

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Form **990**
Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 10/01, 2015, and ending 09/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DANA-FARBER CANCER INSTITUTE, INC.		D Employer identification number 04-2263040	
	Doing Business As		E Telephone number (617) 632-3000	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 450 BROOKLINE AVENUE, BP418			
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02215		G Gross receipts \$ <u>1,379,888,672.</u>	
F Name and address of principal officer: LAURIE H. GLIMCHER, M.D. 450 BROOKLINE AVE. BOSTON, MA 02215		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.DANA-FARBER.ORG H(c) Group exemption number ▶				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1951 M State of legal domicile: MA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF DFCI IS TO PROVIDE EXPERT, COMPASSIONATE CARE TO CHILDREN AND ADULTS WITH CANCER & ADVANCE THE TREATMENT, CURE, AND PREVENTION OF CANCER & RELATED DISEASES.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	68.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	67.	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	5,440.	
	6	Total number of volunteers (estimate if necessary)	6	5,000.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	427,883,303.	453,735,920.	
	9	Program service revenue (Part VIII, line 2g)	746,516,458.	897,271,681.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	261,256.	626,175.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,629,127.	24,805,170.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,203,290,144.	1,376,438,946.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,320,679.	3,398,992.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	408,356,602.	449,338,575.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,081,039.	3,298,849.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,798,042.		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	754,092,717.	888,938,258.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,168,851,037.	1,344,974,674.	
19	Revenue less expenses. Subtract line 18 from line 12	34,439,107.	31,464,272.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	2,014,332,365.	2,650,084,956.	
	21	Total liabilities (Part X, line 26)	701,988,716.	1,242,255,088.	
22	Net assets or fund balances. Subtract line 21 from line 20	1,312,343,649.	1,407,829,868.		

Part II Signature Block

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

Sign Here	Signature of officer	Date <u>7/24/17</u>
	MICHAEL RENEY CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BARBARA E HUNT	Preparer's signature 	Date 7/24/17	Check <input type="checkbox"/> if self-employed	PTIN P00916443
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 200 CLARENDON STREET BOSTON, MA 02116-5072			Phone no. 617 266-2000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 724,785,455. including grants of \$) (Revenue \$ 897,271,681.)

PROVIDED SPECIALIZED, COMPASSIONATE CARE TO CHILDREN AND ADULTS WITH CANCER.

4b (Code:) (Expenses \$ 463,387,422. including grants of \$) (Revenue \$)

RESEARCH AT DFCI IS STAKING OUT NEW TERRITORY IN THE FIGHT AGAINST CANCER, FROM ADVANCING THE UNDERSTANDING OF THE GENETIC MAKEUP OF CANCER CELLS TO DEVELOPING NOVEL THERAPIES TO DIAGNOSE, TREAT, AND PREVENT THE DISEASE.

4c (Code:) (Expenses \$ 25,460,813. including grants of \$ 3,398,992.) (Revenue \$)

THROUGH DFCI'S COMMUNITY BENEFITS PROGRAMS, DFCI WORKS IN COLLABORATION WITH COMMUNITY ORGANIZATIONS TO PROMOTE GREATER PUBLIC HEALTH. SEE THE COMMUNITY BENEFITS REPORT GENERAL EXPLANATION INCLUDED IN SCHEDULE H.

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

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

4e Total program service expenses 1,213,633,690.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (68), 1b (67), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

STEVEN CONNOLLY C/O DFCI, 450 BROOKLINE AVE., BP418 BOSTON, MA 02215 617-632-3000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXANDER, SUSAN TRUSTEE	1.00 0.	X						0.	0.	0.
(2) BEKENSTEIN, JOSHUA TRUSTEE & CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(3) BENZ, EDWARD TRUSTEE, PRESIDENT AND CEO	42.00 8.00	X		X			1,275,789.	33,648.	241,970.	
(4) BERKOWITZ, ROGER TRUSTEE	1.00 0.	X						0.	0.	0.
(5) BERYLSON, AMY TRUSTEE	1.00 0.	X						0.	0.	0.
(6) BLUM, BETTY ANN TRUSTEE	1.00 0.	X						0.	0.	0.
(7) BROCK-WILSON, JANE TRUSTEE	1.00 0.	X						0.	0.	0.
(8) CHAMPA, MICHAEL TRUSTEE	1.00 0.	X						0.	0.	0.
(9) CHANDRA, MONICA TRUSTEE	1.00 0.	X						0.	0.	0.
(10) COX, HOWARD TRUSTEE	1.00 0.	X						0.	0.	0.
(11) CURTIN, NEAL TRUSTEE & SECRETARY	2.00 0.	X		X				0.	0.	0.
(12) DALEY, KAREN TRUSTEE	1.00 0.	X						0.	0.	0.
(13) DASILVA, KEVIN TRUSTEE	1.00 0.	X						0.	0.	0.
(14) DOBSON, SEAN TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) FARRINGTON, THOMAS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(16) FINE, JAMES ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(17) FINE, STEPHEN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(18) FIRST, DEBORAH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(19) FOULKES, HELENA ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(20) GIBSON, NANCY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(21) GREENTHAL, JILL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(22) GROSS, PHILLIP ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(23) HADLEY, CHRISTOPHER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(24) HELLER, FRANCES ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(25) JAFFE, ALISON POORVU ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								1,275,789.	33,648.	241,970.
c Total from continuation sheets to Part VII, Section A								11,704,531.	0.	1,218,968.
d Total (add lines 1b and 1c)								12,980,320.	33,648.	1,460,938.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1028

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 429

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JAMIESON, JANE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(27) JANOWER, ANDREW ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(28) KAFKER, HON. SCOTT ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(29) KNEZ, BRIAN ----- TRUSTEE & TREASURER	2.00 ----- 0.	X		X				0.	0.	0.
(30) KOPPEL, STEVEN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(31) KOSTER, STEPHEN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(32) KRAFT, ROBERT ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(33) KYLE, AMY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(34) LATORRE, JAMES ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(35) LUBIN, RICHARD ----- TRUSTEE & VICE-CHAIRMAN	2.00 ----- 0.	X		X				0.	0.	0.
(36) LUCAS, BRADLEY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1028

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) LUCCHINO, LAWRENCE TRUSTEE	1.00 0.	X					0.	0.	0.	
(38) MARCUS, PAUL TRUSTEE	1.00 0.	X					0.	0.	0.	
(39) MARTIN, DEMOND TRUSTEE	1.00 0.	X					0.	0.	0.	
(40) MCCAIN, TRACEY TRUSTEE	1.00 0.	X					0.	0.	0.	
(41) MEDEL, M.D., ROGER TRUSTEE	1.00 0.	X					0.	0.	0.	
(42) NORBERG, JOSEPH TRUSTEE	1.00 0.	X					0.	0.	0.	
(43) O'CONNOR, JOHN TRUSTEE	1.00 0.	X					0.	0.	0.	
(44) OWENS, EDWARD TRUSTEE	1.00 0.	X					0.	0.	0.	
(45) PACKMAN, KAREN LINDE TRUSTEE	1.00 0.	X					0.	0.	0.	
(46) PALANDJIAN, PETER TRUSTEE	1.00 0.	X					0.	0.	0.	
(47) PASQUARELLO, THEODORE TRUSTEE	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1028

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) PERINI, JENNIFER ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(49) PERLMUTTER, STEVEN ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(50) PODUSKA, SUSAN ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(51) POHL, ELIZABETH ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(52) REYNOLDS, ROBERT ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(53) ROSENTHAL, HARVEY ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(54) SACHS, ROBERT ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(55) SALTER, MALCOLM ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(56) SANDERS, REBECCA ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(57) SCHLAGER, ERIC ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(58) SEN, LAURA ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1028

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) SOCOL, JERRY ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(60) STANSKY, ROBERT ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(61) STRATFORD, SANDRA ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(62) SULLIVAN, RONALD ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(63) TEMPEL, JEAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(64) TERRANA, BETH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(65) TING, DAVID ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(66) TOCIO, MARY ANN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(67) WILLIAMS, FREDERICA ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(68) YOST, GEORGE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(69) BOSKEY, RICHARD S., ESQ ----- ASST SEC & GENERAL COUNSEL	50.00 ----- 0.			X				557,270.	0.	67,180.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1028

