39) DIRECTOR (30) DIRECTOR (30) DIRECTOR (31) DIRECTOR (32) DIRECTOR (33) DIRECTOR (34) SERVEN M. RANEY DIRECTOR (35) SHAY GRESE (36) STEVEN M. RANEY DIRECTOR (37) THE HON. H. LEE MOFFITT, ESQ DIRECTOR (38) WILLIAM BRAND DIRECTOR (39) DIRECTOR (39) DIRECTOR (30) DIRECTOR (30) DIRECTOR (31) DIRECTOR (32) DIRECTOR (33) DIRECTOR (34) SERVEN M. RANEY DIRECTOR (35) DIRECTOR (36) STEVEN M. RANEY DIRECTOR (37) THE HON. H. LEE MOFFITT, ESQ DIRECTOR (38) WILLIAM BRAND DIRECTOR (39) DIRECTOR (30) DIRECTOR (30) DIRECTOR (31) DIRECTOR (32) DIRECTOR (33) DIRECTOR (34) SERVEN M. RANEY DIRECTOR (35) DIRECTOR (36) DIRECTOR (37) THE HON. H. LEE MOFFITT, ESQ DIRECTOR (38) WILLIAM BRAND DIRECTOR (39) DIRECTOR (30) DIRECTOR (31) DIRECTOR (32) DIRECTOR (33) DIRECTOR (34) DIRECTOR (35) DIRECTOR (36) DIRECTOR (37) DIRECTOR (38) DIRECTOR (39) DIRECTOR (39) DIRECTOR (30) DIRECTOR (30) DIRECTOR (31) DIRECTOR (32) DIRECTOR (33) DIRECTOR (34) DIRECTOR (35) DIRECTOR (36) DIRECTOR (37) DIRECTOR (38) DIRECTOR (39) DIRECTOR (39) DIRECTOR (30) DIR	(27) PAUL ANDERSON	1,00									
(28) PETER J. CAMPO DIRECTOR 0.00 X (29) RICHARD GONZMART 1.00 DIRECTOR 0.00 X 0. 0. 0. 0 DIRECTOR 0.00 X 0. 0. 0. 0 0. 0. 0. 0 DIRECTOR 0.00 X 0. 0. 0. 0 0. 0. 0. 0 0. 0. 0. 0 DIRECTOR 0.00 X 0. 0. 0. 0 0. 0. 0 0. 0 0. 0. 0 0. 0 0. 0 0. 0 0. 0 0. 0	DIRECTOR		x						0.	0.	0.
DIRECTOR 0.00 X 0.00	(28) PETER J. CAMPO		ļ							<u> </u>	<u> </u>
(29) RICHARD GONZMART	DIRECTOR		x						0.	0.	0.
DIRECTOR 0.00 X 0.00	(29) RICHARD GONZMART									-	-
1.00 NOBERT DUTKOWSKY	DIRECTOR		X						0.	0.	0.
DIRECTOR	(30) ROBERT DUTKOWSKY									-	-
1.00 X	DIRECTOR		Х						0.	0.	0.
DIRECTOR	(31) RONALD J. CAMPBELL										
1.00 X	DIRECTOR		Х						0.	0.	0.
DIRECTOR	(32) S. KATHERINE FRAZIER										
DIRECTOR AS OF 5/1/2023	DIRECTOR		Х						0.	0.	0.
1.00 X	(33) SAREET MAJUMDAR										
DIRECTOR	DIRECTOR AS OF 5/1/2023	0.00	Х						0.	0.	0.
1.00	(34) SEAN HYER	1.00									
DIRECTOR	DIRECTOR	1.00	Х						0.	0.	0.
1.00 DIRECTOR 1.00 X 0. 0. 0. 0. 0. 0.	(35) SHAY GRIESE	1.00									
DIRECTOR	DIRECTOR	0.00	Х						0.	0.	0.
1.00 2.00 X 0.	(36) STEVEN M. RANEY	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
1.00 X 0.00 O.00 O.0	(37) THE HON. H. LEE MOFFITT, ESQ										
DIRECTOR 0.00 X 0. 0. 0. 0	DIRECTOR		Х						0.	0.	0.
	(38) WILLIAM BRAND										
Total to Part VII, Section A, line 1c	DIRECTOR	0.00	Х						0.	0.	0.
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c				_							
Total to Part VII, Section A, line 1c			1								
Total to Part VII, Section A, line 1c				_							
Total to Part VII, Section A, line 1c			1								
Total to Part VII, Section A, line 1c				_		_					
Total to Part VII, Section A, line 1c			1								
Total to Part VII, Section A, line 1c				_		_					
Total to Part VII, Section A, line 1c			4								
Total to Part VII, Section A, line 1c			<u> </u>	_	_	<u> </u>	_		1		
Total to Part VII, Section A, line 1c			4								
Total to Part VII, Section A, line 1c			-	-	-	-					
Total to Part VII, Section A, line 1c			4								
Total to Part VII, Section A, line 1c			<u> </u>		<u> </u>	<u> </u>					
Total to Part VII, Section A, line 1c											
	Total to Part VII, Section A, line 1c										

59-3238636

Form 990 (2022) INSTITU
Part VIII | Statement of Revenue INSTITUTE FOUNDATION, INC.

