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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                                      |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                               |
| 1a      | Name of plan<br>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.                                                                                                                                                                                                                                                                                            |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                                                   |
| 1c      | Effective date of plan<br>01/01/2000                                                                                                                                                                                                                                                                                                                                 |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.<br><br>12902 MAGNOLIA DRIVE<br>TAMPA, FL 33612-9416 |
| 2b      | Employer Identification Number (EIN)<br>59-2451713                                                                                                                                                                                                                                                                                                                   |
| 2c      | Plan Sponsor's telephone number<br>813-745-4673                                                                                                                                                                                                                                                                                                                      |
| 2d      | Business code (see instructions)<br>621510                                                                                                                                                                                                                                                                                                                           |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/30/2024 | KRISTY SCHMIDT                                               |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/30/2024 | KRISTY SCHMIDT                                               |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                       |  |                                                                                                     |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                       |      |
|                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                          |      |
|                                                                                                                                                                                                                                       |  |                                                                                                     |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: |  | <b>4b</b> EIN                                                                                       |      |
| <b>a</b> Sponsor's name                                                                                                                                                                                                               |  | <b>4d</b> PN                                                                                        |      |
| <b>c</b> Plan Name                                                                                                                                                                                                                    |  |                                                                                                     |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                               |  | <b>5</b>                                                                                            | 7698 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                      |  |                                                                                                     |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                               |  | <b>6a(1)</b>                                                                                        | 6428 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                     |  | <b>6a(2)</b>                                                                                        | 6978 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                   |  | <b>6b</b>                                                                                           | 19   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                    |  | <b>6c</b>                                                                                           | 1224 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                           |  | <b>6d</b>                                                                                           | 8221 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                            |  | <b>6e</b>                                                                                           | 0    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                               |  | <b>6f</b>                                                                                           | 8221 |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....                                                                              |  | <b>6g(1)</b>                                                                                        | 7698 |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                    |  | <b>6g(2)</b>                                                                                        | 8221 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                            |  | <b>6h</b>                                                                                           | 29   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                   |  | <b>7</b>                                                                                            |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2K 2S 2T 2R 2J                                               |  |                                                                                                     |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                           |  |                                                                                                     |      |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                             |  | <b>9b</b> Plan benefit arrangement (check all that apply)                                           |      |
| (1) <input checked="" type="checkbox"/> Insurance                                                                                                                                                                                     |  | (1) <input checked="" type="checkbox"/> Insurance                                                   |      |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                                                               |  | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                             |      |
| (3) <input checked="" type="checkbox"/> Trust                                                                                                                                                                                         |  | (3) <input checked="" type="checkbox"/> Trust                                                       |      |
| (4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                            |  | (4) <input type="checkbox"/> General assets of the sponsor                                          |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                     |  |                                                                                                     |      |
| <b>a Pension Schedules</b>                                                                                                                                                                                                            |  | <b>b General Schedules</b>                                                                          |      |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                        |  | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                            |      |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                        |  | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |      |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                      |  | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u> |      |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____                                                                                                                                         |  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                     |      |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)                                                                                                                                               |  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                          |      |
|                                                                                                                                                                                                                                       |  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                             |      |

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                     |                                                      |     |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                          |                                                      |     |
| A Name of plan<br>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.                                         | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC. | D Employer Identification Number (EIN)<br>59-2451713 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1050034 | 93629         | 039968                                | 8221                                                                        | 01/01/2023              | 12/31/2023 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 30580626 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0        |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
 (3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

**b** Balance at the end of the previous year .....**7b**

32697381

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

1706326

(2) Dividends and credits .....

**7c(2)**

(3) Interest credited during the year .....

**7c(3)**

620504

(4) Transferred from separate account.....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

2504097

▶ **MISCELLANEOUS IN TRANSFERS IN**

(6) Total additions.....

**7c(6)**

4830927

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

37528308

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....

**7e(1)**

3226903

(2) Administration charge made by carrier .....

**7e(2)**

(3) Transferred to separate account.....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

3720779

▶ **FORFEITURES DEBITS MISCELLANEOUS OUT TRANSFERS OUT**

(5) Total deductions.....

**7e(5)**

6947682

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) .....**7f**

30580626

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                      | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves .....                                                                                                   | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees .....                                                                                                    | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses .....                                                                                                                          | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                                     |                                                      |     |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                          |                                                      |     |
| A Name of plan<br>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.                                         | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                                     |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC. | D Employer Identification Number (EIN)<br>59-2451713 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRUDENTIAL RETIREMENT INSURANCE AND                                                                        |
| 06-1050034                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                            |
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| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                            |
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| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 49<br>50 64 65   | NONE                                                                                              | 240046                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

ACCELL AUDIT & COMPLIANCE, P.A.

27-0563459

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 12000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

MILLIMAN INC

91-0675641

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | NONE                                                                                              | 6000                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                                                              |                     |              |
|--------------------|--------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | ACELL AUDIT & COMPLIANCE, PA                                 | <b>b</b> EIN:       | 27-0563459   |
| <b>c</b> Position: | PARTNER                                                      |                     |              |
| <b>d</b> Address:  | 3001 N. ROCKY POINT DR. EAST<br>SUITE 200<br>TAMPA, FL 33607 | <b>e</b> Telephone: | 813-367-3527 |

Explanation: PARTNER STARTED NEW FIRM

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2023                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

|                                                                                                                     |                                                      |     |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                          |                                                      |     |
| A Name of plan<br>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.                                         | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC. | D Employer Identification Number (EIN)<br>59-2451713 |     |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 316802070             | 399510878       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 | 32697381              | 30580626        |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 156132                | 168179          |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 349655583             | 430259683       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 349655583             | 430259683       |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 38843839   |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 38843839  |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> | 620504     |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 620504    |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 8156245    |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 8156245   |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 53071029  |
| c Other income .....                                                                            | 2c     |            | 7645      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 100699262 |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 19839533 |          |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  |          |          |
| (3) Other .....                                                                      | 2e(3)  |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |          | 19839533 |
| f Corrective distributions (see instructions) .....                                  | 2f     |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          |          |
| h Interest expense .....                                                             | 2h     |          |          |
| i Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 236354   |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |          |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  | 12000    |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |          |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |          |          |
| (7) Actuarial fees .....                                                             | 2i(7)  |          |          |
| (8) Legal fees .....                                                                 | 2i(8)  |          |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |          |          |
| (11) Other expenses .....                                                            | 2i(11) | 7275     |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 255629   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 20095162 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 80604100 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan .....                                   | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **ACCELL CPA & ASSOCIATES, P.A**

(2) EIN: **99-1680488**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 3500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                                        |                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                             |                                                                         |  |
| <div>A Name of plan</div> <div>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.</div>                                         | <div>B Three-digit plan number (PN)</div> <div>002</div>                |  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.</div> | <div>D Employer Identification Number (EIN)</div> <div>59-2451713</div> |  |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                                                                                 |              |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                       | <div>1</div> | <div>0</div> |
| <div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):</div> <div>EIN(s): 22-1211670</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                            | <div>3</div> |              |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____</div> <div>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                                      | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                          | <div>6b</div>                                                                                    |
| <div>c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....</div>                                                                                                                                                                                                                    | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                                |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....</div>                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                 |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) .....

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....