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) PUHY, DOROTHY COO & EVP	50.00 0.			X				826,723.	0.	44,076.
(71) RENEY, MICHAEL CFO AND ASST. TREASURER	50.00 0.			X				117,833.	0.	372.
(72) BARTEL, SYLVIA, R.PH, MHP VP OF PHARMACY SERVICES	50.00 0.				X			243,978.	0.	58,025.
(73) BUNNELL, CRAIG A., MD CHIEF MEDICAL OFFICER	50.00 0.				X			571,007.	0.	44,270.
(74) GETTLEMAN, WENDY VP OF FACILITIES MANAGEMENT	50.00 0.				X			234,605.	0.	54,631.
(75) GRIFFIN, JAMES D., MD CHAIR OF MEDICAL ONCOLOGY	50.00 0.				X			679,771.	0.	60,529.
(76) JOHNSON, BRUCE MD CHIEF CLINICAL RESEARCH OFC.	50.00 0.				X			972,539.	0.	53,654.
(77) MEGDAL, MARIA SVP OF INSTITUTE OPERATIONS	50.00 0.				X			413,131.	0.	59,357.
(78) MEMMOTT, DREW SVP RESEARCH ADMINISTRATION	50.00 0.				X			385,479.	0.	63,488.
(79) PARESKY, SUSAN SVP OF DEVELOPMENT	50.00 0.				X			632,039.	0.	62,374.
(80) ROLLINS, BARRETT J., MD, PHD CHIEF SCIENTIFIC OFFICER	50.00 0.				X			643,312.	0.	51,863.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1028

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) STONE, RICHARD M., MD CHIEF OF MEDICAL STAFF	50.00 0.				X			439,494.	0.	68,900.
(82) CONSTANTINE, MICHAEL, MD MILFORD MED DIR-HEMATOLOGY	50.00 0.					X		656,614.	0.	49,052.
(83) KANTOFF, PHILIP, MD CHIEF CLINICAL RESEARCH OFC.	50.00 0.					X		663,481.	0.	63,665.
(84) NADLER, LEE, MD SVP FOR EXPERIMENTAL MEDICINE	50.00 0.					X		667,571.	0.	61,325.
(85) SOIFFER, ROBERT J., MD CHIEF OF HEMATOLOGIC MALIG.	50.00 0.					X		574,737.	0.	65,773.
(86) WINER, ERIC, MD CHIEF OF DIV OF WOMEN'S CANCER	50.00 0.					X		648,065.	0.	76,504.
(87) BIRD, KAREN FORMER OFFICER	50.00 0.						X	407,417.	0.	54,961.
(88) REID-PONTE, PAT FORMER KEY EMPLOYEE	50.00 0.						X	426,431.	0.	50,700.
(89) SALLAN, STEPHEN E., MD FORMER KEY EMPLOYEE	50.00 0.						X	523,470.	0.	60,793.
(90) SHULMAN, LAWRENCE N., MD FORMER KEY EMPLOYEE	50.00 0.						X	419,564.	0.	47,476.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1028

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	255,985.					
	b Membership dues	1b						
	c Fundraising events	1c	24,978,530.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	135,810,331.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	292,691,074.					
	g Noncash contributions included in lines 1a-1f: \$		7,552,930.					
	h Total. Add lines 1a-1f		453,735,920.					
	Program Service Revenue	Business Code						
2a NET PATIENT SERVICE REVENUE			621110	897,271,681.	897,271,681.			
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				897,271,681.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			626,175.			626,175.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			7,926,223.			7,926,223.	
	6a Gross rents	(i) Real	(ii) Personal					
				5,182,058.				
		b Less: rental expenses						
		c Rental income or (loss)		5,182,058.				
	d Net rental income or (loss)				5,182,058.		5,182,058.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
	d Net gain or (loss)				0.			
	8a Gross income from fundraising events (not including \$ 24,978,530. of contributions reported on line 1c). See Part IV, line 18	a		790,288.				
		b Less: direct expenses	b	3,449,726.				
		c Net income or (loss) from fundraising events.				-2,659,438.		-2,659,438.
	9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities.					0.			
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory.				0.			
Miscellaneous Revenue			Business Code					
11a PARKING LOT REVENUE		812930	5,685,885.			5,685,885.		
b FOOD SERVICE REVENUE		722210	4,023,342.			4,023,342.		
c WCB BOUTIQUE INCOME		446199	1,151,750.			1,151,750.		
d All other revenue		541610	3,495,350.			3,495,350.		
e Total. Add lines 11a-11d			14,356,327.					
12 Total revenue. See instructions.			1,376,438,946.	897,271,681.		25,431,345.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,398,440.	1,398,440.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,000,552.	2,000,552.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	7,992,972.	3,550,103.	3,810,830.	632,039.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,776,884.	1,369,467.	407,417.	
7 Other salaries and wages	358,695,114.	305,048,195.	33,821,695.	19,825,224.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,960,935.	20,156,916.	2,473,702.	1,330,317.
9 Other employee benefits	31,192,340.	26,240,269.	3,220,265.	1,731,806.
10 Payroll taxes	25,720,330.	21,636,991.	2,655,340.	1,427,999.
11 Fees for services (non-employees):				
a Management	6,290,040.	4,154,845.	2,133,773.	1,422.
b Legal	14,006,201.	5,239,492.	8,761,490.	5,219.
c Accounting	474,000.		474,000.	
d Lobbying	260,118.	260,118.		
e Professional fundraising services. See Part IV, line 17.	3,298,849.			3,298,849.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	133,477,630.	119,542,649.	13,649,668.	285,313.
12 Advertising and promotion	9,051,708.	6,907,398.	886,631.	1,257,679.
13 Office expenses	30,450,459.	25,539,670.	3,948,364.	962,425.
14 Information technology	55,674,032.	54,960,826.	649,368.	63,838.
15 Royalties	0.			
16 Occupancy	79,116,079.	66,123,070.	12,985,294.	7,715.
17 Travel	9,873,319.	8,994,231.	781,289.	97,799.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	3,674,678.	1,783,086.	674,257.	1,217,335.
20 Interest	21,466,918.	21,466,918.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	87,568,192.	84,625,560.	2,942,632.	
23 Insurance	4,373,383.	106,456.	4,266,927.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PATIENT CARE EXPENSES	24,220,384.	24,220,384.		
b MISCELLANEOUS	40,397,982.	39,744,919.		653,063.
c MEDICAL SUPPLIES EXPENSE	356,050,194.	356,050,194.		
d BAD DEBT EXPENSE	12,512,941.	12,512,941.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,344,974,674.	1,213,633,690.	98,542,942.	32,798,042.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	16,444,485.	2	121,534,265.
	3 Pledges and grants receivable, net	63,379,774.	3	45,149,193.
	4 Accounts receivable, net	110,746,401.	4	122,716,623.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	1,073,650.	5	471,541.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	14,995,013.	8	17,576,865.
	9 Prepaid expenses and deferred charges	19,695,529.	9	28,683,570.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1576370471.		
	b Less: accumulated depreciation	10b 655,016,362.	10c	921,354,109.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	7,894,580.	14	7,894,580.
	15 Other assets. See Part IV, line 11	1,033,937,515.	15	1,384,704,210.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,014,332,365.	16	2,650,084,956.	
Liabilities	17 Accounts payable and accrued expenses	145,700,600.	17	144,561,001.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	272,712,859.	20	545,302,107.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	81,018,005.	23	251,483,327.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	202,557,252.	25	300,908,653.
	26 Total liabilities. Add lines 17 through 25	701,988,716.	26	1,242,255,088.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	620,620,003.	27	682,684,757.
	28 Temporarily restricted net assets	516,904,112.	28	540,174,357.
	29 Permanently restricted net assets	174,819,534.	29	184,970,754.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,312,343,649.	33	1,407,829,868.
	34 Total liabilities and net assets/fund balances	2,014,332,365.	34	2,650,084,956.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,376,438,946.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,344,974,674.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,464,272.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,312,343,649.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	64,021,947.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,407,829,868.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization DANA-FARBER CANCER INSTITUTE, INC.	Employer identification number 04-2263040
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	398,632,881.	393,393,949.	403,408,212.	427,883,303.	453,735,920.	2,077,054,265.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	398,632,881.	393,393,949.	403,408,212.	427,883,303.	453,735,920.	2,077,054,265.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						2,077,054,265.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	398,632,881.	393,393,949.	403,408,212.	427,883,303.	453,735,920.	2,077,054,265.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,185,220.	12,285,983.	30,943,986.	17,299,053.	13,734,456.	84,448,698.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,147.					1,147.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	11,866,982.	14,090,598.	15,163,484.	14,345,239.	15,146,613.	70,612,916.
11 Total support. Add lines 7 through 10						2,232,117,026.
12 Gross receipts from related activities, etc. (see instructions)					12	3,558,730,212.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	93.05 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.24 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
PARKING LOT REVENUE	5,184,820.	5,280,282.	5,334,409.	5,460,028.	5,685,885.	26,945,424.
FOOD SERVICE REVENUE	2,576,794.	3,019,416.	3,655,355.	3,941,331.	4,023,342.	17,216,238.
WCB BOUTIQUE REVENUE	995,933.	1,091,215.	1,171,594.	1,140,461.	1,151,750.	5,550,953.
MISCELLANEOUS REVENUE	2,464,155.	4,012,538.	4,262,789.	3,039,066.	3,495,350.	17,273,898.
FUNDRAISING EVENTS	645,280.	687,147.	739,337.	764,353.	790,286.	3,626,403.
TOTALS	<u>11,866,982.</u>	<u>14,090,598.</u>	<u>15,163,484.</u>	<u>14,345,239.</u>	<u>15,146,613.</u>	<u>70,612,916.</u>