		Charle if Schoolule O contains a reasonage	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovellae		business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
اع ق		Fundraising events 1c	4,139,654.				
fts, A	٦	Related organizations 1d	, , ,				
Gi	u						
ns, Sim	е	Government grants (contributions)					
tio S	f	All other contributions, gifts, grants, and					
the spin		similar amounts not included above 1f	29,777,040.				
of O	g	Noncash contributions included in lines 1a-1f 1g \$	625,631.				
Co	h	Total. Add lines 1a-1f		33,916,694.			
			Business Code				
4	2 a	1					
/ice	2 u						
er, ue	b						
n S	С	;					
ran }ev	d	l ,					
Program Service Revenue	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	rest, and				
		other similar amounts)		3,755,263.		-118,032.	3873295.
	4	Income from investment of tax-exempt bond		, , ,		, -	
		•	-				
	5	Royalties(i) Real					
		(I) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities					
		assets other than inventory 7a 113,837,445	` '				
		-	•				
•	D	Less: cost or other basis					
nue		and sales expenses	•				
Revenue	С	Gain or (loss) 7c -3,448,645	•				
	d	Net gain or (loss)		-3,448,645.			-3448645.
Jer	8 a	Gross income from fundraising events (not					
₹		including \$ 4,139,654. of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 920,449.				
	h	Less: direct expenses					
			-	-54,382.			-54,382.
		Net income or (loss) from fundraising events		J±, J02.			54,502.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199					
	b	Less: direct expenses 9	b				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10)a				
	h	Less: cost of goods sold					
	- 6	Net income or (loss) from sales of inventory	Business Code				
SI			Business Code				
901 1e	11 a	·					
Miscellaneous Revenue	b						
eve	С	:					
Aisc B	d	All other revenue					
2	е	Total. Add lines 11a-11d					
		Total revenue. See instructions		34,168,930.	0.	-118,032.	370,268.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 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	23,064,145.	23,064,145.		
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 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	475,980.	47,598.	118,995.	309,387
6	Compensation not included above to disqualified	473,300.	47,3300	110,333.	303,307
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,129,219.	362,058.	1,413,784.	2,353,377
8	Pension plan accruals and contributions (include	,,	22-,000	, ==,,.	, , , , , , ,
_	section 401(k) and 403(b) employer contributions)	166,175.	14,408.	58,117.	93,650
9	Other employee benefits	449,652.	14,408. 42,327.	58,117. 132,197.	93,650 275,128
10	Payroll taxes	310,426.	27,624.	103,249.	179,553
11	Fees for services (nonemployees):	•		·	•
а	Management				
	Legal	34,195.		23,316.	10,879
	Accounting	1,832.		1,832.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	867,327.			867,327
f	Investment management fees	575,214.		575,214.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	329,461.		167,971.	161,490
12	Advertising and promotion	103,617.		102,769.	161,490 848
13	Office expenses	70,790.		41,202.	29,588
14	Information technology	591,254.	103,757.	383,740.	103,757
15	Royalties				
16	Occupancy	157,979.		157,979.	
17	Travel	67,601.		8,445.	59,156
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	000 160		200 160	
22	Depreciation, depletion, and amortization	288,160.		288,160.	
23	Insurance	11,135.		11,135.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	ALLOCATION OF INTERCOMP	0.	72,742.	-238,586.	165,844
a b	OTHER FUNDRAISING	262,137.	0.	0.	262,137
0	RECRUITMENT	68,328.	0.	68,328.	0
d	CATERING & FOOD	65,029.	0.	7,513.	57,516
	All other expenses	41,458.		18,611.	22,847
25	Total functional expenses. Add lines 1 through 24e	32,131,114.	23,734,659.	3,443,971.	4,952,484
<u></u> 26	Joint costs. Complete this line only if the organization	, ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , -
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Par	rt X	Balance Sneet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		23,525,593.	1	24,760,172
	2	Savings and temporary cash investments	10,613,758.	2	6,947,514	
	3	Pledges and grants receivable, net		28,257,550.	3	22,045,597
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۲	9	Prepaid expenses and deferred charges		173,542.	9	200,790
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		111 251 541	10c	1-2 1-2 122
	11	Investments - publicly traded securities		141,254,561.	11	179,477,130
	12	Investments - other securities. See Part IV, line	e 11		12	
	13	Investments - program-related. See Part IV, lin	e 11		13	
	14	Intangible assets		4.456.005	14	4 224 222
	15	Other assets. See Part IV, line 11		1,176,237.	15	1,301,339
_	16	Total assets. Add lines 1 through 15 (must ed		205,001,241.	16	234,732,542
	17	Accounts payable and accrued expenses		306,503.	17	505,899
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
es	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub				
<u> a</u>		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	10,242,644.	O.E.	12,794,332
	06			10,549,147.		13,300,231
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	neck here X	10,343,147.	20	15,500,251
S		and complete lines 27, 28, 32, and 33.	ieck liefe 21			
2	27			74,904,316.	27	94,177,056
3313	28	Net assets with donor restrictions		119,547,778.		127,255,255
틸	20	Organizations that do not follow FASB ASC		113/31////	20	12772337233
필		and complete lines 29 through 33.	556, check here			
ō	29	Capital stock or trust principal, or current fund	ls		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		194,452,094.	32	221,432,311
z	33	Total liabilities and net assets/fund balances		205,001,241.	33	234,732,542

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> 34 </u>	,16	<u>8,9</u>	<u>30.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>14.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u> 16.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	194			
5	Net unrealized gains (losses) on investments	5	<u> 15</u>	<u>,69</u>	9,7	<u> 10.</u>
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 on Schedule O)	9	9	, 24	2,6	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	221	, 43	2,3	11.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	L			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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 X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		Γ			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	an availte, availain valeva as Calandala O and describe any atom tolves to underso availte		- 1	O.L.		I

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Η.

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.

LEE MOFFITT CANCER CENTER & RESEARCH

Attach to Form 990 or Form 990-E∠.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INSTITUTE FOUNDATION, 59-3238636 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	23727680.	14529670.	28888234.	45435303.	33916694.	146497581
2	Tax revenues levied for the organ-						
	ization'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		23727680.	14529670.	28888234.	45435303.	33916694.	146497581
	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)						31159562.
6	Public support. Subtract line 5 from line 4.						115338019
	tion B. Total Support			ı			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		23727680.				33916694.	
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3437580.	3254062.	3022309.	3286957.	3755263.	16756171.
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						163253752
	Gross receipts from related activities,	etc. (see instruction	ns)				,632,141.
	First 5 years. If the Form 990 is for the	•	,				, ,
	organization, check this box and stop						
Sec	tion C. Computation of Publi	_					
	Public support percentage for 2022 (I			column (f))		14	70.65 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	65.06 %
	33 1/3% support test - 2022. If the					ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances to			-			
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circ		•		•		
18	Private foundation. If the organization				•		
				,,, 5. 176	,		/Farm 000\ 0000

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support	<u>, , ,</u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	T	T		T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
• • •	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	L organization's fi	rot occord third :	fourth or fifth toy	Voor on a costion F	[01(a)(2) arganizati	
14	check this box and stop here	· ·		•	-		on,
Se	ction C. Computation of Publi		centage				
	Public support percentage for 2022 (I			column (fl)		15	%
	Public support percentage from 2021		•			16	%
	ction D. Computation of Inves					1	70
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9d		
9b		
9с		
10a		
10b		

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Pai	Part IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on line	s 11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
С	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b,	or 11c, provide		
	detail in Part VI.	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1				
	more supported organizations have the power to regularly appoint or elect at least a majority of the directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported			
	effectively operated, supervised, or controlled the organization's activities. If the organization had me			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the	-		
2	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? If "Yes," expl			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operation or controlled the supporting organization	2		
Sec	supervised, or controlled the supporting organization. ection C. Type II Supporting Organizations			
	<i>7</i> , 11, 5, 5		Yes	No
1	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)? If "No," describe in Part VI ho			
	or management of the supporting organization was vested in the same persons that controlled or management			
	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations			
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by the last day of the fifth mon	th of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided dur	ing the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) c	·		
	organization's governing documents in effect on the date of notification, to the extent not previous	•		
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in			
2	the organization maintained a close and continuous working relationship with the supported organization of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expenience of the relationship described on line 2, should did the expense of the relationship described on line 2, should did the expense of the relationship described on line 2, should did the expense of the relationship described on line 2, should did the expense of the relationship described on line 2, should did the expense of the relationship described on line 2, should did the expense of the relationship described on the	` '		
3				
	significant voice in the organization's investment policies and in directing the use of the organization			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organiza supported organizations played in this regard.	tion's 3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			
1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during	the year (see instructions).		
a				
b		<i>V.</i>		
С	c The organization supported a governmental entity. Describe in Part VI how you supported a	governmental entity (see instruction	n <u>s).</u>	
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt pro-	urposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI i	dentify		
	those supported organizations and explain how these activities directly furthered their exempt per	urposes,		
	how the organization was responsive to those supported organizations, and how the organization de	etermined		
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes,			
	Part VI the reasons for the organization's position that its supported organization(s) would have eng	•		
2	these activities but for the organization's involvement.	2b		
3		e or		
а		3a		
h	trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and act			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in the			