**14a****14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year .....

**15a**

**b** The corresponding number for the second preceding plan year .....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year .....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

## **Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. \_\_\_\_\_

## **Part VII IRS Compliance Questions**

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**H. LEE MOFFITT CANCER CENTER AND RESEARCH  
INSTITUTE, INC. RETIREMENT PLAN**

**FINANCIAL STATEMENTS,  
SUPPLEMENTAL SCHEDULE AND  
INDEPENDENT AUDITORS' REPORT**

**DECEMBER 31, 2023**



## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of  
H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan:

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed an audit of the accompanying financial statements of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from qualified institutions as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion on the 2023 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2023 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the 2023 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of

expressing an opinion on the effectiveness of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedule of assets is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

#### **Other Matter - Auditor's Report on the 2022 Financial Statements**

Predecessor auditors performed an audit of the 2022 financial statements of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report, dated August 14, 2023, indicated that (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to the assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2022 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

*Acell CPA & Associates*

Tampa, Florida  
September 18, 2024

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2023 AND 2022**

|                                                                                    | <u>2023</u>               | <u>2022</u>               |
|------------------------------------------------------------------------------------|---------------------------|---------------------------|
| Assets:                                                                            |                           |                           |
| Investments, at fair value                                                         | \$ 399,679,057            | \$ 316,958,202            |
| Investments in fully benefit-responsive investment contracts,<br>at contract value | <u>30,580,626</u>         | <u>32,697,381</u>         |
| Total investments                                                                  | 430,259,683               | 349,655,583               |
| <br>Employer contribution receivable                                               | <br><u>9,129,217</u>      | <br><u>7,870,132</u>      |
| <br>Net assets available for benefits                                              | <br><u>\$ 439,388,900</u> | <br><u>\$ 357,525,715</u> |

See Independent Auditors' Report and accompanying notes to the financial statements.

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2023**

Additions to net assets available for benefits attributed to:

Investment income:

|                                                              |                   |
|--------------------------------------------------------------|-------------------|
| Net appreciation/(depreciation) in fair value of investments | \$ 53,078,674     |
| Dividends                                                    | 8,156,245         |
| Interest                                                     | 620,504           |
| Total investment income                                      | <u>61,855,423</u> |

Contributions:

|                              |                   |
|------------------------------|-------------------|
| Employer, net of forfeitures | 40,102,924        |
| Total contributions          | <u>40,102,924</u> |

|                 |                    |
|-----------------|--------------------|
| Total additions | <u>101,958,347</u> |
|-----------------|--------------------|

Deductions from net assets available for benefits attributed to:

|                               |                   |
|-------------------------------|-------------------|
| Benefits paid to participants | 19,839,533        |
| Administrative expenses       | 255,629           |
| Total deductions              | <u>20,095,162</u> |

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| Net increase in net assets available for benefits     | 81,863,185         |
| Net assets available for benefits - beginning of year | <u>357,525,715</u> |

|                                                 |                       |
|-------------------------------------------------|-----------------------|
| Net assets available for benefits - end of year | <u>\$ 439,388,900</u> |
|-------------------------------------------------|-----------------------|

See Independent Auditors' Report and accompanying notes to the financial statements.

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 1     DESCRIPTION OF THE PLAN**

**Organization**

H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan (the “Plan”) is a defined contribution plan covering all eligible employees of H. Lee Moffitt Cancer Center and Research Institute, Inc. (the “Cancer Center” or the “Employer”). The Plan was originally established effective January 1, 2000 and has since been amended and restated. The Plan was amended and restated effective January 1, 2013. Amendments were subsequently made to the restated Plan, the last of which was in February 2024. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The following brief description of the Plan provides only general information. Participants should refer to the Summary Plan Description or Plan Document for a more complete description of the Plan’s provisions.

**General**

The Plan covers substantially all eligible employees of the Cancer Center as defined by the Plan Document. To participate in the Plan, for purposes of receiving matching contributions, employees must complete one year of service if hired on or after January 1, 2013, or one hour of service if hired prior to January 1, 2013. To participate in the Plan, for purposes of receiving discretionary non-elective employer contributions, employees must be a member of a certain classification of employee, be 21 years of age, and complete one year of service. Specific employees, defined by the Plan Document, will have exceptions to the process of admittance to the Plan.

**Contributions**

Each year, the Employer may make three types of contributions to the Plan: (1) a discretionary matching contribution for the elective deferral amount made by participants to the H. Lee Moffitt Cancer Center and Research Institute 403(b) Retirement Plan (the “403(b) Plan”), (2) a discretionary non-elective contribution and (3) a discretionary qualified non-elective contribution. A discretionary qualified non-elective contribution has not been made since the inception of the Plan.

For the year ended December 31, 2023, eligible participants received a matching contribution equal to the sum of (1) 100% of the amount of elective contribution made to the 403(b) Plan on behalf of the participant for each payroll period which does not exceed 3% of the participant’s compensation and (2) 50% of the amount of elective contribution made to the 403(b) Plan that is more than 3%, but does not exceed 10% of the participant’s compensation, as defined by the Plan, for such applicable payroll period. Eligible participants, who are members of a certain classification of employee, will receive a non-elective contribution based on annual compensation as defined by the Plan in the middle of the following year, after the Plan’s nondiscrimination test results have been reviewed and confirmed. Historically, the non-elective contribution has ranged from 1.5% to 3.95%, depending on the position held by the participant. Compensation is limited to the

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

Internal Revenue Service's annual salary limit outlined in Section 415(d) of the Internal Revenue Code.

**Employee Contributions and Loans**

There are no provisions for employee contributions, voluntary or otherwise, and there are no provisions for employee loans.

**Investment Options**

Upon enrollment, a participant may direct Employer contributions to any of the Plan's fund options. Participants may also redirect their contributions or exchange their existing fund account balances on any business day.

**Participant Accounts**

Each participant's account is credited with an allocation of Employer contributions and Plan investment results. Each participant's account is reduced by withdrawals or distributions and an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Vesting in the Employer's contributions plus actual earnings thereon is based on years of service. For participants who were active as of January 1, 2013, employer contributions vest as follows:

| <u>Years of<br/>Employment</u> | <u>Percent Vested</u> |
|--------------------------------|-----------------------|
| Less than 2                    | 0%                    |
| 2                              | 20%                   |
| 3 or more                      | 100%                  |

For participants terminated prior to January 1, 2013, employer contributions vest as follows:

| <u>Years of<br/>Employment</u> | <u>Percent Vested</u> |
|--------------------------------|-----------------------|
| Less than 2                    | 0%                    |
| 2                              | 20%                   |
| 3                              | 40%                   |
| 4                              | 67%                   |
| 5 or more                      | 100%                  |

Upon the event of disability, death, or attainment of normal retirement age (65) while employed by the Employer, amounts derived from employer contributions will be fully vested.

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**Payment of Benefits**

Upon death, disability, retirement, or termination of service, participants or their designated beneficiaries may receive a lump-sum payment amount equal to the vested amount of their account.

In service distributions are allowed upon attainment of age 65.

**Plan Termination**

Although it has not expressed any intent to do so, the Cancer Center has the right to discontinue the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, the account of each participant will be 100% vested.

**NOTE 2      SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting and in conformity with generally accepted accounting principles in the United States ("GAAP").

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates that affect the amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's investments, comprised of participant-directed brokerage accounts, mutual funds, and a group annuity investment contract, are stated at the value as reported by the custodians of the Plan, which approximates fair value.

Mutual funds are valued at quoted market prices, which represent the net asset values (the "NAV") of shares held by the Plan at year-end.

Participant-directed brokerage accounts are comprised of mutual funds and cash and cash equivalents. Mutual funds are valued at quoted market prices, which represent the NAV of shares held by the Plan at year-end.

The fully benefit-responsive group annuity contract is stated at contract value in the accompanying financial statements. See group annuity contract footnote at Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest income is recognized as earned on the accrual basis.

In the statement of changes in net assets available for benefits, the Plan presents the net appreciation/depreciation in the fair value of its investments. This consists of

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

the realized gains or losses and the unrealized appreciation or depreciation on those investments.

**Benefit Payments**

Benefits are recorded when paid.

**Forfeitures**

Forfeitures of terminated non-vested accounts are used to reduce Employer contributions and pay plan expenses.

Forfeited amounts approximated \$832,000 for the year ended December 31, 2023. Approximately \$871,000 from the forfeiture account was used to reduce the amount of Employer contribution for the year ended December 31, 2023.