Schedule of Contributors

2015

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

Name of the organization DANA-FARBER CANCER INSTITUTE, INC.	Employer identification number 04-2263040
---	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(³) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DANA-FARBER CANCER INSTITUTE, INC.	Employer identification number 04-2263040
--	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 45,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **DANA-FARBER CANCER INSTITUTE, INC.**

Employer identification number

04-2263040

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization **DANA-FARBER CANCER INSTITUTE, INC.**

Employer identification number
04-2263040

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization DANA-FARBER CANCER INSTITUTE, INC.	Employer identification number 04-2263040
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

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

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
1b Total lobbying expenditures to influence a legislative body (direct lobbying)														
1c Total lobbying expenditures (add lines 1a and 1b)														
1d Other exempt purpose expenditures														
1e Total exempt purpose expenditures (add lines 1c and 1d)														
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C PART II-B

VAN SCOYOC - PROVIDED FEDERAL LEGISLATIVE CONSULTING TO DFCI.

MCDERMOTT, QUILTY & MILLER, LLP - PROVIDED STATE LEGISLATIVE AND GOVERNMENT RELATIONS CONSULTING ON HEALTH INTERESTS TO DFCI.

CONFERENCE OF BOSTON TEACHING HOSPITALS PROVIDED STATE AND FEDERAL LOBBYING SUPPORT TO DFCI.

DFCI IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE MASSACHUSETTS HOSPITAL ASSOCIATION, NOT-FOR-PROFIT ORGANIZATIONS THAT REPRESENT AND ADVOCATE FOR THE COLLECTIVE INTERESTS OF THEIR MEMBER HOSPITALS AND HEALTH SYSTEMS THROUGH LEADERSHIP IN PUBLIC ADVOCACY, EDUCATION, AND INFORMATION. A PORTION OF THE MEMBERSHIP DUES TO THESE ORGANIZATIONS ARE USED FOR LOBBYING ACTIVITIES.

ON OCCASION, DFCI EXECUTIVE LEADERSHIP MEET WITH STATE AND FEDERAL ELECTED OFFICIALS TO ADVOCATE FOR THE PASSAGE OF LEGISLATION AND FUNDING TO ADVANCE CANCER RESEARCH AND TREATMENT, AND LEGISLATION TO SUPPORT SERVICES FOR CANCER PATIENTS AND CANCER SURVIVORS. IN ADDITION, DFCI SUBMITS LETTERS AND/OR TESTIMONY TO ELECTED OFFICIALS AND POLICY MAKERS ON THESE ISSUES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

DANA-FARBER CANCER INSTITUTE, INC.

04-2263040

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	238,449,000.	250,650,000.	231,119,000.	207,975,000.	187,242,000.
b Contributions	10,151,000.	7,603,000.	11,556,000.	9,214,000.	9,879,000.
c Net investment earnings, gains, and losses	20,243,000.	-4,102,000.	22,937,000.	27,582,000.	22,169,000.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	16,681,000.	15,702,000.	14,962,000.	13,652,000.	11,315,000.
g End of year balance	252,162,000.	238,449,000.	250,650,000.	231,119,000.	207,975,000.

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 73.0000 %
- c** Temporarily restricted endowment 27.0000 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,640,445.		7,640,445.
b Buildings		879,290,320.	376,324,148.	502,966,172.
c Leasehold improvements		303,617,749.	72,330,641.	231,287,108.
d Equipment		347,546,082.	206,361,573.	141,184,509.
e Other		38,275,875.		38,275,875.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				921,354,109.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTEREST IN DANA-FARBER, INC.	1,048,902,344.
(2) MISCELLANEOUS ASSETS	314,920,866.
(3) INTEREST IN DFCCN	20,881,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,384,704,210.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AMOUNTS DUE TO 3RD PARTY PAYOR	43,044,182.	
(3) RESEARCH ADVANCES	62,045,000.	
(4) PROV FOR MED MALPRACTICE CLAIM	1,303,000.	
(5) SWAP VALUATION LIABILITY	62,252,000.	
(6) MISCELLANEOUS LIABILITIES	132,264,471.	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	300,908,653.	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Multiple horizontal lines provided for supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, QUESTION 4

DANA-FARBER, INC. (DFI) A RELATED ORGANIZATION OF DANA-FARBER CANCER INSTITUTE, INC. (DFCI) HOLDS THE ENDOWMENTS FOR DFCI AND THEREFORE REPORTS THE ENDOWMENT FUNDS ON DFI'S 990 ACCORDINGLY. AS DESCRIBED IN DETAIL IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS, THE INSTITUTE'S ENDOWMENTS CONSIST OF NUMEROUS INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THESE ENDOWMENTS CONSIST SOLELY OF DONOR-RESTRICTED ENDOWMENT FUNDS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. ALL USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE DIRECTLY RELATED TO THE INSTITUTE'S EXEMPT MISSION AND PURPOSES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	RESEARCH AND EDUCATION	166,564.
(2) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	JOINTLY OWNED FOR INS	3,278,833.
(3) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH AND EDUCATION	518,957.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	131,962.
(5) EUROPE			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	2,497,197.
(6) NORTH AMERICA			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	831,671.
(7) NORTH AMERICA			PROGRAM SERVICES	RESEARCH AND EDUCATION	197,574.
(8) SOUTH AMERICA			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	426,371.
(9) SOUTH AMERICA			PROGRAM SERVICES	RESEARCH AND EDUCATION	426,553.
(10) SOUTH ASIA			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	829,124.
(11) SUB-SAHARAN AFRICA			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	509,582.
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					9,814,388.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					9,814,388.