INSTITUTE FOUNDATION, INC. Schedule A (Form 990) 2022

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	.
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions)	, 0		•

Schedule A (Form 990) 2022

	dule A (Form 990) 2022 INSTITUTE FOU		nizationa		9-3238636	Page 7
Par	, , ,	(a)(3) Supporting Orga	nizations (continue	<u>ed)</u> T		
	on D - Distributions			_	Current Ye	ar
	Amounts paid to supported organizations to accomplish exe	<u> </u>		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4_	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5		
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9_	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(:)		10	/:::\	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	i	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
<u>a</u>	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
<u>_i</u>	Carryover from 2017 not applied (see instructions)					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
c	Excess from 2020					
<u>d</u>	Excess from 2021					
_	Evenes from 2022					

Schedule A (Form 990) 2022

H. LEE MOFFITT CANCER CENTER & RESEARCH

Schedule A	(Form 990) 2022	INSTITUTE	FOUNDATION,	INC.	59-3238636 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide t , 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part IV	he explanations required a, 6, 9a, 9b, 9c, 11a, 11 /, Section E, lines 1c, 2a	d by Part II, line 10; P b, and 11c; Part IV, S ı, 2b, 3a, and 3b; Par	art II, line 17a or 17b; Part III, line 12; section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
	(See instructions.)				·

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

Schedule of Contributors

(Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number

59-3238636

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	· ·	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributions e is checked, enter he purpose. Don't com		described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

H. LEE MOFFITT CANCER CENTER & RESEARCH

H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

59-3238636

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,486,244</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 3,535,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,921,984.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$805,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 755,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

H. LEE MOFFITT CANCER CENTER & RESEARCH

Employer identification number

H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

59-3238636

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 754,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 700,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

H. LEE MOFFITT CANCER CENTER & RESEARCH

Employer identification number

H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

59-3238636

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CLOTHING AND HOUSEHOLD ITEMS		
		\$600.	05/03/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	CLOTHING AND HOUSEHOLD ITEMS		
		\$5,500.	04/20/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
			Cabadula B (Farra 000) (0000)

Name of organization **Employer identification number** H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC. 59-3238636 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LEE MOFFITT CANCER CENTER & RESEARCH н. INSTITUTE FOUNDATION, INC.

Employer identification number 59-3238636

(a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during 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 (for example, recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 5 Dotal acreage restricted by conservation easements 6 Number of conservation easements included in (c) acquired after July 25,2006, 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 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	Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds	or Ac	cour	ts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization 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 confering 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 (for example, recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 1 Total acreage restricted by conservation easements 2 Total acreage restricted by conservation easements 3 Total acreage restricted by conservation easements 4 Number of conservation easements included in (c) acquired after July 25,2006, 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 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 for the conservation easements in like requirements of section 170(h)(4)(B)(ii) 9 In Part XIII,		organization anomorou neo orni om oco, natriv, iiii		vised	d funds	(b) Fun	ds and other accounts
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization 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	1	Total number at end of year						
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4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization 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 conferning impermissible private benefit? 1 Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation assements held by the organization (check all that apply). 1 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of on fautral habitat Preservation of on stural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements on a certified historic structure included in (a) 2 A Number of conservation easements included in (c) acquired after July 25,2006, 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? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 con								
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform, subject to the organization is exclusive legal control? 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. Preservation of a possible private benefit? Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of natural habitat Preservation of a certified historic structure Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violatio	4							
are the organization's property, subject to the organization's exclusive legal control? Yes	5		writing that the assets	s hel	d in donor advis	ed fund	ds	
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 be 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 or education) Preservation of a historically important land area Protection of natural habitat Preservation of and for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space Complete lines 2 at hrough 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 1 Held at the End of the Tax Y 2a Total number of conservation easements on a certified historic structure included in (a) 2c December 1 2d December 2 2d December 3 December		-	-					Yes N
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 (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d 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 the violation of the property subject to conservation easements in the violations, and enforcement of the conservation easements in the 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 organizatio	6							
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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after July 25,2006, 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 tholds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for onservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting of conservation easements. Part III Organization separation answered "Yes" on Form 990, Part IV, line 8. 1a If the organization specified, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.								
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provide the following amounts relating to these items:								Φ
(i) Revenue included on Form 990, Part VIII, line 1								
(ii) Assets included in Form 990, Part X \$	•							
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	2	-				gain, p	orovide	;
the following amounts required to be reported under FASB ASC 958 relating to these items:	_							¢
a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ \$								\$ \$

232051 09-01-22

Schedule D (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

_		'E FOUNDAT'			<u> </u>	<u> 59-32</u>	38636) Pa	age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the f	ollowing that make s	significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	n how they further th	e organization's exe	mpt purpos	se in Part	XIII.		
5									
						Yes		No	
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the organizatio	n answered "Yes" or	n Form 990	, Part IV,	line 9, or		
1	reported an amount on Form 990, Part		-						
1a	Is the organization an agent, trustee, custodia	n or other intermedi	iary for contributions	s or other assets not	included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
	, ,	•	J				Amount		
С	Beginning balance				1c				
	Additions during the year				·· —				
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.		•]
Par									
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	29,852,082.	31,937,246.	26,454,695.		39,919.	23,	595,	622.
	Contributions	45,025.	65,978.		,	64,551 .	<u> </u>	<u> </u>	096.
	Net investment earnings, gains, and losses	3,209,351.	-1,248,877.	· · · · · · · · · · · · · · · · · · ·		54,254 .	<u> </u>	737,	
	Grants or scholarships	, ,		, ,		•	,		
	Other expenditures for facilities								
ŭ	and programs	-1,234,786.	902,265.	811,063.	1 0	04,029.		946,	091.
	Administrative expenses		,			, , , , , ,		,	
g	End of year balance	31,871,672.	29,852,082.	31,937,246.	26 45	54,695.	26	439	919.
2	Provide the estimated percentage of the curre	, ,				,	,		
	Board designated or quasi-endowment	36.3500	%) Held as.					
	Permanent endowment 63.6500	%							
	Term endowment 9								
·	The percentages on lines 2a, 2b, and 2c shou								
22	Are there endowment funds not in the posses	•	tion that are hold an	nd administered for t	ho				
Sa		Sion of the organiza	ilion that are neid ar	iu auriiriistereu ior t	ile		Г	Yes	No
	organization by:							X	-110
	(i) Unrelated organizations						3a(i)		X
L	(ii) Related organizations	iono liotod oo roquir	ad an Cabadula D2				3a(ii)		
							3b		
4 Par	T VI Land, Buildings, and Equipment		wittent turius.						
. ai	Complete if the organization answered		Part IV line 11a S	ee Form 990 Dart V	line 1∩				
							(a) D - 1		
	Description of property	(a) Cost or of basis (investment)	, ,	',	Accumulate epreciation	a	(d) Book	value	е
		,	Dasis	(Otrier) de	-preciation				
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
е	Other	I	I						