**Administrative Expenses and Revenue Sharing**

Record-keeping fees and audit fees are paid directly by the Employer and are excluded from these financial statements. Fees related to the administration of benefit payments to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

The goal is to offer participants the lowest net expense ratio. The core of the investment lineup includes low-cost index funds, which generally do not pay revenue sharing. In this case the gross and net expense ratio are the same, and the plan uses the lowest costing expense ratio for which they qualify. Occasionally, the plan will offer a fund that pays revenue sharing. Revenue sharing is returned to participants invested in that fund on a routine basis. Revenue sharing is not maintained by the vendors or used to offset administrative fees. In some cases, the plan may move into a fund that has a higher gross expense ratio but once revenue sharing is applied and returned to participants, the resulting net expense ratio is lower.

**Subsequent Events**

In accordance with Financial Accounting Standards Board Accounting Standards Codification "FASB ASC" Topic 855, *Subsequent Events*, the Plan evaluated subsequent events through September 18, 2024; the date the financial statements were available for issue.

**NOTE 3    INVESTMENTS**

**Unaudited Information Certified by the Plan Custodians**

All investment information disclosed in the accompanying financial statements and supplemental schedule of assets held at December 31, 2023 and 2022, and net realized and unrealized appreciation/(depreciation) in fair value of investments and interest for the year ended December 31, 2023, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Plan's custodians.

**H. LEE MOFFITT CANCER CENTER AND  
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**NOTE 4    GROUP ANNUITY CONTRACTS**

At December 31, 2023 and 2022, one of the Plan's investments was in a Guaranteed Income Fund (the "Fund"), which is a fully-benefit responsive group annuity contract with Empower Annuity Insurance Company ("EAIC"). The Fund invests in a group annuity insurance contract with EAIC with the purpose to fund the guaranteed benefits for the Plan. The group annuity contract is fully benefit-responsive. Therefore, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Plan. Contract value, which estimates fair value, as reported to the Plan by EAIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The concept of a value other than contract value does not apply to this insurance company issued general account backed evergreen (no maturity date) group annuity spread product. Even upon a discontinuance of the contract, contract value would be paid no later than 90 days from the date at which notice of discontinuance is provided. This contract's operation does not have provisions to contract at a value other than contract value. The fund is not backed by specific securities but instead backed by EAIC's general account. As a result of the contract terms, contract value approximates fair value.

EAIC maintains the contributions in a general account. The crediting interest rate is based on many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of the reference portfolio within EAIC's general account. Such interest rates are reviewed on a semi-annual basis for resetting. There are no reserves against contract value for credit risk of the contract issuers or otherwise.

The Plan's management has concluded that the Group Annuity Fund is a fully-benefit responsive investment contract and has reported the contract at contract value on the statement of net assets available for benefits.

**NOTE 5    FAIR VALUE MEASUREMENTS**

FASB Accounting Standards Codification (ASC) 820, Fair Value Measurement, provides a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- |         |                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Quoted prices for identical instruments in active markets.                                                                          |
| Level 2 | Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not |

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active; and model-derived valuations in which all significant inputs and significant value drivers are observable in active markets.

Level 3 Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable.

This hierarchy requires the Plan's management to use observable market data, when available, and to minimize the use of unobservable inputs when determining fair value. As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The methods described above may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2023 and 2022:

| December 31, 2023                       |                         |             |             |                       |
|-----------------------------------------|-------------------------|-------------|-------------|-----------------------|
|                                         | Fair Value Measurements |             |             |                       |
|                                         | Level 1                 | Level 2     | Level 3     | Total                 |
| Mutual funds                            | \$ 399,510,878          | \$ -        | \$ -        | \$ 399,510,878        |
| Participant-directed brokerage accounts |                         |             |             |                       |
| Mutual funds                            | 143,768                 | -           | -           | 143,768               |
| Cash and cash equivalents               | 24,411                  | -           | -           | 24,411                |
|                                         | <u>\$ 399,679,057</u>   | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 399,679,057</u> |

  

| December 31, 2022                       |                         |             |             |                       |
|-----------------------------------------|-------------------------|-------------|-------------|-----------------------|
|                                         | Fair Value Measurements |             |             |                       |
|                                         | Level 1                 | Level 2     | Level 3     | Total                 |
| Mutual funds                            | \$ 316,824,649          | \$ -        | \$ -        | \$ 316,824,649        |
| Participant-directed brokerage accounts |                         |             |             |                       |
| Mutual funds                            | 38,672                  | -           | -           | 38,672                |
| Cash and cash equivalents               | 94,881                  | -           | -           | 94,881                |
|                                         | <u>\$ 316,958,202</u>   | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 316,958,202</u> |

There were no significant transfers between levels for December 31, 2023 or 2022.

**NOTE 6 INCOME TAX STATUS**

The Internal Revenue Service (the "IRS") has determined and informed the Cancer Center by letter dated June 10, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related Trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**NOTE 7     RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**NOTE 8     INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS**

The Plan administrator has elected the method of compliance as permitted by Section 29 CFR 2520.109(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Trust Company, LLC, Empower Annuity Insurance Company, The Variable Annuity Life Insurance Company, and VALIC Trust Company, the custodians of certain Plan assets, have certified to the completeness and accuracy of the funds held by them reflected in the statements of net assets available for benefits for the years ended December 31, 2023 and 2022.

**NOTE 9     PARTIES IN INTEREST AND RELATED PARTY TRANSACTIONS**

Certain Plan investments are funds managed by the custodians. Transactions involving these investments are considered to be party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to approximately \$256,000 for the year ended December 31, 2023.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

**NOTE 10    RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits as reported in the accompanying financial statements to Form 5500:

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

|                                                                | December 31,          |                       |
|----------------------------------------------------------------|-----------------------|-----------------------|
|                                                                | <u>2023</u>           | <u>2022</u>           |
| Net assets available for benefits per the financial statements | \$ 439,388,900        | \$ 357,525,715        |
| Less: employer contribution receivable                         | (9,129,217)           | (7,870,132)           |
| Net assets available for benefits per the Form 5500            | <u>\$ 430,259,683</u> | <u>\$ 349,655,583</u> |

The following is a reconciliation of the contributions from Employer, net of forfeitures, as reported in the accompanying financial statements at December 31, 2023 to the Form 5500:

|                                                     | <u>2023</u>          |
|-----------------------------------------------------|----------------------|
| Employer contributions per the financial statements | \$ 40,102,924        |
| Less: current year employer contribution receivable | (9,129,217)          |
| Add: prior year employer contribution receivable    | 7,870,132            |
| Employer contributions per Form 5500                | <u>\$ 38,843,839</u> |

## **SUPPLEMENTAL SCHEDULE**

**H. LEE MOFFITT CANCER CENTER AND RESEARCH  
INSTITUTE, INC. RETIREMENT PLAN**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**E.I.N.: 59-2451713 Plan No.: 002**  
**December 31, 2023**