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

Schedule F (Form 990) 2015

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ _____

3 Enter total number of other organizations or entities. ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 TRUESENSE MARKETING	DIRECT MAIL CONSULTING		X	11,530,392.	3,298,849.	8,231,543.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				11,530,392.	3,298,849.	8,231,543.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

ALL STATES

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BMJW WALK (event type)	MARATHON CHLNG (event type)	15. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	9,266,705.	5,870,661.	10,631,452.	25,768,818.
	2	Less: Contributions	9,056,000.	5,668,661.	10,253,869.	24,978,530.
	3	Gross income (line 1 minus line 2)	210,705.	202,000.	377,583.	790,288.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	141,716.	38,409.	349,760.	529,885.
	7	Food and beverages	19,302.	6,117.	268,619.	294,038.
	8	Entertainment			133,450.	133,450.
	9	Other direct expenses	890,977.	552,993.	1,048,383.	2,492,353.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,449,726.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,659,438.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other <u>133.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			17,133,112.	7,674,915.	9,458,197.	.71
b Medicaid (from Worksheet 3, column a)			58,124,401.	56,448,912.	1,675,489.	.13
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			75,257,513.	64,123,827.	11,133,686.	.84
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,628,186.		4,628,186.	.35
f Health professions education (from Worksheet 5)			5,319,467.	439,776.	4,879,691.	.37
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			503,240,429.	383,687,964.	119,552,465.	8.96
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,232,280.		1,232,280.	.09
j Total. Other Benefits			514,420,362.	384,127,740.	130,292,622.	9.77
k Total. Add lines 7d and 7j.			589,677,875.	448,251,567.	141,426,308.	10.61

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			564,318.		564,318.	.04
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			447,800.		447,800.	.04
9 Other						
10 Total			1,012,118.		1,012,118.	.08

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	184,033,730.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	199,342,630.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-15,308,900.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 DANA-FARBER CANCER INSTITUTE, INC
450 BROOKLINE AVE
BOSTON MA 02215
WWW.DANA-FARBER.ORG
2335

Table with 10 rows and 10 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks and facility details.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group DANA-FARBER CANCER INSTITUTE, INC.

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

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>DANA-FARBER.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>DANA-FARBER.ORG</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group DANA-FARBER CANCER INSTITUTE, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>133.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>DANA-FARBER.ORG/PFA</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>DANA-FARBER.ORG/PFA</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>DANA-FARBER.ORG/PFA</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group DANA-FARBER CANCER INSTITUTE, INC.

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:		X
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V

PART V, LINE 5

DANA-FARBER CANCER INSTITUTE CONTRACTED HEALTH RESOURCES IN ACTION (HRIA), A NON-PROFIT PUBLIC HEALTH ORGANIZATION, TO CONDUCT THE MOST RECENT 2016 (TAX YEAR 2015) COMMUNITY HEALTH NEEDS ASSESSMENT.

THE CHNA ASSESSMENT WAS GUIDED BY A PARTICIPATORY, COLLABORATIVE APPROACH, INTEGRATING EXISTING SECONDARY DATA ON SOCIAL, ECONOMIC, AND HEALTH ISSUES IN THE REGION WITH QUALITATIVE INFORMATION FROM THREE FOCUS GROUPS WITH COMMUNITY RESIDENTS AND FIFTEEN INTERVIEWS WITH COMMUNITY STAKEHOLDERS FROM MARCH 2016 THROUGH JUNE 2016. OVERALL THIS PROCESS ENGAGED OVER 150 PEOPLE. FOCUS GROUPS WERE HELD WITH 39 COMMUNITY RESIDENTS DRAWN FROM THE REGION REPRESENTING ENGLISH-SPEAKING ADULT CANCER SURVIVORS, SPANISH-SPEAKING ADULT CANCER SURVIVORS AND COMMUNITY MEMBERS RESIDING IN DFCI PRIORITY NEIGHBORHOODS.

ADDITIONALLY, A TOTAL OF 22 INDIVIDUALS REPRESENTING THE DFCI COMMUNITY AS WELL AS THE REGION AT LARGE WERE ENGAGED IN KEY INFORMANT AND GROUP DISCUSSIONS. KEY INFORMANTS REPRESENTED A NUMBER OF SECTORS INCLUDING ACADEMIC RESEARCH, HEALTH CARE, PUBLIC HEALTH, SOCIAL SERVICE, AND CITY GOVERNMENT. DISCUSSIONS EXPLORED PARTICIPANTS' PERCEPTIONS OF THEIR COMMUNITIES, PRIORITY HEALTH CONCERNS, PERCEPTIONS OF CANCER AND RELATED SERVICES ACROSS THE CANCER CONTINUUM (PREVENTION, SCREENING, TREATMENT, SURVIVORSHIP), AND SUGGESTIONS FOR FUTURE SERVICES AND RESOURCES TO ADDRESS THESE ISSUES.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

A SEMI-STRUCTURED MODERATOR'S GUIDE WAS USED ACROSS ALL DISCUSSIONS TO ENSURE CONSISTENCY IN THE TOPICS COVERED. PARTICIPANTS FOR THE FOCUS GROUPS WERE RECRUITED BY HEALTH RESOURCES IN ACTION, YMCA OF DORCHESTER, THE DANA-FARBER/HARVARD CANCER CENTER, AND DANA-FARBER CANCER INSTITUTE. IT WAS ALSO A PRIORITY TO RECRUIT ADULTS FROM TRADITIONALLY UNDERSERVED POPULATIONS, INCLUDING THE LOW-INCOME AND THOSE WHO DO NOT SPEAK ENGLISH AS A PRIMARY LANGUAGE.

IN ADDITION TO THE PRIMARY DATA COLLECTION, CONFERENCE OF BOSTON TEACHING HOSPITALS (COBTH), OF WHICH DFCI IS AN ACTIVE MEMBER, PARTNERED WITH THE BOSTON ALLIANCE OF COMMUNITY HEALTH (BACH), THE CITY-WIDE COALITION COMPRISING OF NEIGHBORHOOD COALITIONS, TO CONDUCT THREE FOCUS GROUPS WITH COMMUNITY RESIDENTS IN EARLY SPRING 2016 DELVING INTO PEOPLE'S EXPERIENCES WITH THE SOCIAL DETERMINANTS OF HEALTH. A TOTAL OF OVER 80 COMMUNITY RESIDENTS PARTICIPATED. THE OUTPUTS OF THE NEIGHBORHOOD-LEVEL MEETINGS ARE INCLUDED IN THE FINDINGS OF DANA-FARBER'S 2016 CHNA AND REFLECT THE COMMITMENT OF DANA-FARBER AND OTHER COBTH MEMBER HOSPITALS TO WORK TOGETHER IN ADDRESSING THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS THAT IMPACT HEALTH, WELL-BEING, AND MORE SPECIFICALLY, CANCER OUTCOMES IN OUR SURROUNDING COMMUNITIES.

ADDITIONALLY, FOUR SEPARATE GROUPS WERE ENGAGED IN JUNE 2016 TO DISCUSS THE CHNA'S PRELIMINARY DATA FINDINGS. IN THESE SESSIONS, HRIA PRESENTED KEY QUALITATIVE AND QUANTITATIVE FINDINGS IN A 45-MINUTE PRESENTATION

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EACH TO DFCI'S: EXTERNAL ADVISORY COMMITTEE, BOARD OF TRUSTEES' COMMUNITY PROGRAMS COMMITTEE, INTERNAL COMMUNITY BENEFITS COMMITTEE, AND COMMUNITY BENEFITS OFFICE STAFF. A TOTAL OF 38 INDIVIDUALS WERE ENGAGED IN THIS PROCESS INCLUDING, GERRY THOMAS, DIRECTOR, COMMUNITY INITIATIVES BUREAU FROM THE BOSTON PUBLIC HEALTH COMMISSION AND MONICA VALDEZ LUPI, EXECUTIVE DIRECTOR ALSO FROM BOSTON PUBLIC HEALTH COMMISSION.

PART V, LINE 7A

DFCI'S COMMUNITY HEALTH NEEDS ASSESSMENT REPORT IS AVAILABLE ON THE DFCI WEBSITE

[HTTP://WWW.DANA-FARBER.ORG/ABOUT-US/COMMUNITY-OUTREACH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORTING.ASPX](http://WWW.DANA-FARBER.ORG/ABOUT-US/COMMUNITY-OUTREACH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORTING.ASPX)

PART V, LINE 10A

DFCI'S IMPLEMENTATION STRATEGY IS AVAILABLE ON THE DFCI WEBSITE.