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

59	9 – 3	23	8	63	6	Page 3
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Competer if the organization answered "Ves" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (g) Pescription of Security or category sections name or securing (b) Book value (c) Method of valuations: Cost or end of year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (1) Closely held equity interests (3) Other (A) (1) Closely (1) Clos	Schedule D (Form 990) 2022 INSTITUTE F	<u>'OUNDATION, IN</u>	C.	59-3238636 Page 3
(a) Bescription of security or category securing name of accentry. (b) Book value (c) Method of valuation: Cost or end of year market value (f) Financial derivatives (g) Closely held equity interests (g) Other (h) (g) (g) (h) (h				
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(G) (H) (G) (F) 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. 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)				
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10 704 220				
10tal. (Column ID) must equal Form 990. Part X. Col. (B) line 25.)	Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25)		12,794,332.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Sche	H. LEE MOFFITT CANCER dule D (Form 990) 2022 INSTITUTE FOUNDATION,		СН 59-323863	36 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial S		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	•	T . T	
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:	1 - 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
	Other (Describe in Part XIII.)		0.	
	Add lines 2a through 2d			
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line		5	
	t XII Reconciliation of Expenses per Audited Financial			
	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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	e 18.)	5	
Pai	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art V, line 4; Part X, line 2; Pa	art XI,
PAF	RT V, LINE 4:			
MOE	FITT FOUNDATION ENDOWMENT FUNDS PROVI	DE FOR CURRENT A	AND FUTURE FUNI	DING
NEI	EDS RELATED TO THE OPERATIONS OF MOFFI	TTT INSTITUTE.		
PAF	RT X, LINE 2:			
н.	LEE MOFFITT CANCER CENTER AND RESEARC	CH INSTITUTE FOUN	IDATION, INC. I	DID
COM	HAVE ANY UNCERTAIN POSITIONS IN ITS	AUDITED FINANCIA	L STATEMENTS.	
THE	ASC-740 FOOTNOTE READS AS FOLLOWS:			

SIGNIFICANT JUDGMENT IS REQUIRED TO EVALUATE UNCERTAIN TAX POSITIONS. THE

CANCER CENTER EVALUATES ITS UNCERTAIN TAX POSITIONS ON A REGULAR BASIS.

232054 09-01-2

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, 59-3238636 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN INVESTMENT 842,413. 0 0 842,413. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

232071 10-17-22

and 3b)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

842,413.

Schedule F (Form 990) 2022

59-3238636

INC. INSTITUTE FOUNDATION,

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of of noncash valuation (book, FMV, assistance appraisal, other)						Schedule F (Form 990) 2022
(g) Amount of noncash assistance						A
(f) Manner of cash disbursement					ecognized as a tax valency letter	
(e) Amount of cash grant					oreign country, re ion 501(c)(3) equi	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					s listed above that are re	entities
(b) IRS code section and EIN (if applicable)					ecipient organization: nization by the IRS, or	other organizations or
1 (a) Name of organization						3 Enter total number of other organizations or entities

INSTITUTE FOUNDATION,

INC.

59-3238636

Page 3

Schedule F (Form 990) 2022 INSTITUTE FOUNDATION, INC. 59–3238636

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

	(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
	(g) Description of noncash assistance					Schedu
	(f) Amount of noncash assistance					
	(e) Manner of cash disbursement					
•	(d) Amount of cash grant					
	(c) Number of (d) Amount of recipients cash grant					
ditional space is needed	(b) Region					
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

Part IV	Foreign	Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Page 4

H. LEE MOFFITT CANCER CENTER & RESEARCH

Schedule F	(Form 990) 2022 INSTITUTE FOUNDATION, INC. Supplemental Information	59-3238636	Page 5
Part V			
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acc		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting m	nethod); and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional i		

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization H. LEE MOFFITT CANCER CENTER & RESEARCH 59-3238636 INSTITUTE FOUNDATION, INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants g X Special fundraising events Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) RKD GROUP, LLC - 3400 Yes No WATERVIEW PARKWAY Х MAIL SOLICITATION 1,156,071 735,494 420,577. 1,156,071. 735 494 420 577. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

232081 10-27-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

59-3238636 Page 2

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.				
			(a) Event #1 MAGNOLIA	(b) Event #2 MILES FOR MOFFITT	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	3,316,348.	1,374,103.	369,652.	5,060,103.
	2	Less: Contributions	2,836,710.	985,703.	317,241.	4,139,654.
	3	Gross income (line 1 minus line 2)	479,638.	388,400.	52,411.	920,449.
	4	Cash prizes				
S	5	Noncash prizes		216.		216.
kpense	6	Rent/facility costs	235,880.	11,042.		246,922.
Direct Expenses	7	Food and beverages	159,000.	1,900.		160,900.
	8	Entertainment	196,627.	323,908.	44,666.	565,201. 1,592.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	9 in column (d)	1,352.		974,831.
	11	Net income summary. Subtract line 10 from li				-54,382.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Reve						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming act No," explain:				Yes No
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
		. 55, Сървани				
	_					

Schedule G (Form 990) 2022 INSTITUTE FOUNDATION, INC.	<u>9-3238636</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:	1 1	
a The organization's facility		<u>%</u>
b An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	+	
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Coming manager companyation		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э	
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lines 9, 9	9b, 10b,
13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	ERS:	
(I) NAME OF FUNDRAISER: RKD GROUP, LLC		
(I) ADDRESS OF FUNDRAISER: 3400 WATERVIEW PARKWAY, RICHARDSON,	TX 7508	0
PART I, LINE 2B, COLUMN (V):		
IAMI I, DIME 2D, CODOM (V).		
H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION,	INC. HAS	<u>s</u>
WRITTEN AGREEMENTS WITH OUR PROFESSIONAL FUNDRAISERS. THESE AG	REEMENTS	
DISTINGUISH BETWEEN FEES FOR PROFESSIONAL FUNDRAISING SERVICES		
232083 10-27-22 Sc	hedule G (Form 9	990) 2022

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

2022 Open to Public **Employer identification number**

Inspection

59-3238636

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

CENTER & RESEARCH

H. LEE MOFFITT CANCER

INSTITUTE FOUNDATION

INC.