| (a) | (b)                                                         | (c)                                                                                                     | (d)  | (e)           |
|-----|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------|---------------|
|     | Identity of issue, borrower, lessor or similar party.       | Description of investment including maturity date, rate of interest, collateral, par or maturity value. | Cost | Current Value |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2040                                                                  | \$   | 46,177,696    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2045                                                                  |      | 41,047,093    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2035                                                                  |      | 40,642,330    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2030                                                                  |      | 37,418,840    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2025                                                                  |      | 36,186,887    |
| *   | Prudential Mutual Funds                                     | T. Rowe Price All - Cap Opp                                                                             |      | 32,442,317    |
| *   | Prudential Mutual Funds                                     | Fidelity 500 Index Fund                                                                                 |      | 31,688,783    |
|     | Prudential Retirement Insurance and Annuity Company (PRIAC) | Guaranteed Income Fund                                                                                  |      | 30,580,626    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2050                                                                  |      | 30,109,563    |
| *   | Prudential Mutual Funds                                     | Vanguard Mid Cap Index Institutional Fund                                                               |      | 15,395,607    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2055                                                                  |      | 14,324,997    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2020                                                                  |      | 11,415,052    |
| *   | Prudential Mutual Funds                                     | JP Morgan US Res Enh Eq R6                                                                              |      | 8,939,159     |
| *   | Prudential Mutual Funds                                     | Vanguard Small Cap Index Instl                                                                          |      | 8,349,743     |
| *   | Prudential Mutual Funds                                     | American EuroPacific Growth Fund R6                                                                     |      | 7,687,251     |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret Income                                                                |      | 5,415,670     |
| *   | Prudential Mutual Funds                                     | American Moderate Growth & Income R6                                                                    |      | 5,059,578     |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2060                                                                  |      | 5,011,754     |
| *   | Prudential Mutual Funds                                     | Vanguard TTL BD MKT IDX FD                                                                              |      | 4,203,455     |
| *   | Prudential Mutual Funds                                     | Vanguard Explorer Admiral                                                                               |      | 3,654,281     |
| *   | Prudential Mutual Funds                                     | Vanguard Small Cap Ind Ins                                                                              |      | 3,146,494     |
| *   | Prudential Mutual Funds                                     | Vanguard Inflation Protected Securities Fund                                                            |      | 2,925,296     |
| *   | Prudential Mutual Funds                                     | Vanguard Inter Bond ID                                                                                  |      | 2,397,956     |
| *   | Prudential Mutual Funds                                     | Janus Hen Global Research I                                                                             |      | 1,979,998     |
| *   | Prudential Mutual Funds                                     | Vanguard Total STK Admiral                                                                              |      | 1,423,297     |
| *   | Prudential Mutual Funds                                     | Invesco EQV Emerging Markets A CP R6                                                                    |      | 1,251,980     |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2065                                                                  |      | 1,215,801     |
| *   | Self Directed Brokerage                                     | Self Directed Brokerage                                                                                 |      | 168,179       |
|     |                                                             |                                                                                                         | \$   | 430,259,683   |
| *   | Indicates party-in-interest                                 |                                                                                                         |      |               |

Note 1: Column (d) is not included as all investments are participant directed and it is therefore not applicable.

**H. LEE MOFFITT CANCER CENTER AND RESEARCH  
INSTITUTE, INC. RETIREMENT PLAN**

**FINANCIAL STATEMENTS,  
SUPPLEMENTAL SCHEDULE AND  
INDEPENDENT AUDITORS' REPORT**

**DECEMBER 31, 2023**



## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of  
H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan:

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed an audit of the accompanying financial statements of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from qualified institutions as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion on the 2023 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2023 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the 2023 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of

expressing an opinion on the effectiveness of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedule of assets is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

#### **Other Matter - Auditor's Report on the 2022 Financial Statements**

Predecessor auditors performed an audit of the 2022 financial statements of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report, dated August 14, 2023, indicated that (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to the assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2022 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

*Acell CPA & Associates*

Tampa, Florida  
September 18, 2024

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2023 AND 2022**

|                                                                                    | <u>2023</u>               | <u>2022</u>               |
|------------------------------------------------------------------------------------|---------------------------|---------------------------|
| Assets:                                                                            |                           |                           |
| Investments, at fair value                                                         | \$ 399,679,057            | \$ 316,958,202            |
| Investments in fully benefit-responsive investment contracts,<br>at contract value | <u>30,580,626</u>         | <u>32,697,381</u>         |
| Total investments                                                                  | 430,259,683               | 349,655,583               |
| <br>Employer contribution receivable                                               | <br><u>9,129,217</u>      | <br><u>7,870,132</u>      |
| <br>Net assets available for benefits                                              | <br><u>\$ 439,388,900</u> | <br><u>\$ 357,525,715</u> |

See Independent Auditors' Report and accompanying notes to the financial statements.

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2023**

Additions to net assets available for benefits attributed to:

Investment income:

|                                                              |                   |
|--------------------------------------------------------------|-------------------|
| Net appreciation/(depreciation) in fair value of investments | \$ 53,078,674     |
| Dividends                                                    | 8,156,245         |
| Interest                                                     | 620,504           |
| Total investment income                                      | <u>61,855,423</u> |

Contributions:

|                              |                   |
|------------------------------|-------------------|
| Employer, net of forfeitures | 40,102,924        |
| Total contributions          | <u>40,102,924</u> |

|                 |                    |
|-----------------|--------------------|
| Total additions | <u>101,958,347</u> |
|-----------------|--------------------|

Deductions from net assets available for benefits attributed to:

|                               |                   |
|-------------------------------|-------------------|
| Benefits paid to participants | 19,839,533        |
| Administrative expenses       | 255,629           |
| Total deductions              | <u>20,095,162</u> |

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| Net increase in net assets available for benefits     | 81,863,185         |
| Net assets available for benefits - beginning of year | <u>357,525,715</u> |

|                                                 |                       |
|-------------------------------------------------|-----------------------|
| Net assets available for benefits - end of year | <u>\$ 439,388,900</u> |
|-------------------------------------------------|-----------------------|

See Independent Auditors' Report and accompanying notes to the financial statements.

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 1     DESCRIPTION OF THE PLAN**

**Organization**

H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan (the “Plan”) is a defined contribution plan covering all eligible employees of H. Lee Moffitt Cancer Center and Research Institute, Inc. (the “Cancer Center” or the “Employer”). The Plan was originally established effective January 1, 2000 and has since been amended and restated. The Plan was amended and restated effective January 1, 2013. Amendments were subsequently made to the restated Plan, the last of which was in February 2024. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The following brief description of the Plan provides only general information. Participants should refer to the Summary Plan Description or Plan Document for a more complete description of the Plan’s provisions.

**General**

The Plan covers substantially all eligible employees of the Cancer Center as defined by the Plan Document. To participate in the Plan, for purposes of receiving matching contributions, employees must complete one year of service if hired on or after January 1, 2013, or one hour of service if hired prior to January 1, 2013. To participate in the Plan, for purposes of receiving discretionary non-elective employer contributions, employees must be a member of a certain classification of employee, be 21 years of age, and complete one year of service. Specific employees, defined by the Plan Document, will have exceptions to the process of admittance to the Plan.

**Contributions**

Each year, the Employer may make three types of contributions to the Plan: (1) a discretionary matching contribution for the elective deferral amount made by participants to the H. Lee Moffitt Cancer Center and Research Institute 403(b) Retirement Plan (the “403(b) Plan”), (2) a discretionary non-elective contribution and (3) a discretionary qualified non-elective contribution. A discretionary qualified non-elective contribution has not been made since the inception of the Plan.

For the year ended December 31, 2023, eligible participants received a matching contribution equal to the sum of (1) 100% of the amount of elective contribution made to the 403(b) Plan on behalf of the participant for each payroll period which does not exceed 3% of the participant’s compensation and (2) 50% of the amount of elective contribution made to the 403(b) Plan that is more than 3%, but does not exceed 10% of the participant’s compensation, as defined by the Plan, for such applicable payroll period. Eligible participants, who are members of a certain classification of employee, will receive a non-elective contribution based on annual compensation as defined by the Plan in the middle of the following year, after the Plan’s nondiscrimination test results have been reviewed and confirmed. Historically, the non-elective contribution has ranged from 1.5% to 3.95%, depending on the position held by the participant. Compensation is limited to the

**H. LEE MOFFITT CANCER CENTER AND  
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Internal Revenue Service's annual salary limit outlined in Section 415(d) of the Internal Revenue Code.

**Employee Contributions and Loans**

There are no provisions for employee contributions, voluntary or otherwise, and there are no provisions for employee loans.

**Investment Options**

Upon enrollment, a participant may direct Employer contributions to any of the Plan's fund options. Participants may also redirect their contributions or exchange their existing fund account balances on any business day.