[HTTP://WWW.DANA-FARBER.ORG/UPLOADEDFILES/LIBRARY/ABOUT-US/COMMUNITY-OUTREACH/CHNA-IMPLEMENTATION-PLAN.PDF](http://WWW.DANA-FARBER.ORG/UPLOADEDFILES/LIBRARY/ABOUT-US/COMMUNITY-OUTREACH/CHNA-IMPLEMENTATION-PLAN.PDF)

PART V, LINE 11

DANA-FARBER CANCER INSTITUTE ADDRESSED ALL THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE ACCOMPANYING IMPLEMENTATION PLAN. A FULL DESCRIPTION OF OUR PROGRAMS IS AVAILABLE ON OUR WEBSITE BOTH IN THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IN THE COMMUNITY HEALTH IMPLEMENTATION PLAN.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WHILE OUR EXPERTISE AS A COMPREHENSIVE CANCER CENTER LEADS US TO FOCUS LARGELY ON REDUCING CANCER INCIDENCE AND MORTALITY AMONG MEDICALLY UNDERSERVED POPULATIONS THROUGH OUR CLINICAL COMMUNITY SCREENING AND OUTREACH PROGRAMS THAT INCLUDE MOBILE MAMMOGRAPHY AND BREAST HEALTH EDUCATION, SKIN CANCER EDUCATION AND SCREENING, HPV EDUCATION AND VACCINATION, TOBACCO CESSATION AND INCREASING AWARENESS ABOUT SURVIVORSHIP IN COMMUNITIES OF COLOR, WE RECOGNIZE THAT OUR PRIORITY NEIGHBORHOODS ARE ALSO DEALING DISPROPORTIONATELY WITH CHALLENGING SITUATIONS RELATED TO SOCIAL AND ECONOMIC FACTORS SUCH AS LIMITED EMPLOYMENT OPPORTUNITIES, SUBSTANCE ABUSE AND OPIOID ADDICTION, LOW EDUCATION LEVELS, LACK OF AFFORDABLE HOUSING, AND COMMUNITY VIOLENCE, AMONG OTHERS. WE WORK ON THESE BROADER ISSUES BY ADVOCATING AND BY PARTNERING WITH LOCAL COALITIONS AND COMMUNITY BASED ORGANIZATIONS SUCH AS BOSTON ALLIANCE FOR COMMUNITY HEALTH AND MEMBER ORGANIZATIONS.

PART V LINE 13H

WITHIN DFCI'S CREDIT AND COLLECTIONS POLICY THERE ARE PROVISIONS THAT DESCRIBE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE IN ACCORDANCE WITH FEDERAL AND MASSACHUSETTS LAW.

PART V LINE 22

DEPENDING ON A PATIENT'S FINANCIAL SITUATION, FAP-ELIGIBLE PATIENTS WERE CHARGED BETWEEN 0% TO 30% OF BILLED CHARGES, WHICH WAS NOT MORE THAN THE AGB. IN FY16, DFCI DETERMINED AGB ON AN ANNUAL BASIS USING THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

"LOOK-BACK METHOD," DESCRIBED UNDER TREASURY REGULATION SECTION

1.501(R)-5(B)(1). SPECIFICALLY, DFCI'S ANNUAL AGB PERCENTAGE WAS EQUAL TO SUM OF ALL GROSS CHARGES DURING THE PRIOR FISCAL YEAR DIVIDED BY CLAIMS PAID IN CONNECTION WITH THOSE CHARGES. FOR PURPOSES OF THE AGB CALCULATION, CLAIMS PAID INCLUDED CLAIMS FOR EMERGENCY AND MEDICALLY NECESSARY CARE PAID BY BOTH MEDICARE FEE-FOR-SERVICE AND ALL PRIVATE HEALTH INSURERS AS PRIMARY PAYERS, TOGETHER WITH ANY ASSOCIATED PORTIONS OF THESE CLAIMS PAID BY MEDICARE BENEFICIARIES OR INSURED INDIVIDUALS IN THE FORM OF CO-PAYMENTS, CO-INSURANCE OR DEDUCTIBLES.

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 DANA-FARBER/NHOH ELLIOTT MED CENTER, 40 BUTTRICK RD STE B LONDONDERRY NH 03053	MED ONCOLOGY & INFUSION UNIT
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I

PART I, LINE 3C

IN ADDITION TO DETERMINING ELIGIBILITY FOR DISCOUNTED CARE BASED ON FAMILY INCOME, DFCI OFFERS ASSISTANCE TO PATIENTS WHO HAVE EXCESSIVE MEDICAL BILLS (EXCEEDING 30-40% OF FAMILY INCOME).

PART I, LINE 6A

THE COMMUNITY BENEFIT REPORT WAS COMPLETED BY DFCI AND IS ANNUALLY PROVIDED TO THE MASSACHUSETTS ATTORNEY GENERAL'S OFFICE, WHERE IT IS THEN MADE PUBLIC ON THEIR WEBSITE.

PART I, LINE 7

DFCI'S STATE COST REPORT WAS USED TO DEVELOP THE INSTITUTE'S COST TO CHARGE RATIO THAT WAS APPLIED TO CHARITY CARE CHARGES TO DETERMINE THE COST OF FINANCIAL ASSISTANCE COST (LINE 7A). LINE 7B REFLECTS THE SPECIFIC LOSS INCURRED FOR THE INSTITUTE'S MEDICAID ACTIVITY. THE INSTITUTION IS A PREEMINENT PROVIDER OF HEATH TRAINING TO HEALTH PROFESSIONALS WHO DESIRE TRAINING IN THE SKILLS NECESSARY TO TREAT

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CANCER PATIENTS. THE INSTITUTION TRAINS PHYSICIANS, SCIENTISTS, MEDICAL STUDENTS AND INDIVIDUALS LOOKING TO CREATE A CAREER IN THE FIELD OF CANCER. THE AMOUNTS REPORTED AS HEALTH TRAINING REPRESENT COSTS IN EXCESS OF AMOUNTS REIMBURSED BY THIRD PARTY PAYERS SUCH AS TRAINING GRANT REVENUES AND DIRECT MEDICAL EDUCATION PAYMENTS FROM THE MEDICARE PROGRAM. DEPARTMENT LEADERS SUBMIT EXPENDITURES TO COMMUNITY BENEFITS ALONG WITH A DESCRIPTION OF THE SERVICES PROVIDED TO MEDICALLY UNDERSERVED POPULATIONS. LINE 7F EXPENDITURES GET REVIEWED BY LEADERSHIP AND IN PARTNERSHIP WITH DFCI'S OFFICE OF FINANCE, THE EXPENDITURES ARE CONFIRMED. THE AMOUNTS ARE CAPTURED IN THREE BUCKETS- CB EXPENDITURES (ALL PROGRAMS); LEVERAGED FUNDS (THOSE FUNDS SUPPORTED IN FULL OR PART THROUGH GRANTS/DONATION) AND COMMUNITY SPONSORSHIPS.

PART II

PART II, LINE 1

PHYSICAL IMPROVEMENTS AND HOUSING-DFCI PROVIDES A LIMITED NUMBER OF LOW

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COST ROOMS THAT SERVE AS A HOME AWAY FROM HOME FOR ONCOLOGY PATIENTS AND THEIR FAMILIES WHILE THEY ARE RECEIVING TREATMENT.

PART II, LINE 8

DIVERSITY AND WORKFORCE DEVELOPMENT: IN COLLABORATION WITH NEARBY HEALTH CARE INSTITUTIONS, DFCI OFFERS ENGLISH AS A SECOND LANGUAGE (ESL) CLASSES TO STAFF. BUSINESS WRITING FOR PROFESSIONALS IS AN ONSITE 6-MONTH COLLEGE PREP COURSE DESIGNED TO HELP FRONT-LINE EMPLOYEES ENHANCE READING AND WRITING SKILLS NECESSARY FOR SUCCESS IN THE WORKPLACE AND IN THE CLASSROOM. DFCI ALSO CONTINUED ITS COLLABORATION WITH THE PARTNERSHIP TO TRAIN AND TO INCREASE THE NUMBER OF PEOPLE OF COLOR IN LEADERSHIP ROLES IN THE BOSTON COMMUNITY. DFCI HAS CONTINUED ITS COLLABORATION WITH THE YMCA ACHIEVERS PROGRAM TO RECOGNIZE EMPLOYEES OF COLOR FOR THEIR ACCOMPLISHMENTS AND DEMONSTRATED EXCELLENCE IN THEIR PROFESSION.