ջ Schedule I (Form 990) 2022 (h) Purpose of grant or assistance X Yes 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 PHILANTHROPIC DISTRIBUTIONS DISTRIBUTIONS DISTRIBUTIONS HILANTHROPIC PHILANTHROPIC SPONSORSHIP 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 (g) Description of noncash assistance EQUIPMENT (f) Method of valuation (book, FMV, appraisal, other) 6,099,170. FMV 0 。 ं (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 14,359,045. 1,905,353. (d) Amount of 20,000 677,077 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 59-3238640 501(C)(3) 59-3097333 501(C)(3) Enter total number of other organizations listed in the line 1 table 59-2451713 59-3238634 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? CANCER SCREENING CTR, INC. - 12902 1 (a) Name and address of organization FOUNDATION - 5550 W EXECUTIVE DR, MAGNOLIA DRIVE - TAMPA, FL 33612 H. LEE MOFFITT CC&RI HOSPITAL, H. LEE MOFFITT CC&RI LIFETIME INC. - 12902 MAGNOLIA DRIVE -H. LEE MOFFITT CC&RI, INC. - TAMPA, FL 33609 NATIONAL PEDIATRIC CANCER or government 12902 MAGNOLIA DRIVE TAMPA, FL 33612 TAMPA, FL 33612 STE 200 Part I Part II Q

232101 10-31-22

59-3238636

Page 2

(Form 990) 2022 INSTITUTE FOUNDATION, INC.

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. Schedule I (Form 990) 2022

Part III

(f) Description of noncash assistance (book, FMV, appraisal, other)			nformation.			ONATIONS	THE	I DONOR		
			er additional i		3)	GIVE DO	SSION.	CE WITE		
(d) Amount of non- cash assistance			(b); and any oth		501(C)(3)	O TIME,	'H OUR MI	COMPLIAN		
(c) Amount of cash grant			e 2; Part III, column		IVEN TO RELATED	FROM TIME TO TIME, GIVE DONATIONS	THAT ALIGN WITH OUR MISSION.	AND MUST BE IN COMPLIANCE WITH DONOR	CANCER CENTER.	
(b) Number of recipients			ired in Part I, lin			SO,			E CANCER	
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	PART I, LINE 2:	PHILANTHROPIC DISTRIBUTIONS ARE ONLY G	ORGANIZATIONS. THE ORGANIZATION MAY AL	OR SPONSORSHIPS TO OTHER ORGANIZATIONS	DISTRIBUTIONS FOLLOW A WRITTEN POLICY	INTENT AS WELL AS THE MISSION OF THE	

SCHEDULE J (Form 990)

Department of the Treasury

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.

2022 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Part I Questions Regarding Compensation

H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number 59-3238636

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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:			
а	The organization?	5a		X
	Any related organization?	5b		X
	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:			
а	The organization?	6a	Х	
	Any related organization?	6b	X	
	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 on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Page 2

INC. INSTITUTE FOUNDATION,

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARABDEEP SINGH	Ξ	0	0	0.	0	0	0	0
EVP/COO	(ii)	614,018.	0	4,902.	57,658.	36,171.	712,749.	0
(2) YVETTE M. LYONS TREMONTI	(i)	0.	0.			0.	• 0	0
EVP - CFAO & ASST TREASURER	(ii)	740,894.	0.	83,376.	-379,274.	36,971.	481,967.	0
(3) MARIA MULLER	(i)	388,775.	0.	3,726.	11,801.	13,608.	417,910.	0
PRES/EVP-CHIEF PHILAN OFFICER	⊞	0	0	0	0	0	• 0	0
(4) L. DAVID DE LA PARTE	Ξ	0	0	0	0	0	0	0
EVP/GEN COUNSEL & ASST SEC	=	617,340.	595.	56,764.	-356,164.	28,652.	347,187.	0
(5) SUSAN P. ST ONGE	Ξ	201,145.	9,158.	10,848.	0	1,788.	222,939.	0
SR DIRECTOR OF PHILANTHROPY	⊞	0	0	0	0	0	• 0	0
(6) REBECCA S. NORMAN	Ξ	157,242.	9,366.	479.	5,426.	34,074.	206,587.	0
SR DIR DEVELOPMENT SVCS	⊞	0	0	0	0	0	• 0	0
(7) B. LEE GREEN	Ξ	0	0	0	0	0	0	0
FRM INT PRES 9/1-11/30/2018	=	311,460.	26,831.	24,327.	-192,327.	-	199,945.	0
(8) AMANDA S. HOLLIS	Ξ	134,257.	6,482.	287.	3,380.	35,826.	180,232.	0
DIR FND CORP AND COMMUNITY GIVING	(ii)	0.		0.	0.		ıı	0
(9) DIANA J. LASSWELL	(i)	131,359.	2,557.	20,471.	21.	22,324.	176,732.	0.
DIRECTOR PLANNED GIVING TO 5/23/23	(ii)	0	0	0.	0	0	•0	0
	Ξ							
	Œ.							
	Ξ							
	Œ							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	<u>(ii</u>							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2022

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59-3238636

INC. INSTITUTE FOUNDATION,

Part III Supplemental Information

Schedule J (Form 990) 2022

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.

LEAST 10% ACROSS THE 403(B) AND 457(B) PLANS, AND ARE VESTED AFTER 10 YEARS AND RETIREMENT PLAN AND THEIR RESPECTIVE AMOUNTS OF COMPENSATION CONSTRUCTIVELY INSTITUTE, A RELATED ORGANIZATION WHICH USES AN INDEPENDENT COMPENSATION OF SERVICE. LUMP SUM DISTRIBUTIONS FROM THE ACCOUNT ARE MADE UPON NORMAL EXECUTIVE RETIREMENT PLAN (SERP), PARTICIPANTS MUST ELECT TO CONTRIBUTE COMMITTEE OF THE BOARD, TO ESTABLISH THE ORGANIZATION'S CEO, PRESIDENT MOFFITT FOUNDATION RELIES ON H. LEE MOFFITT CANCER CENTER AND RESEARCH CONSULTANT, COMPENSATION SURVEYS OR STUDIES, AN EXECUTIVE COMPENSATION AND THE APPROVAL BY THE BOARD OR THE EXECUTIVE COMPENSATION 457(F) NON-QUALIFIED SUPPLEMENTAL BELOW ARE INDIVIDUALS LISTED ON FOUNDATION'S 2022 FORM 990 PART VII SECTION A, THAT PARTICIPATED IN THE 457(F) SUPPLEMENTAL EXECUTIVE TOP MANAGEMENT OFFICIALS' COMPENSATION. TO BE ELIGIBLE TO PARTICIPATE IN THE RETIREMENT OR TERMINATION PART I, LINE 4B: .. ന PART I, LINE COMMITTEE,

RECEIVED IN TAX YEAR 2022 FROM THE PLAN:

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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.