**Participant Accounts**

Each participant's account is credited with an allocation of Employer contributions and Plan investment results. Each participant's account is reduced by withdrawals or distributions and an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Vesting in the Employer's contributions plus actual earnings thereon is based on years of service. For participants who were active as of January 1, 2013, employer contributions vest as follows:

| <u>Years of<br/>Employment</u> | <u>Percent Vested</u> |
|--------------------------------|-----------------------|
| Less than 2                    | 0%                    |
| 2                              | 20%                   |
| 3 or more                      | 100%                  |

For participants terminated prior to January 1, 2013, employer contributions vest as follows:

| <u>Years of<br/>Employment</u> | <u>Percent Vested</u> |
|--------------------------------|-----------------------|
| Less than 2                    | 0%                    |
| 2                              | 20%                   |
| 3                              | 40%                   |
| 4                              | 67%                   |
| 5 or more                      | 100%                  |

Upon the event of disability, death, or attainment of normal retirement age (65) while employed by the Employer, amounts derived from employer contributions will be fully vested.

**H. LEE MOFFITT CANCER CENTER AND  
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NOTES TO FINANCIAL STATEMENTS  
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**Payment of Benefits**

Upon death, disability, retirement, or termination of service, participants or their designated beneficiaries may receive a lump-sum payment amount equal to the vested amount of their account.

In service distributions are allowed upon attainment of age 65.

**Plan Termination**

Although it has not expressed any intent to do so, the Cancer Center has the right to discontinue the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, the account of each participant will be 100% vested.

**NOTE 2      SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting and in conformity with generally accepted accounting principles in the United States ("GAAP").

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates that affect the amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's investments, comprised of participant-directed brokerage accounts, mutual funds, and a group annuity investment contract, are stated at the value as reported by the custodians of the Plan, which approximates fair value.

Mutual funds are valued at quoted market prices, which represent the net asset values (the "NAV") of shares held by the Plan at year-end.

Participant-directed brokerage accounts are comprised of mutual funds and cash and cash equivalents. Mutual funds are valued at quoted market prices, which represent the NAV of shares held by the Plan at year-end.

The fully benefit-responsive group annuity contract is stated at contract value in the accompanying financial statements. See group annuity contract footnote at Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest income is recognized as earned on the accrual basis.

In the statement of changes in net assets available for benefits, the Plan presents the net appreciation/depreciation in the fair value of its investments. This consists of

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
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the realized gains or losses and the unrealized appreciation or depreciation on those investments.

**Benefit Payments**

Benefits are recorded when paid.

**Forfeitures**

Forfeitures of terminated non-vested accounts are used to reduce Employer contributions and pay plan expenses.

Forfeited amounts approximated \$832,000 for the year ended December 31, 2023. Approximately \$871,000 from the forfeiture account was used to reduce the amount of Employer contribution for the year ended December 31, 2023.

**Administrative Expenses and Revenue Sharing**

Record-keeping fees and audit fees are paid directly by the Employer and are excluded from these financial statements. Fees related to the administration of benefit payments to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

The goal is to offer participants the lowest net expense ratio. The core of the investment lineup includes low-cost index funds, which generally do not pay revenue sharing. In this case the gross and net expense ratio are the same, and the plan uses the lowest costing expense ratio for which they qualify. Occasionally, the plan will offer a fund that pays revenue sharing. Revenue sharing is returned to participants invested in that fund on a routine basis. Revenue sharing is not maintained by the vendors or used to offset administrative fees. In some cases, the plan may move into a fund that has a higher gross expense ratio but once revenue sharing is applied and returned to participants, the resulting net expense ratio is lower.

**Subsequent Events**

In accordance with Financial Accounting Standards Board Accounting Standards Codification "FASB ASC" Topic 855, *Subsequent Events*, the Plan evaluated subsequent events through September 18, 2024; the date the financial statements were available for issue.

**NOTE 3    INVESTMENTS**

**Unaudited Information Certified by the Plan Custodians**

All investment information disclosed in the accompanying financial statements and supplemental schedule of assets held at December 31, 2023 and 2022, and net realized and unrealized appreciation/(depreciation) in fair value of investments and interest for the year ended December 31, 2023, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Plan's custodians.

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**NOTE 4    GROUP ANNUITY CONTRACTS**

At December 31, 2023 and 2022, one of the Plan's investments was in a Guaranteed Income Fund (the "Fund"), which is a fully-benefit responsive group annuity contract with Empower Annuity Insurance Company ("EAIC"). The Fund invests in a group annuity insurance contract with EAIC with the purpose to fund the guaranteed benefits for the Plan. The group annuity contract is fully benefit-responsive. Therefore, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Plan. Contract value, which estimates fair value, as reported to the Plan by EAIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The concept of a value other than contract value does not apply to this insurance company issued general account backed evergreen (no maturity date) group annuity spread product. Even upon a discontinuance of the contract, contract value would be paid no later than 90 days from the date at which notice of discontinuance is provided. This contract's operation does not have provisions to contract at a value other than contract value. The fund is not backed by specific securities but instead backed by EAIC's general account. As a result of the contract terms, contract value approximates fair value.

EAIC maintains the contributions in a general account. The crediting interest rate is based on many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of the reference portfolio within EAIC's general account. Such interest rates are reviewed on a semi-annual basis for resetting. There are no reserves against contract value for credit risk of the contract issuers or otherwise.

The Plan's management has concluded that the Group Annuity Fund is a fully-benefit responsive investment contract and has reported the contract at contract value on the statement of net assets available for benefits.

**NOTE 5    FAIR VALUE MEASUREMENTS**

FASB Accounting Standards Codification (ASC) 820, Fair Value Measurement, provides a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- |         |                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Quoted prices for identical instruments in active markets.                                                                          |
| Level 2 | Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not |

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active; and model-derived valuations in which all significant inputs and significant value drivers are observable in active markets.

Level 3 Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable.

This hierarchy requires the Plan's management to use observable market data, when available, and to minimize the use of unobservable inputs when determining fair value. As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The methods described above may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2023 and 2022:

| December 31, 2023                       |                         |             |             |                       |
|-----------------------------------------|-------------------------|-------------|-------------|-----------------------|
|                                         | Fair Value Measurements |             |             |                       |
|                                         | Level 1                 | Level 2     | Level 3     | Total                 |
| Mutual funds                            | \$ 399,510,878          | \$ -        | \$ -        | \$ 399,510,878        |
| Participant-directed brokerage accounts |                         |             |             |                       |
| Mutual funds                            | 143,768                 | -           | -           | 143,768               |
| Cash and cash equivalents               | 24,411                  | -           | -           | 24,411                |
|                                         | <u>\$ 399,679,057</u>   | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 399,679,057</u> |

  

| December 31, 2022                       |                         |             |             |                       |
|-----------------------------------------|-------------------------|-------------|-------------|-----------------------|
|                                         | Fair Value Measurements |             |             |                       |
|                                         | Level 1                 | Level 2     | Level 3     | Total                 |
| Mutual funds                            | \$ 316,824,649          | \$ -        | \$ -        | \$ 316,824,649        |
| Participant-directed brokerage accounts |                         |             |             |                       |
| Mutual funds                            | 38,672                  | -           | -           | 38,672                |
| Cash and cash equivalents               | 94,881                  | -           | -           | 94,881                |
|                                         | <u>\$ 316,958,202</u>   | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 316,958,202</u> |

There were no significant transfers between levels for December 31, 2023 or 2022.

**NOTE 6 INCOME TAX STATUS**

The Internal Revenue Service (the "IRS") has determined and informed the Cancer Center by letter dated June 10, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being

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operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related Trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**NOTE 7     RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**NOTE 8     INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS**

The Plan administrator has elected the method of compliance as permitted by Section 29 CFR 2520.109(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Trust Company, LLC, Empower Annuity Insurance Company, The Variable Annuity Life Insurance Company, and VALIC Trust Company, the custodians of certain Plan assets, have certified to the completeness and accuracy of the funds held by them reflected in the statements of net assets available for benefits for the years ended December 31, 2023 and 2022.