PART III

PART III, SECTION A, LINE 3

THE AMOUNT OF BAD DEBT ATTRIBUTED TO FINANCIAL ASSISTANCE PATIENTS IS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BASED ON ACTUAL WRITEOFFS. THE BAD DEBT AMOUNT SHOULD BE TREATED AS A COMMUNITY BENEFIT AS IT IS SIMILAR TO UNREIMBURSED FINANCIAL ASSISTANCE, AS REPORTED AND ALLOWED (PART I LINE 7A), BUT FOR A DIFFERENT POPULATION.

PART III, LINE 2 AND LINE 4

THERE IS NO FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT. THE AMOUNT OF BAD DEBT EXPENSE ON LINE 2 \$12,512,941 IS FROM OUR GENERAL LEDGER AND IS BASED ON THE TREATMENT OF BAD DEBT ACTIVITY CONSISTENT WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP).

PART III, LINE 8

THE MEDICARE ALLOWABLE COSTS OF \$199,342,630 COME DIRECTLY FROM THE MEDICARE COST REPORT AND ARE BASED ON MEDICARE'S COST FINDING PRINCIPLES AND METHODOLOGIES. WE STRONGLY BELIEVE THAT THE ENTIRE AMOUNT OF THE SHORTFALL \$15,308,900 SHOULD BE TREATED AS A COMMUNITY BENEFIT, AS THIS REPRESENTS THE INSTITUTE'S COMMITMENT TO THE ELDERLY AND DISABLED COMMUNITY BY PROVIDING SERVICES THAT ARE NOT REIMBURSED.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 9B

WITHIN DFCI'S CREDIT AND COLLECTIONS POLICY THERE ARE PROVISIONS THAT DESCRIBE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE IN ACCORDANCE WITH FEDERAL AND MASSACHUSETTS LAW.

PART V

PART V, SECTION A

DFCI MAIN CAMPUS IS AT 450 BROOKLINE AVE., BOSTON, MA. ITS FOLLOWING SATELLITE LOCATIONS (BELOW) EACH OPERATE UNDER THE SAME HOSPITAL LICENSE. DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER AT MILFORD HOSPITAL 20 PROSPECT STREET, MILFORD, MA 01757 DANA-FARBER/BRIGHAM AND WOMEN'S CANCER CENTER AT SOUTH SHORE HOSPITAL 101 COLUMBIAN STREET, SOUTH WEYMOUTH, MA 02190 DANA-FARBER AT ST. ELIZABETH'S MEDICAL CENTER 736 CAMBRIDGE STREET, CUSHING PAVILION, 5TH FLOOR, BRIGHTON MA 02135

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI

PART VI, LINE 2 - NEEDS ASSESSMENT

DANA-FARBER CANCER INSTITUTE CONTINUOUSLY ASSESSES THE COMMUNITY NEEDS THROUGH OUR PARTICIPATION IN COMMUNITY COALITIONS, TASK FORCES, WORKING GROUPS AND DIRECT COMMUNICATION WITH THE COMMUNITY RESIDENTS THAT SERVE ON OUR EXTERNAL ADVISORY COMMITTEE AND IN OUR PATIENT AND FAMILY ADVISORY BOARD. A FULL DESCRIPTION OF OUR COMMUNITY ENGAGEMENT PROCESS CAN BE FOUND ON OUR WEBSITE BOTH IN THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IN THE COMMUNITY HEALTH IMPLEMENTATION PLAN.

PART VI, LINE 3

DFCI IS COMMITTED TO OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY FOR THEIR MEDICAL SERVICES IN WHOLE OR IN PART. IN ORDER TO ACCOMPLISH THIS CHARITABLE GOAL, DFCI WIDELY PUBLICIZES ITS PATIENT FINANCIAL ASSISTANCE (PFA) POLICY WITHIN ITS FACILITIES, IN DIRECT COMMUNICATIONS WITH PATIENTS AND IN THE COMMUNITIES THAT IT SERVICES, PARTICULARLY IN THE COMMUNITIES WITH THE GREATEST UNMET HEALTH NEEDS. THE PFA POLICY, A PLAIN LANGUAGE PFA SUMMARY AND THE PFA

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

APPLICATION ARE POSTED ON DFCI'S WEBSITE IN ENGLISH AND SPANISH. IN ADDITION, INFORMATION ABOUT THE PFA IS PROVIDED TO ALL PATIENTS AT REGISTRATION AND/OR ADMISSION, AND IS AVAILABLE UPON REQUEST, WITHOUT CHARGE, THROUGH A DFCI FINANCIAL COUNSELOR, CUSTOMER SERVICE REPRESENTATIVE, OR BY MAIL. FOLLOWING CARE, ALL BILLING STATEMENTS SENT TO A PATIENT INDICATE HOW THE PATIENT CAN OBTAIN INFORMATION ABOUT THE PFA POLICY. IN COLLABORATION WITH DFCI'S COMMUNITY PARTNERS, INFORMATION ABOUT THE PFA IS SHARED WITH RESIDENTS OF DFCI'S PRIORITY NEIGHBORHOODS. EFFORTS TO NOTIFY COMMUNITY MEMBERS MOST LIKELY TO REQUIRE ASSISTANCE INCLUDE DISTRIBUTING PLAIN LANGUAGE SUMMARIES OF THIS POLICY TO LOCAL COMMUNITY HEALTH CENTERS AND OTHER NON-PROFIT ORGANIZATIONS.

PART VI, LINE 4

DFCI SERVES THE COMMUNITY OF EASTERN MASSACHUSETTS AND NEW ENGLAND, INCLUDING THE COMMUNITIES SURROUNDING ITS PRIMARY LOCATION IN BOSTON AND ITS SATELLITE LOCATIONS IN MILFORD, MASSACHUSETTS, WEYMOUTH, MASSACHUSETTS, BRIGHTON, MASSACHUSETTS AND LONDONDERRY, NEW HAMPSHIRE. DFCI'S COMMUNITY INCLUDES ADULTS AND CHILDREN WITH CANCER OR AT RISK OF

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DEVELOPING CANCER, AND THEIR FAMILIES.

DFCI FOCUSES ITS COMMUNITY OUTREACH EFFORTS ON ITS PRIORITY BOSTON NEIGHBORHOODS OF ROXBURY, MISSION HILL, DORCHESTER, MATTAPAN AND JAMAICA PLAIN (WHICH COLLECTIVELY COMPRISE 39% OF BOSTON'S OVERALL POPULATION). TWO OF BOSTON'S MOST POPULATED NEIGHBORHOODS ARE DFCI'S PRIORITY NEIGHBORHOODS DORCHESTER WITH 122,598 RESIDENTS, FOLLOWED BY ROXBURY WITH 49,028. WHITE RESIDENTS NOW MAKE UP LESS THAN HALF OF THE CITY'S RACIAL AND ETHNIC COMPOSITION (46%). BLACK OR AFRICAN AMERICAN RESIDENTS WERE THE SECOND LARGEST RACIAL AND ETHNIC GROUP (23%), FOLLOWED BY HISPANICS (18%) AND ASIANS (9%). THERE IS SUBSTANTIAL VARIATION IN THE RACIAL AND ETHNIC DIVERSITY BY DFCI PRIORITY NEIGHBORHOOD, WITH NEARLY THREE-QUARTERS OF MATTAPAN RESIDENTS AND HALF OF ROXBURY RESIDENTS IDENTIFYING AS BLACK OR AFRICAN AMERICAN. AMONG DFCI PRIORITY NEIGHBORHOODS, ROXBURY AND JAMAICA PLAIN HAVE THE LARGEST HISPANIC POPULATIONS WITH 29% AND 24% RESPECTIVELY, WHILE MISSION HILL AND DORCHESTER HAVE THE LARGEST ASIAN POPULATIONS AMONG THE PRIORITY NEIGHBORHOODS WITH 14% AND 10% RESPECTIVELY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE MEDIAN INCOMES OF DFCI'S PRIORITY COMMUNITIES ARE GENERALLY MUCH LOWER THAN BOSTON OVERALL, WITH ROXBURY AT A MEDIAN INCOME OF \$25,254, MISSION HILL AT \$35,020, AND MATTAPAN AT \$42,206. MANY OF DFCI'S PRIORITY NEIGHBORHOODS, ROXBURY AND MATTAPAN, WHICH ARE MORE LIKELY TO HAVE A GREATER POPULATION AT THE LOWER END OF THE INCOME SPECTRUM. RESIDENTS IN DFCI'S PRIORITY NEIGHBORHOODS APPEAR TO EXPERIENCE HIGHER RATES OF POVERTY THAN BOSTON OVERALL. FEMALE HEADED HOUSEHOLDS ARE ESPECIALLY VULNERABLE, WITH 45% OF ROXBURY FEMALE-HEADED HOUSEHOLDS LIVING BELOW THE POVERTY LINE.