LOUIS D. DE LA PARTE - \$47,390
E M LYONS TREMONTI
B. LEE GREEN - \$19,258
MARIA MULLER - \$0
NGE
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.
SCHEDULE J COLUMN C
THE AMOUNT OF RETIREMENT AND DEFERRED COMPENSATION FOR CERTAIN
EXECUTIVES IN SCHEDULE J, COLUMN (C) INCLUDES A DECREASE IN ACTUARIAL
VALUE OF THE DEFINED BENEFIT PLAN THAT OCCURRED DURING THE YEAR.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

H. LEE MOFFITT CANCER CENTER & RESEARCH

Employer identification number 59-3238636

	INSTITUTE FO	UNDATI	ON, INC.			59-3238	<u>636</u>	
Par	t 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) od of determin contribution ar	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		6,444.	FMV			
5	Clothing and household goods	X		28,980.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	17	298,981.	SELLING	PRICE		
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 (OTHER - AUCTION)	X	86	248,976.	FM∨			
26	Other (OTHER - GIFT CA)	X	2	42,250.	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organ	ization durino	g the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M (Form 990) 2022 INSTITUTE FOUNDATION, INC.	59-3238636 Pa	age 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	3, and whether the organization	
is reporting in Part I, column (b), the number of contributions, the number of items received, or a com	ibination of both. Also complete	
this part for any additional information.		
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBERS REPORTED IN COLUMN (B) REPRESENT THE NUMBER O	F	
CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.		

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

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 Form 990-EZ.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number 59-3238636

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACCORDANCE WITH RESTRICTIONS, IF ANY, IMPOSED BY DONORS.
EODM 000 DADM TIT TIME 4A DROCDAM CERVICE ACCOMPLICATIONS
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
MOFFITT FOUNDATION SOLICITS AND WELCOMES FINANCIAL GIFTS FROM DONORS
WHO WISH TO SUPPORT THE WORK OF THE CANCER CENTER. CHARITABLE GIFTS
PROVIDE AN IMPORTANT SOURCE OF FUNDING FOR MOFFITT'S EFFORTS IN
TREATING AND CURING CANCER. DONORS MAY RESTRICT THEIR GIFTS FOR USE IN
A SPECIFIC AREA OF CANCER RESEARCH, PATIENT CARE OR COMMUNITY
EDUCATION. GIFTS ALSO MAY BE DIRECTED FOR USE IN AN AREA OF GREATEST
NEED.
THE MONEY RAISED BY THE FOUNDATION IS DISTRIBUTED FOR SUCH THINGS AS
THE PURCHASE OF ADVANCED TECHNOLOGICAL EQUIPMENT, SUPPORT FOR RESEARCH
LABORATORIES AND SUPPLIES, CANCER EDUCATION AND OUTREACH, LODGING,
BIOMEDICAL LIBRARY, HEALTH DISPARITIES, SURVIVORSHIP, AND INTEGRATIVE
MEDICINE PROGRAMS.
IN FY23, MOFFITT FOUNDATION'S THREE LARGEST FUNDRAISING EVENTS ARE AS
FOLLOWS:
THE 2023 MOFFITT CANCER CENTER LUNCHEON WAS HELD AT A PRIVATE RESIDENCE
IN SARASOTA ON MARCH 9TH. THE EVENT RAISED MORE THAN \$360,000 FOR
MOFFITT AND WAS CHAIRED BY SARASOTA RESIDENT AND FOUNDATION BOARD
MEMBER, EILEEN CURD. GUESTS AT THE LUNCHEON HEARD FROM KEYNOTE SPEAKERS
DR. SHARI PILON-THOMAS OF MOFFITT'S IMMUNOLOGY DEPARTMENT AND DR. DANA
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Name of the organization H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number 59-3238636

ATAYA, DIVISION OF MOFFITT'S BREAST IMAGING CENTER. FUNDS RAISED EACH
YEAR AT THE MOFFITT CANCER CENTER LUNCHEON IN SARASOTA SUPPORTS

MOFFITT'S RESEARCH INNOVATION FUND. THE FUND ESTABLISHED IN 2020
PROVIDES SEED FUNDING FOR KEY INITIATIVES INCLUDING RESEARCH

DEVELOPMENT STUDIES, CLINICAL TRIALS, AND TREATMENTS AT THE FOREFRONT

OF THE NEXT SCIENTIFIC BREAKTHROUGH FOR OUR PATIENTS.

MILES FOR MOFFITT IS MOFFITT CANCER CENTER'S PREMIER MOVEMENT FOR

RAISING FUNDS TO TOUCH LIVES AND PROPEL US TOWARD A CANCER-FREE WORLD.

SINCE 2006, MOFFITT CANCER CENTER SUPPORTERS HAVE COME TOGETHER TO

RAISE CRITICAL FUNDS FOR CANCER RESEARCH IN A COMMUNITY-WIDE MOVEMENT

OF INSPIRATION, COURAGE, AND HOPE THAT THOUSANDS OF INDIVIDUALS AND

FAMILIES LOOK FORWARD TO EVERY YEAR. THE EVENT PROVIDES A

1K/5K/10K/WHEELCHAIR RACE AND KIDS DASH. SINCE 2006, MILES FOR MOFFITT

HAS RAISED MILLIONS OF DOLLARS TOWARD ADVANCING CANCER RESEARCH,

HELPING MOFFITT SUSTAIN AND ADVANCE ITS STATUS AS ONE OF THE BEST

CANCER CENTERS IN THE COUNTRY AND THE ONLY NATIONAL CANCER

INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN FLORIDA.

THE MAGNOLIA BALL WAS HELD ON SATURDAY, MAY 6, 2023, DRAWING A LARGE

CROWD AT THE JW MARRIOTT IN DOWNTOWN TAMPA. THE EVENT, CHAIRED BY THE

DUTKOWSKY FAMILY, RAISED OVER THREE MILLION DOLLARS TO SUPPORT MOFFITT

CANCER CENTER. SINCE 1994, THE MAGNOLIA BALL, THE CANCER CENTER'S

SIGNATURE EVENT, HAS RAISED TENS OF MILLIONS FOR MOFFITT'S

CANCER-FIGHTING EFFORTS. A PRIVATE CONCERT BY GLADYS KNIGHT ENTERTAINED

THE CROWD FOLLOWED BY AN 80'S THEMED AFTER-PARTY BY DJ FRESH.

FORM 990, PART VI, SECTION A, LINE 1A:

Name of the organization H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number 59-3238636

THE FOUNDATION BOARD, BY RESOLUTION SHALL DESIGNATE AN EXECUTIVE COMMITTEE

ON THE RECOMMENDATION OF THE CHAIR WHICH SHALL CONSIST OF NO FEWER THAN 5

MEMBERS, A MAJORITY OF WHOM SHALL BE DIRECTORS. THE CHAIR OF THE BOARD

SHALL SERVE AS CHAIR AND THE VICE CHAIR OF THE BOARD SHALL SERVE AS VICE

CHAIR OF THE EXECUTIVE COMMITTEE. THE POWERS AND DUTIES OF THE EXECUTIVE

COMMITTEE ARE AS FOLLOWS:

- A) A MAJORITY OF THE MEMBERS OF THE COMMITTEE MAY DETERMINE ITS ACTION AND FIX THE TIME AND PLACE OF ITS MEETINGS.
- B) THE COMMITTEE SHALL REVIEW THE BOARD'S ANNUAL PERFORMANCE EVALUATION.
- C) THE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL POWERS OF THE BOARD EXCEPT
 THE POWER TO FILL VACANCIES ON THE BOARD OR ANY COMMITTEE THEREOF; AMEND
 EITHER THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION;
 ADOPT A PLAN OF MERGER, CONSOLIDATION, RECAPITALIZATION, OR OTHER FORM OF
 REORGANIZATION; SELL, LEASE, EXCHANGE, OR OTHERWISE DISPOSE OF ALL OR
 SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION; ADOPT A
 PLAN OF VOLUNTARY DISSOLUTION OF THE CORPORATION; OR EXERCISE ANY OTHER
 POWERS SPECIFICALLY RESERVED FOR THE BOARD AS A WHOLE.
- D) THE COMMITTEE SHALL DEVELOP AND MAINTAIN A VIABLE SHORT-RANGE AND LONG
 -RANGE PLAN FOR FULFILLMENT OF THE CORPORATION'S PURPOSE.
- E) THE COMMITTEE SHALL REVIEW AND EVALUATE THE CORPORATION'S PERFORMANCE ON MEETING ITS SHORT-RANGE AND LONG-RANGE PLANS.
- F) WHEN APPROPRIATE, THE COMMITTEE SHALL MEET TO PREPARE AND RECOMMEND TO

 THE JOINT NOMINATING COMMITTEE A SLATE OF NOMINEES FOR THE ELECTION OR

 RE-ELECTION OF OFFICERS OF THE CORPORATION.
- G) WHEN A VACANCY IN THE BOARD OCCURS, THE COMMITTEE SHALL MEET TO PREPARE

 AND RECOMMEND TO THE JOINT NOMINATING COMMITTEE A SLATE OF NOMINEES FOR

 APPOINTMENT OR REAPPOINTMENT TO THE BOARD.

THE COMMITTEE SHALL CAUSE A REPORT OF ITS ACTIONS TO BE MADE TO THE BOARD

Name of the organization H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number 59-3238636

AT THE BOARD'S NEXT REGULARLY SCHEDULED MEETING, WHICH SHALL BE DULY NOTED

IN THE MINUTES OF THE PROCEEDINGS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING DIRECTORS AND OFFICERS, THAT JOINTLY SERVE ON THE FOUNDATION
AND A FOR-PROFIT RELATED ENTITY, QUALIFY AS HAVING A BUSINESS RELATIONSHIP.

LOUIS D. DE LA PARTE - FOUNDATION OFFICER; MTC OFFICER

YVETTE M. LYONS TREMONTI - FOUNDATION OFFICER; MTC OFFICER

LOUIS D. DE LA PARTE - FOUNDATION OFFICER; ONCOBAY DIRECTOR & OFFICER

YVETTE M. LYONS TREMONTI - FOUNDATION OFFICER; ONCOBAY DIRECTOR & OFFICER

FORM 990, PART VI, SECTION A, LINE 6:

H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC. IS THE SOLE MEMBER OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

AS THE SOLE MEMBER OF THE FOUNDATION, H. LEE MOFFITT CANCER CENTER AND

RESEARCH INSTITUTE, INC. SHALL HAVE THE POWER TO APPROVE, DISAPPROVE OR

REMOVE ANY MEMBER OF THE BOARD OF DIRECTORS OR OFFICER OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE SOLE MEMBER OF THE CORPORATION SHALL HAVE THE FOLLOWING POWERS:

A. APPROVE, DISAPPROVE OR RECOMMEND THE ADOPTION, CHANGE, AMENDMENT OR

REPEAL OF THE ARTICLES OF INCORPORATION OF THE CORPORATION;

B. APPROVE, DISAPPROVE OR RECOMMEND THE ADOPTION, CHANGE, AMENDMENT OR

REPEAL OF THE BYLAWS OF THE CORPORATION;

Schedule O (Form 990) 2022

Name of the organization H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number 59-3238636

C. APPROVE, DISAPPROVE OR RECOMMEND THE SELECTION OF A QUALIFIED AUDIT FIRM

AND THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION;

D. EITHER APPROVE OR DISAPPROVE THE TRANSFER, SALE, LEASE OR DISPOSITION OF

ANY ASSET OF THE CORPORATION IN EXCESS OF 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;

H. APPROVE OR DISAPPROVE CAPITAL EXPENDITURES BY THE CORPORATION IN EXCESS

OF FIVE HUNDRED THOUSAND DOLLARS (\$1,000,000.00) PER EXPENDITURE OR FIVE

HUNDRED THOUSAND DOLLARS (\$1,00,000.00) IN THE AGGREGATE ANNUALLY; AND

I. APPROVE, DISAPPROVE OR REMOVE ANY MEMBER OF THE BOARD OF DIRECTORS OR

OFFICERS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO ELECTRONICALLY FILING FORM 990 (RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX), A COPY OF THE RETURN IS PROVIDED TO THE GOVERNING

BODY, GIVING EACH BOARD MEMBER TIME TO REVIEW THE RETURN. BOARD MEMBERS

HAVE THE OPPORTUNITY TO ASK QUESTIONS RELATED TO THE INFORMATION PROVIDED

ON THE RETURN. THE FOUNDATION'S FORM 990 IS ALSO PROVIDED TO THE CHIEF

FINANCIAL OFFICER FOR REVIEW. BASED ON THE REVIEW ANY SUGGESTED COMMENTS OR

Name of the organization H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC. Employer identification number 59-3238636

CHANGES ARE DISCUSSED PRIOR TO SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS A PRESENTATION IS MADE TO FOUNDATION 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 CERTIFICATION VIA

THE ELECTRONIC DISCLOSURE SYSTEM. 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

ELECTRONIC 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.

Schedule O (Form 990) 2022

Name of the organization H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number 59-3238636

FORM 990, PART VI, SECTION B, LINE 15:

MOFFITT'S BOARD OF DIRECTORS HAS AN ESTABLISHED SUB-COMMITTEE, THE JOINT

EXECUTIVE COMPENSATION & BENEFITS COMMITTEE (JEC&BC) THAT IS MADE UP

ENTIRELY OF INDEPENDENT, OUTSIDE DIRECTORS. THIS COMMITTEE IS CHARGED WITH

THE OVERSIGHT OF THE PERFORMANCE AND COMPENSATION OF MOFFITT EXECUTIVES AND

DISQUALIFIED PERSONS. THESE POSITIONS INCLUDE THE CEO, EXECUTIVE VICE

PRESIDENTS, SENIOR VICE PRESIDENTS, VICE PRESIDENTS AND DEPARTMENT

CHAIRPERSONS. TO ACCOMPLISH ITS MISSION, THE COMMITTEE CAN AS NEEDED AND

DOES AT ITS DISCRETION, ENGAGE OUTSIDE INDEPENDENT, OUTSIDE ADVISORS

INCLUDING, BUT NOT LIMITED TO ATTORNEYS AND COMPENSATION CONSULTANTS.