**NOTE 9     PARTIES IN INTEREST AND RELATED PARTY TRANSACTIONS**

Certain Plan investments are funds managed by the custodians. Transactions involving these investments are considered to be party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to approximately \$256,000 for the year ended December 31, 2023.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

**NOTE 10    RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits as reported in the accompanying financial statements to Form 5500:

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
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|                                                                | December 31,          |                       |
|----------------------------------------------------------------|-----------------------|-----------------------|
|                                                                | <u>2023</u>           | <u>2022</u>           |
| Net assets available for benefits per the financial statements | \$ 439,388,900        | \$ 357,525,715        |
| Less: employer contribution receivable                         | (9,129,217)           | (7,870,132)           |
| Net assets available for benefits per the Form 5500            | <u>\$ 430,259,683</u> | <u>\$ 349,655,583</u> |

The following is a reconciliation of the contributions from Employer, net of forfeitures, as reported in the accompanying financial statements at December 31, 2023 to the Form 5500:

|                                                     | <u>2023</u>          |
|-----------------------------------------------------|----------------------|
| Employer contributions per the financial statements | \$ 40,102,924        |
| Less: current year employer contribution receivable | (9,129,217)          |
| Add: prior year employer contribution receivable    | 7,870,132            |
| Employer contributions per Form 5500                | <u>\$ 38,843,839</u> |

## **SUPPLEMENTAL SCHEDULE**

**H. LEE MOFFITT CANCER CENTER AND RESEARCH  
INSTITUTE, INC. RETIREMENT PLAN**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**E.I.N.: 59-2451713 Plan No.: 002**  
**December 31, 2023**

| (a) | (b)                                                         | (c)                                                                                                     | (d)  | (e)           |
|-----|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------|---------------|
|     | Identity of issue, borrower, lessor or similar party.       | Description of investment including maturity date, rate of interest, collateral, par or maturity value. | Cost | Current Value |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2040                                                                  | \$   | 46,177,696    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2045                                                                  |      | 41,047,093    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2035                                                                  |      | 40,642,330    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2030                                                                  |      | 37,418,840    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2025                                                                  |      | 36,186,887    |
| *   | Prudential Mutual Funds                                     | T. Rowe Price All - Cap Opp                                                                             |      | 32,442,317    |
| *   | Prudential Mutual Funds                                     | Fidelity 500 Index Fund                                                                                 |      | 31,688,783    |
|     | Prudential Retirement Insurance and Annuity Company (PRIAC) | Guaranteed Income Fund                                                                                  |      | 30,580,626    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2050                                                                  |      | 30,109,563    |
| *   | Prudential Mutual Funds                                     | Vanguard Mid Cap Index Institutional Fund                                                               |      | 15,395,607    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2055                                                                  |      | 14,324,997    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2020                                                                  |      | 11,415,052    |
| *   | Prudential Mutual Funds                                     | JP Morgan US Res Enh Eq R6                                                                              |      | 8,939,159     |
| *   | Prudential Mutual Funds                                     | Vanguard Small Cap Index Instl                                                                          |      | 8,349,743     |
| *   | Prudential Mutual Funds                                     | American EuroPacific Growth Fund R6                                                                     |      | 7,687,251     |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret Income                                                                |      | 5,415,670     |
| *   | Prudential Mutual Funds                                     | American Moderate Growth & Income R6                                                                    |      | 5,059,578     |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2060                                                                  |      | 5,011,754     |
| *   | Prudential Mutual Funds                                     | Vanguard TTL BD MKT IDX FD                                                                              |      | 4,203,455     |
| *   | Prudential Mutual Funds                                     | Vanguard Explorer Admiral                                                                               |      | 3,654,281     |
| *   | Prudential Mutual Funds                                     | Vanguard Small Cap Ind Ins                                                                              |      | 3,146,494     |
| *   | Prudential Mutual Funds                                     | Vanguard Inflation Protected Securities Fund                                                            |      | 2,925,296     |
| *   | Prudential Mutual Funds                                     | Vanguard Inter Bond ID                                                                                  |      | 2,397,956     |
| *   | Prudential Mutual Funds                                     | Janus Hen Global Research I                                                                             |      | 1,979,998     |
| *   | Prudential Mutual Funds                                     | Vanguard Total STK Admiral                                                                              |      | 1,423,297     |
| *   | Prudential Mutual Funds                                     | Invesco EQV Emerging Markets A CP R6                                                                    |      | 1,251,980     |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2065                                                                  |      | 1,215,801     |
| *   | Self Directed Brokerage                                     | Self Directed Brokerage                                                                                 |      | 168,179       |
|     |                                                             |                                                                                                         | \$   | 430,259,683   |
| *   | Indicates party-in-interest                                 |                                                                                                         |      |               |

Note 1: Column (d) is not included as all investments are participant directed and it is therefore not applicable.

**H. LEE MOFFITT CANCER CENTER AND RESEARCH  
INSTITUTE, INC. RETIREMENT PLAN**

**FINANCIAL STATEMENTS,  
SUPPLEMENTAL SCHEDULE AND  
INDEPENDENT AUDITORS' REPORT**

**DECEMBER 31, 2023**



## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of  
H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan:

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed an audit of the accompanying financial statements of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from qualified institutions as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion on the 2023 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion on the 2023 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the 2023 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of

expressing an opinion on the effectiveness of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedule of assets is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

#### **Other Matter - Auditor's Report on the 2022 Financial Statements**

Predecessor auditors performed an audit of the 2022 financial statements of H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report, dated August 14, 2023, indicated that (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2022 financial statements related to the assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2022 supplemental schedules, other than the information in the 2022 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2022 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

*Acell CPA & Associates*

Tampa, Florida  
September 18, 2024

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2023 AND 2022**

|                                                                                    | <u>2023</u>               | <u>2022</u>               |
|------------------------------------------------------------------------------------|---------------------------|---------------------------|
| Assets:                                                                            |                           |                           |
| Investments, at fair value                                                         | \$ 399,679,057            | \$ 316,958,202            |
| Investments in fully benefit-responsive investment contracts,<br>at contract value | <u>30,580,626</u>         | <u>32,697,381</u>         |
| Total investments                                                                  | 430,259,683               | 349,655,583               |
| <br>Employer contribution receivable                                               | <br><u>9,129,217</u>      | <br><u>7,870,132</u>      |
| <br>Net assets available for benefits                                              | <br><u>\$ 439,388,900</u> | <br><u>\$ 357,525,715</u> |

See Independent Auditors' Report and accompanying notes to the financial statements.

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2023**

Additions to net assets available for benefits attributed to:

Investment income:

|                                                              |                   |
|--------------------------------------------------------------|-------------------|
| Net appreciation/(depreciation) in fair value of investments | \$ 53,078,674     |
| Dividends                                                    | 8,156,245         |
| Interest                                                     | 620,504           |
| Total investment income                                      | <u>61,855,423</u> |

Contributions:

|                              |                   |
|------------------------------|-------------------|
| Employer, net of forfeitures | 40,102,924        |
| Total contributions          | <u>40,102,924</u> |

|                 |                    |
|-----------------|--------------------|
| Total additions | <u>101,958,347</u> |
|-----------------|--------------------|

Deductions from net assets available for benefits attributed to:

|                               |                   |
|-------------------------------|-------------------|
| Benefits paid to participants | 19,839,533        |
| Administrative expenses       | 255,629           |
| Total deductions              | <u>20,095,162</u> |

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| Net increase in net assets available for benefits     | 81,863,185         |
| Net assets available for benefits - beginning of year | <u>357,525,715</u> |

|                                                 |                       |
|-------------------------------------------------|-----------------------|
| Net assets available for benefits - end of year | <u>\$ 439,388,900</u> |
|-------------------------------------------------|-----------------------|

See Independent Auditors' Report and accompanying notes to the financial statements.