PART VI, LINE 5

DANA-FARBER'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN PROVIDE A ROBUST DESCRIPTION OF OUR COMPREHENSIVE CANCER CONTROL PROGRAMS AND SERVICES. THE REPORT ALSO PROVIDES A SUMMARY OF ACCOMPLISHMENTS FROM OUR LAST NEEDS ASSESSMENT AND SETS FORTH OUR COMMITMENT TO ADDRESSING THE NEW OPPORTUNITIES TO REDUCE THE CANCER BURDEN IN MEDICALLY UNDERSERVED COMMUNITIES IN BOSTON. THE REPORTS CAN

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BE FOUND AT

[HTTP://WWW.DANA-FARBER.ORG/ABOUT-US/COMMUNITY-OUTREACH/COMMUNITY-HEALTH-NE](http://www.dana-farber.org/about-us/community-outreach/community-health-needs-assessment-reporting.aspx)

[EDS-ASSESSMENT-REPORTING.ASPX](http://www.dana-farber.org/about-us/community-outreach/community-health-needs-assessment-reporting.aspx). IN ADDITION, DFCI FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY THROUGH DEVOTING THE VAST MAJORITY OF ITS SURPLUS FUNDS TO INSTITUTIONAL SUPPORTED RESEARCH (\$119 MILLION), BY PROVIDING FINANCIAL ASSISTANCE TO PATIENTS UNABLE TO AFFORD CARE AND BY MAINTAINING A COMMUNITY BOARD).

PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT

MASSACHUSETTS

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN CANCER SOCIETY/TOBACCO FREE MA 250 WILLIAMS ST NW ATLANTA, GA 30303	13-1788491	501(C)(3)	12,000.				CANCER RES AND DEVLPL
(2) FENWAY HIGH SCHOOL 174 IPSWICH STREET BOSTON, MA 02215	04-6719813	501(C)(3)	20,000.				COMMUNITY SUPPORT
(3) FRIENDS OF CANCER RESEARCH 1800 M STREET NW WASHINGTON, DC 20036	521983273	501(C)(3)	7,000.				CANCER RES AND DEVLPL
(4) FRIEND'S OF DANA-FARBER 450 BROOKLINE AVE. BOSTON, MA 02215	37-1613621	501(C)(3)	50,000.				CANCER RES AND DEVLPL
(5) LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVE SUITE 310	13-5644916	501(C)(3)	40,000.				CANCER RES AND DEVLPL
(6) THE BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH STREET 8TH FL	13-3727250	501(C)(3)	10,000.				CANCER RES AND DEVLPL
(7) UNITED WAY OF MASSACHUSETTS BAY 51 SLEEPER ST BOSTON, MA 02210	04-2382233	501(C)(3)	10,000.				CANCER RES AND DEVLPL
(8) VISITING NURSE ASSOCIATION OF BOSTON 500 RUTHERFORD AVENUE CHALRESTOWN, MA 02129	042105800	501(C)(3)	15,000.				COMMUNITY SUPPORT
(9) WHITTIER STREET HEALTH CENTER 1290 TREMONT ST ROXBURY, MA 02120	04-2619517	501(C)(3)	159,270.				CANCER RES AND DEVLPL
(10) HARVARD UNIVERSITY 60 OXFORD STREET CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	838,073.				CANCER RES AND DEVLPL
(11) BOSTON RONALD MCDONALD HOUSE 229 KENT ST BROOKLINE, MA 02446	04-2627411	501(C)(3)	9,000.				CANCER RES AND DEVLPL
(12) GLOBAL ONCOLOGY, INC. PO BOX 574 BROOLINE, MA 02446	46-4061142	501(C)(3)	20,000.				CANCER RES AND DEVLPL

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALBERT SCHWEITZER FELLOWSHIP 109 BROOKLINE AVE BOSTON, MA 02215	13-1392786	501(C)(3)	10,000.				CANCER RES AND DEVL
(2) BIG BROTHERS BIG SISTERS 330 BROOKLINE AVE BOSTON, MA 02115	04-2074467	501(C)(3)	10,000.				COMMUNITY SUPPORT
(3) B'NAI B'RITH INTERNATIONAL 60 EAST 56TH ST NEW YORK, NY 10022	53-0179971	501(C)(3)	10,000.				CANCER RES AND DEVL
(4) BOTTOM LINE ONE WASHINGTON MALL BOSTON, MA 02108	04-3351427	501(C)(3)	10,000.				COMMUNITY SUPPORT
(5) BUSINESS EXECUTIVES FOR NATIONAL 500 ARMORY ST JAMAICA PLAIN, MA 02130	04-2104046	501(C)(3)	10,000.				COMMUNITY SUPPORT
(6) CRITTENTON WOMEN'S UNION 1120 20TH STREET NW, SUITE 300	04-2104046	501(C)(3)	10,000.				COMMUNITY SUPPORT
(7) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)(3)	6,000.				CANCER RES AND DEVL
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 19.

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

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PATIENT ASSISTANCE	253.	128,544.			
2 PATIENT ASSISTANCE	3,143.		1,872,008.	FMV	PATIENT SUPT
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART IV

ALL GRANTS AND DONATIONS WERE GIVEN TO 501(C)(3) ORGANIZATIONS TO FULFILL THEIR MISSIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		X
2	X	
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	BENZ, EDWARD TRUSTEE, PRESIDENT AND CEO	(i)	877,261.	294,193.	104,335.	221,671.	20,299.	1,517,759.	0.
		(ii)	33,648.	0.	0.	0.	0.	33,648.	0.
2	BOSKEY, RICHARD S., ESQ ASST SEC & GENERAL COUNSEL	(i)	453,010.	69,567.	34,693.	37,800.	29,380.	624,450.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	PUHY, DOROTHY COO & EVP	(i)	623,827.	150,552.	52,344.	37,800.	6,276.	870,799.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	BARTEL, SYLVIA, R.PH, M VP OF PHARMACY SERVICES	(i)	213,314.	29,205.	1,459.	30,772.	27,253.	302,003.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	BUNNELL, CRAIG A., MD CHIEF MEDICAL OFFICER	(i)	459,784.	84,551.	26,672.	37,800.	6,470.	615,277.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	GETTLEMAN, WENDY VP OF FACILITIES MANAGEMENT	(i)	212,749.	21,079.	777.	28,272.	26,359.	289,236.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	GRIFFIN, JAMES D., MD CHAIR OF MEDICAL ONCOLOGY	(i)	544,820.	86,151.	48,800.	37,800.	22,729.	740,300.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	JOHNSON, BRUCE MD CHIEF CLINICAL RESEARCH OFC.	(i)	475,238.	88,690.	408,611.	36,222.	17,432.	1,026,193.	40,000.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	MEGDAL, MARIA SVP OF INSTITUTE OPERATIONS	(i)	344,212.	56,800.	12,119.	37,800.	21,557.	472,488.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	MEMMOTT, DREW SVP RESEARCH ADMINISTRATION	(i)	341,063.	43,568.	848.	41,401.	22,087.	448,967.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	PARESKY, SUSAN SVP OF DEVELOPMENT	(i)	503,370.	86,214.	42,455.	37,800.	24,574.	694,413.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	ROLLINS, BARRETT J., MD CHIEF SCIENTIFIC OFFICER	(i)	520,307.	84,357.	38,648.	37,800.	14,063.	695,175.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	STONE, RICHARD M., MD CHIEF OF MEDICAL STAFF	(i)	380,912.	35,997.	22,585.	37,800.	31,100.	508,394.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	CONSTANTINE, MICHAEL, M MILFORD MED DIR-HEMATOLOGY	(i)	571,136.	42,282.	43,196.	24,550.	24,502.	705,666.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	KANTOFF, PHILIP, MD CHIEF CLINICAL RESEARCH OFC.	(i)	429,388.	166,620.	67,473.	37,800.	25,865.	727,146.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	NADLER, LEE, MD SVP FOR EXPERIMENTAL MEDICINE	(i)	540,217.	78,599.	48,755.	37,800.	23,525.	728,896.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SOIFFER, ROBERT J., MD CHIEF OF HEMATOLOGIC MALIG.	(i)	496,216.	36,326.	42,195.	37,609.	28,164.	640,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 WINER, ERIC, MD CHIEF OF DIV OF WOMEN'S CANCER	(i)	473,814.	93,438.	80,813.	42,800.	33,704.	724,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 BIRD, KAREN FORMER OFFICER	(i)	345,728.	58,380.	3,309.	28,200.	26,761.	462,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 REID-PONTE, PAT FORMER KEY EMPLOYEE	(i)	361,018.	48,302.	17,111.	37,800.	12,900.	477,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SALLAN, STEPHEN E., MD FORMER KEY EMPLOYEE	(i)	420,019.	71,333.	32,118.	37,800.	22,993.	584,263.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SHULMAN, LAWRENCE N., M FORMER KEY EMPLOYEE	(i)	251,270.	92,721.	75,573.	37,800.	9,676.	467,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART 1, LINE 4B