ON AN ANNUAL BASIS THE JEC&BC ENGAGES A NATIONALLY KNOWN, THIRD PARTY

CONSULTING FIRM TO PROVIDE A DETAILED STUDY OF THE CASH COMPENSATION FOR

EACH EXECUTIVE, DISQUALIFIED PERSON AND INDIVIDUAL IN KEY POSITIONS. THE

CONSULTANT USES A VARIETY OF PUBLISHED SURVEYS COMPILED BY INDEPENDENT

FIRMS TO PROVIDE THE SOURCE DATA FOR THE STUDY. USING FUNCTIONALLY

COMPARABLE POSITIONS IN OTHER SIMILARLY SIZED, NOT-FOR-PROFIT AND

FOR-PROFIT HEALTHCARE, ACADEMIC AND RESEARCH ORGANIZATIONS, THE CONSULTING

FIRM PRODUCES A STUDY THAT COMPARES EACH DESIGNATED MOFFITT POSITION TO ITS

APPROPRIATE MARKET EQUIVALENT. THE RESULTING DATA IS PROVIDED TO THE

DIRECTOR OF HR OPERATIONS, 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

2 10-28-22 Schedule O (Form 990) 2022

APPROVAL.

Schedule O (Form 990) 2022 Page 2

Name of the organization H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number 59-3238636

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

MOFFITT FOUNDATION MAKES AVAILABLE ITS CONSOLIDATED AUDITED FINANCIAL

STATEMENTS TO THE PUBLIC THROUGH DAC BOND, A THIRD PARTY VENDOR'S WEBSITE

AND THE 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.

FORM 990, PART VII, SECTION A, LINE 1A

Schedule O (Form 990) 2022	Page 2
Name of the organization H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.	Employer identification number 59-3238636
EMPLOYEES WHO ARE LISTED ON MOFFITT FOUNDATION'S FORM 990	ARE EMPLOYEES
WHOSE W-2'S WERE ISSUED BY MOFFITT INSTITUTE, THE COMMON P	AYMASTER AND
RELATED ENTITY. PROCEDURES TO REPORT COMPENSATION OF EMPL	OYEES ON FORM
990 PART VII AND ON SCHEDULE J ARE IN ACCORDANCE WITH IRS	INSTRUCTIONS
FOR EACH RESPECTIVE SECTION.	
FORM 990, PART IX, LINE 24A	
CERTAIN MOFFITT CANCER CENTER INTERCOMPANY OVERHEAD HAS BE	EN ALLOCATED
FROM THE PARENT ENTITY TO THE FOUNDATION AND THOSE AMOUNTS	ARE INCLUDED
IN COLUMN (C) AND THEN REALLOCATED ON LINE 24A TO THE PROP	ER FUNCTIONAL
CATEGORIES.	
FORM 990, PART XI, LINE 9	
CHANGES IN NET ASSETS PREDOMINANTLY RELATES TO THE CLOSE O	UT OF
INTERCOMPANY ACCOUNTS PAYABLE AND RECEIVABLE (DUE TO/DUE F	ROM) IN THE
AMOUNT OF \$9,242,691 TO NET ASSETS.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR	SELECTION
PROCESS DURING THE TAX YEAR.	

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

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

H. LEE MOFFITT CANCER CENTER & RESEARCH

Employer identification number 59-3238636 INC. INSTITUTE FOUNDATION, Name of the organization Department of the Treasury Internal Revenue Service

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

Part I

Direct controlling End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed ?
				501(c)(3))		Yes	No
H. LEE MOFFITT CANCER CTR & RESEARCH							
INSTITUTE HOSPITAL, INC 59-3238634, 12902					H. LEE MOFFITT		
MAGNOLIA DRIVE, TAMPA, FL 33612	PATIENT CARE	FLORIDA	501(C)(3)	LINE 3	CC&RI, INC.		×
H. LEE MOFFITT CANCER CENTER & RESEARCH							
INSTITUTE, INC 59-2451713, 12902 MAGNOLIA							
DRIVE, TAMPA, FL 33612	PARENT-RESEARCH	FLORIDA	501(C)(3)	LINE 7	N/A		×
H. LEE MOFFITT CC&RI LIFETIME CANCER							
SCREENING CENTER, INC 59-3238640, 12902					H. LEE MOFFITT		
MAGNOLIA DRIVE, TAMPA, FL 33612	PRACTICE MANAGEMENT	FLORIDA	501(C)(3)	LINE 10	CC&RI, INC.		×
MOFFITT REAL ESTATE HOLDING CORP. (EFF							
01/01/23) - 92-3387708, 12902 MAGNOLIA	HOLDING TITLE TO REAL				H. LEE MOFFITT		
DRIVE, TAMPA, FL 33612	ESTATE	FLORIDA	501(C)(2)	N/A	CC&RI, INC.		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2022

59-3238636

H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION, INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

I. LEE MOFFITT	(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	Section 512(b)(13) controlled organization?	I2(b)(13) silled ation?
	I LIFESCIENCES CAMPUS MANAGEMENT CORP. 1/01/23) - 92-3388291, 12902 MAGNOLIA TAMPA, FL 33612	PROPERTY	FLORIDA		LINE 12A, I	H. LEE MOFFITT CC&RI, INC.	L GS	S ×

INC. INSTITUTE FOUNDATION, Schedule R (Form 990) 2022

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. Part III

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

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. Part IV

(a)	(q)	(၁)	(p)	(e)	(4)	(6)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
1 1								
30-0332914, 12902 MAGNOLIA DRIVE, TAMPA, FL 33612	TECHNOLOGY MANAGEMENT	FL	N/A	C CORP	N/A	N/A	N/A	×
ONCOBAY CLINICAL, INC. (UNTIL 01/2023) -								
84-3412796, 10902 N MCKINLEY DRIVE, TAMPA,	RESEARCH AND PRODUCT							
FL 33612	DEVELOPMENT	FL	N/A	C CORP	N/A	N/A	N/A	×

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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	õ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		×
b Gift, grant, or capital contribution to related organization(s)	1 b	×	
c Gift, grant, or capital contribution from related organization(s)	10		×
d Loans or loan guarantees to or for related organization(s)	1d		×
e Loans or loan guarantees by related organization(s)	1e		×
f Dividends from related organization(s)	11		×
g Sale of assets to related organization(s)	1g		×
h Purchase of assets from related organization(s)	£		×
i Exchange of assets with related organization(s)	¥		×
j Lease of facilities, equipment, or other assets to related organization(s)	į.		×
k Lease of facilities, equipment, or other assets from related organization(s)	1		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	×	
o Sharing of paid employees with related organization(s)	10	X	
p Reimbursement paid to related organization(s) for expenses	1p		×
q Reimbursement paid by related organization(s) for expenses	19	×	
r Other transfer of cash or property to related organization(s)	+		×
s Other transfer of cash or property from related organization(s)	18	×	
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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
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INC.

INSTITUTE FOUNDATION, Schedule R (Form 990) 2022 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(k) rcentage vnership				
General or Permanaging ov Pas No				
Gene Gene 1 part Yes				
Code V-UBI General or Percentage amount in box 20 managing ownership (Form 1065)				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) orgs.? Yes No				
Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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Part VII	(Form 990) 2022 Supplemental Infor	mation	•			.,
	Provide additional inform		augetions on Schodul	o D. Soo instructions		
	Frovide additional inform	ation for responses to	questions on scriedui	e n. See instructions.		

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