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

**NOTE 1     DESCRIPTION OF THE PLAN**

**Organization**

H. Lee Moffitt Cancer Center and Research Institute, Inc. Retirement Plan (the “Plan”) is a defined contribution plan covering all eligible employees of H. Lee Moffitt Cancer Center and Research Institute, Inc. (the “Cancer Center” or the “Employer”). The Plan was originally established effective January 1, 2000 and has since been amended and restated. The Plan was amended and restated effective January 1, 2013. Amendments were subsequently made to the restated Plan, the last of which was in February 2024. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The following brief description of the Plan provides only general information. Participants should refer to the Summary Plan Description or Plan Document for a more complete description of the Plan’s provisions.

**General**

The Plan covers substantially all eligible employees of the Cancer Center as defined by the Plan Document. To participate in the Plan, for purposes of receiving matching contributions, employees must complete one year of service if hired on or after January 1, 2013, or one hour of service if hired prior to January 1, 2013. To participate in the Plan, for purposes of receiving discretionary non-elective employer contributions, employees must be a member of a certain classification of employee, be 21 years of age, and complete one year of service. Specific employees, defined by the Plan Document, will have exceptions to the process of admittance to the Plan.

**Contributions**

Each year, the Employer may make three types of contributions to the Plan: (1) a discretionary matching contribution for the elective deferral amount made by participants to the H. Lee Moffitt Cancer Center and Research Institute 403(b) Retirement Plan (the “403(b) Plan”), (2) a discretionary non-elective contribution and (3) a discretionary qualified non-elective contribution. A discretionary qualified non-elective contribution has not been made since the inception of the Plan.

For the year ended December 31, 2023, eligible participants received a matching contribution equal to the sum of (1) 100% of the amount of elective contribution made to the 403(b) Plan on behalf of the participant for each payroll period which does not exceed 3% of the participant’s compensation and (2) 50% of the amount of elective contribution made to the 403(b) Plan that is more than 3%, but does not exceed 10% of the participant’s compensation, as defined by the Plan, for such applicable payroll period. Eligible participants, who are members of a certain classification of employee, will receive a non-elective contribution based on annual compensation as defined by the Plan in the middle of the following year, after the Plan’s nondiscrimination test results have been reviewed and confirmed. Historically, the non-elective contribution has ranged from 1.5% to 3.95%, depending on the position held by the participant. Compensation is limited to the

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Internal Revenue Service's annual salary limit outlined in Section 415(d) of the Internal Revenue Code.

**Employee Contributions and Loans**

There are no provisions for employee contributions, voluntary or otherwise, and there are no provisions for employee loans.

**Investment Options**

Upon enrollment, a participant may direct Employer contributions to any of the Plan's fund options. Participants may also redirect their contributions or exchange their existing fund account balances on any business day.

**Participant Accounts**

Each participant's account is credited with an allocation of Employer contributions and Plan investment results. Each participant's account is reduced by withdrawals or distributions and an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Vesting in the Employer's contributions plus actual earnings thereon is based on years of service. For participants who were active as of January 1, 2013, employer contributions vest as follows:

| <u>Years of<br/>Employment</u> | <u>Percent Vested</u> |
|--------------------------------|-----------------------|
| Less than 2                    | 0%                    |
| 2                              | 20%                   |
| 3 or more                      | 100%                  |

For participants terminated prior to January 1, 2013, employer contributions vest as follows:

| <u>Years of<br/>Employment</u> | <u>Percent Vested</u> |
|--------------------------------|-----------------------|
| Less than 2                    | 0%                    |
| 2                              | 20%                   |
| 3                              | 40%                   |
| 4                              | 67%                   |
| 5 or more                      | 100%                  |

Upon the event of disability, death, or attainment of normal retirement age (65) while employed by the Employer, amounts derived from employer contributions will be fully vested.

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
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**Payment of Benefits**

Upon death, disability, retirement, or termination of service, participants or their designated beneficiaries may receive a lump-sum payment amount equal to the vested amount of their account.

In service distributions are allowed upon attainment of age 65.

**Plan Termination**

Although it has not expressed any intent to do so, the Cancer Center has the right to discontinue the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, the account of each participant will be 100% vested.

**NOTE 2      SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting and in conformity with generally accepted accounting principles in the United States ("GAAP").

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates that affect the amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's investments, comprised of participant-directed brokerage accounts, mutual funds, and a group annuity investment contract, are stated at the value as reported by the custodians of the Plan, which approximates fair value.

Mutual funds are valued at quoted market prices, which represent the net asset values (the "NAV") of shares held by the Plan at year-end.

Participant-directed brokerage accounts are comprised of mutual funds and cash and cash equivalents. Mutual funds are valued at quoted market prices, which represent the NAV of shares held by the Plan at year-end.

The fully benefit-responsive group annuity contract is stated at contract value in the accompanying financial statements. See group annuity contract footnote at Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest income is recognized as earned on the accrual basis.

In the statement of changes in net assets available for benefits, the Plan presents the net appreciation/depreciation in the fair value of its investments. This consists of

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RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
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the realized gains or losses and the unrealized appreciation or depreciation on those investments.

**Benefit Payments**

Benefits are recorded when paid.

**Forfeitures**

Forfeitures of terminated non-vested accounts are used to reduce Employer contributions and pay plan expenses.

Forfeited amounts approximated \$832,000 for the year ended December 31, 2023. Approximately \$871,000 from the forfeiture account was used to reduce the amount of Employer contribution for the year ended December 31, 2023.

**Administrative Expenses and Revenue Sharing**

Record-keeping fees and audit fees are paid directly by the Employer and are excluded from these financial statements. Fees related to the administration of benefit payments to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

The goal is to offer participants the lowest net expense ratio. The core of the investment lineup includes low-cost index funds, which generally do not pay revenue sharing. In this case the gross and net expense ratio are the same, and the plan uses the lowest costing expense ratio for which they qualify. Occasionally, the plan will offer a fund that pays revenue sharing. Revenue sharing is returned to participants invested in that fund on a routine basis. Revenue sharing is not maintained by the vendors or used to offset administrative fees. In some cases, the plan may move into a fund that has a higher gross expense ratio but once revenue sharing is applied and returned to participants, the resulting net expense ratio is lower.

**Subsequent Events**

In accordance with Financial Accounting Standards Board Accounting Standards Codification "FASB ASC" Topic 855, *Subsequent Events*, the Plan evaluated subsequent events through September 18, 2024; the date the financial statements were available for issue.

**NOTE 3    INVESTMENTS**

**Unaudited Information Certified by the Plan Custodians**

All investment information disclosed in the accompanying financial statements and supplemental schedule of assets held at December 31, 2023 and 2022, and net realized and unrealized appreciation/(depreciation) in fair value of investments and interest for the year ended December 31, 2023, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Plan's custodians.

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**NOTE 4    GROUP ANNUITY CONTRACTS**

At December 31, 2023 and 2022, one of the Plan's investments was in a Guaranteed Income Fund (the "Fund"), which is a fully-benefit responsive group annuity contract with Empower Annuity Insurance Company ("EAIC"). The Fund invests in a group annuity insurance contract with EAIC with the purpose to fund the guaranteed benefits for the Plan. The group annuity contract is fully benefit-responsive. Therefore, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Plan. Contract value, which estimates fair value, as reported to the Plan by EAIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The concept of a value other than contract value does not apply to this insurance company issued general account backed evergreen (no maturity date) group annuity spread product. Even upon a discontinuance of the contract, contract value would be paid no later than 90 days from the date at which notice of discontinuance is provided. This contract's operation does not have provisions to contract at a value other than contract value. The fund is not backed by specific securities but instead backed by EAIC's general account. As a result of the contract terms, contract value approximates fair value.

EAIC maintains the contributions in a general account. The crediting interest rate is based on many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of the reference portfolio within EAIC's general account. Such interest rates are reviewed on a semi-annual basis for resetting. There are no reserves against contract value for credit risk of the contract issuers or otherwise.

The Plan's management has concluded that the Group Annuity Fund is a fully-benefit responsive investment contract and has reported the contract at contract value on the statement of net assets available for benefits.

**NOTE 5    FAIR VALUE MEASUREMENTS**

FASB Accounting Standards Codification (ASC) 820, Fair Value Measurement, provides a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- |         |                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Quoted prices for identical instruments in active markets.                                                                          |
| Level 2 | Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not |

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active; and model-derived valuations in which all significant inputs and significant value drivers are observable in active markets.

Level 3                      Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable.

This hierarchy requires the Plan's management to use observable market data, when available, and to minimize the use of unobservable inputs when determining fair value. As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The methods described above may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2023 and 2022:

| December 31, 2023                       |                         |             |             |                       |
|-----------------------------------------|-------------------------|-------------|-------------|-----------------------|
|                                         | Fair Value Measurements |             |             |                       |
|                                         | Level 1                 | Level 2     | Level 3     | Total                 |
| Mutual funds                            | \$ 399,510,878          | \$ -        | \$ -        | \$ 399,510,878        |
| Participant-directed brokerage accounts |                         |             |             |                       |
| Mutual funds                            | 143,768                 | -           | -           | 143,768               |
| Cash and cash equivalents               | 24,411                  | -           | -           | 24,411                |
|                                         | <u>\$ 399,679,057</u>   | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 399,679,057</u> |

  

| December 31, 2022                       |                         |             |             |                       |
|-----------------------------------------|-------------------------|-------------|-------------|-----------------------|
|                                         | Fair Value Measurements |             |             |                       |
|                                         | Level 1                 | Level 2     | Level 3     | Total                 |
| Mutual funds                            | \$ 316,824,649          | \$ -        | \$ -        | \$ 316,824,649        |
| Participant-directed brokerage accounts |                         |             |             |                       |
| Mutual funds                            | 38,672                  | -           | -           | 38,672                |
| Cash and cash equivalents               | 94,881                  | -           | -           | 94,881                |
|                                         | <u>\$ 316,958,202</u>   | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 316,958,202</u> |

There were no significant transfers between levels for December 31, 2023 or 2022.

**NOTE 6      INCOME TAX STATUS**

The Internal Revenue Service (the "IRS") has determined and informed the Cancer Center by letter dated June 10, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being

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operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related Trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**NOTE 7     RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**NOTE 8     INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS**

The Plan administrator has elected the method of compliance as permitted by Section 29 CFR 2520.109(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower Trust Company, LLC, Empower Annuity Insurance Company, The Variable Annuity Life Insurance Company, and VALIC Trust Company, the custodians of certain Plan assets, have certified to the completeness and accuracy of the funds held by them reflected in the statements of net assets available for benefits for the years ended December 31, 2023 and 2022.

**NOTE 9     PARTIES IN INTEREST AND RELATED PARTY TRANSACTIONS**

Certain Plan investments are funds managed by the custodians. Transactions involving these investments are considered to be party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to approximately \$256,000 for the year ended December 31, 2023.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

**NOTE 10    RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits as reported in the accompanying financial statements to Form 5500:

**H. LEE MOFFITT CANCER CENTER AND  
RESEARCH INSTITUTE, INC. RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023**

|                                                                | December 31,          |                       |
|----------------------------------------------------------------|-----------------------|-----------------------|
|                                                                | <u>2023</u>           | <u>2022</u>           |
| Net assets available for benefits per the financial statements | \$ 439,388,900        | \$ 357,525,715        |
| Less: employer contribution receivable                         | (9,129,217)           | (7,870,132)           |
| Net assets available for benefits per the Form 5500            | <u>\$ 430,259,683</u> | <u>\$ 349,655,583</u> |

The following is a reconciliation of the contributions from Employer, net of forfeitures, as reported in the accompanying financial statements at December 31, 2023 to the Form 5500:

|                                                     | <u>2023</u>          |
|-----------------------------------------------------|----------------------|
| Employer contributions per the financial statements | \$ 40,102,924        |
| Less: current year employer contribution receivable | (9,129,217)          |
| Add: prior year employer contribution receivable    | 7,870,132            |
| Employer contributions per Form 5500                | <u>\$ 38,843,839</u> |

## **SUPPLEMENTAL SCHEDULE**

**H. LEE MOFFITT CANCER CENTER AND RESEARCH  
INSTITUTE, INC. RETIREMENT PLAN**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**E.I.N.: 59-2451713 Plan No.: 002**  
**December 31, 2023**

| (a) | (b)                                                         | (c)                                                                                                     | (d)  | (e)           |
|-----|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------|---------------|
|     | Identity of issue, borrower, lessor or similar party.       | Description of investment including maturity date, rate of interest, collateral, par or maturity value. | Cost | Current Value |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2040                                                                  | \$   | 46,177,696    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2045                                                                  |      | 41,047,093    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2035                                                                  |      | 40,642,330    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2030                                                                  |      | 37,418,840    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2025                                                                  |      | 36,186,887    |
| *   | Prudential Mutual Funds                                     | T. Rowe Price All - Cap Opp                                                                             |      | 32,442,317    |
| *   | Prudential Mutual Funds                                     | Fidelity 500 Index Fund                                                                                 |      | 31,688,783    |
|     | Prudential Retirement Insurance and Annuity Company (PRIAC) | Guaranteed Income Fund                                                                                  |      | 30,580,626    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2050                                                                  |      | 30,109,563    |
| *   | Prudential Mutual Funds                                     | Vanguard Mid Cap Index Institutional Fund                                                               |      | 15,395,607    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2055                                                                  |      | 14,324,997    |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2020                                                                  |      | 11,415,052    |
| *   | Prudential Mutual Funds                                     | JP Morgan US Res Enh Eq R6                                                                              |      | 8,939,159     |
| *   | Prudential Mutual Funds                                     | Vanguard Small Cap Index Instl                                                                          |      | 8,349,743     |
| *   | Prudential Mutual Funds                                     | American EuroPacific Growth Fund R6                                                                     |      | 7,687,251     |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret Income                                                                |      | 5,415,670     |
| *   | Prudential Mutual Funds                                     | American Moderate Growth & Income R6                                                                    |      | 5,059,578     |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2060                                                                  |      | 5,011,754     |
| *   | Prudential Mutual Funds                                     | Vanguard TTL BD MKT IDX FD                                                                              |      | 4,203,455     |
| *   | Prudential Mutual Funds                                     | Vanguard Explorer Admiral                                                                               |      | 3,654,281     |
| *   | Prudential Mutual Funds                                     | Vanguard Small Cap Ind Ins                                                                              |      | 3,146,494     |
| *   | Prudential Mutual Funds                                     | Vanguard Inflation Protected Securities Fund                                                            |      | 2,925,296     |
| *   | Prudential Mutual Funds                                     | Vanguard Inter Bond ID                                                                                  |      | 2,397,956     |
| *   | Prudential Mutual Funds                                     | Janus Hen Global Research I                                                                             |      | 1,979,998     |
| *   | Prudential Mutual Funds                                     | Vanguard Total STK Admiral                                                                              |      | 1,423,297     |
| *   | Prudential Mutual Funds                                     | Invesco EQV Emerging Markets A CP R6                                                                    |      | 1,251,980     |
| *   | Prudential Mutual Funds                                     | Vanguard Institutional Target Ret 2065                                                                  |      | 1,215,801     |
| *   | Self Directed Brokerage                                     | Self Directed Brokerage                                                                                 |      | 168,179       |
|     |                                                             |                                                                                                         | \$   | 430,259,683   |
| *   | Indicates party-in-interest                                 |                                                                                                         |      |               |

Note 1: Column (d) is not included as all investments are participant directed and it is therefore not applicable.