THE FOLLOWING INDIVIDUALS PARTICIPATE IN DFCI'S 457(F) PLAN; TAXABLE AMOUNTS ARE INCLUDED IN REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN (B)(III):

BENZ, EDWARD J. JR., MD	81,794
BOSKEY, RICHARD S., ESQ	24,848
BUNNELL, CRAIG A. MD	24,888
CONSTANTINE, MICHAEL, MD	38,989
GRIFFIN, JAMES D., MD	36,352
JOHNSON, BRUCE MD	26,800
KANTOFF, PHILIP MD	22,662
MEGDAL, MARIA	11,250
NADLER, LEE, MD	35,938
PARESKY, SUSAN	31,406
PUHY, DOROTHY	45,288
REID-PONTE, PAT	12,616
ROLLINS, BARRETT J., MD, PHD	32,779
SALLAN, STEPHEN E., MD	20,915
SHULMAN, LAWRENCE N., MD	3,316

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SOIFFER, ROBERT J., MD	30,567
STONE, RICHARD M MD	16,373
WINER, ERIC, MD	28,298

MEMBERSHIP DUES

DFCI PAID MEMBERSHIP DUES ON BEHALF OF SUSAN PARESKY THE SR. VP OF DEVELOPMENT, AT THE HARVARD CLUB IN BOSTON, MA. THIS POSITION'S RESPONSIBILITIES ARE THOSE OF FUNDRAISING. THIS MEMBERSHIP PROVIDES USE OF SPACE AS WELL AS IMPORTANT NETWORKING OPPORTUNITIES. THE MEMBERSHIP WAS UTILIZED FOR BUSINESS PURPOSES, AND THEREFOE WAS NOT INCLUDED IN TAXABLE INCOME.

PART I QUESTION 7

DURING THE YEAR, THE CEO, COO, CFO, GENERAL COUNSEL, AND THE KEY EMPLOYEES WERE ELIGIBLE TO RECEIVE AN INCENTIVE PAYMENT, A PORTION OF WHICH WAS A NON-FIXED PAYMENT PAYABLE AT THE DISCRETION OF THE CEO AND IN THE CASE OF THE CEO, THE COMPENSATION COMMITTEE, IF THE ORGANIZATION MEETS CERTAIN FINANCIAL PERFORMANCE GOALS. THE MAXIMUM POSSIBLE NON-FIXED PORTION OF THESE INCENTIVE PAYMENTS RANGED FROM 8% TO 4% OF

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BASE SALARY.

KAREN BIRD STEPPED DOWN AS CHIEF FINANCIAL OFFICER IN JUNE OF 2015, AND
TRANSITIONED TO THE ROLE OF SENIOR POLICY ADVISOR. THE PORTION OF
COMPENSATION LISTED IN SCHEDULE J ATTRIBUTABLE TO HER ROLE AS CFO IS
307,786.

OTHER REPORTABLE COMPENSATION INCLUDES CURRENT YEAR VESTING AMOUNT IN
DANA-FARBER CANCER INSTITUTE'S SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-2456011	57586CZ24	05/22/2008	296,490,068.	SEE PART VI		X		X		X
B MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		07/02/2012	57,500,000.	SEE PART VI		X		X		X
C MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		08/03/2015	92,500,000.	SEE PART VI		X		X		X
D MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	57584XNZ0	06/23/2016	281,786,480.	SEE PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	150,000,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	301,943,668.		57,500,000.		92,500,000.		282,034,224.	
4 Gross proceeds in reserve funds	8,290,868.							
5 Capitalized interest from proceeds	4,119,476.						590,939.	
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	2,015,100.						2,486,701.	
8 Credit enhancement from proceeds	116,494.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	90,335,422.						41,043,566.	
11 Other spent proceeds	197,066,308.		57,500,000.		92,500,000.			
12 Other unspent proceeds							237,913,019.	
13 Year of substantial completion	2011		2012		2015			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X			X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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

Part III Private Business Use (Continued)

A

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X		X		X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b Name of provider	MORGAN STANLEY CAPIT		MORGAN STANLEY CAPIT		MORGAN STANLEY CAPIT			
c Term of hedge.	39.800		39.800		39.800			
d Was the hedge superintegrated?		X		X		X		
e Was the hedge terminated?		X		X		X		

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

PART I (BOND ISSUES):

A (A) ISSUER NAME: MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES
AUTHORITY, SUCCEEDED BY MASSACHUSETTS DEVELOPMENT FINANCE AGENCY

A (F) DESCRIPTION OF PURPOSE: THE BOND ISSUE WAS USED TO REFUND POOL J-1
ISSUED ON JUNE 30, 1993; POOL J-2 ISSUED ON JUNE 8, 1995; POOL M-2 ISSUED
ON MAY 30, 2002; SERIES H ISSUED ON MAY 4, 2004; SERIES I ISSUED ON
FEBRUARY 8, 2007 AND TO PARTIALLY FINANCE THE CONSTRUCTION OF THE YAWKEY
CENTER FOR CANCER CARE.

B (F) DESCRIPTION OF PURPOSE: THE BOND ISSUE WAS USED TO REFUND PART OF
SERIES L-2 BONDS ISSUED ON 5/22/2008.

C (F) DESCRIPTION OF PURPOSE: THE BOND ISSUE WAS USED TO REFUND SERIES
L-1 BONDS ISSUED ON 5/22/2008.

D (F) DESCRIPTION OF PURPOSE: THE BOND ISSUE WAS / WILL BE USED TO
PARTIALLY COVER THE ACQUISITION AND FIT-OUT OF RESEARCH SPACE AND
VIVARIUM AT THE LONGWOOD CENTER; TO PARTIALLY COVER THE REPLACEMENT OF
HVAC SYSTEM AT THE SMITH BUILDING; TO COVER THE RELOCATION TO,
RECONSTRUCTION AND EQUIPPING OF THE INSTITUTE'S CELL MANIPULATION CORE
FACILITY; AND TO COVER THE COSTS OF BOND ISSUANCE AND INTEREST DURING THE
CONSTRUCTION PERIOD AS WELL AS OTHER CAPITAL PROJECTS.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

PART IV (ARBITRAGE):

A 2(C) DID THE FOLLOWING APPLY "NO REBATE DUE" - REBATE CALCULATION WAS PERFORMED IN OCTOBER 2016

B 2(C) DID THE FOLLOWING APPLY "NO REBATE DUE" - REBATE CALCULATION WAS PERFORMED IN OCTOBER 2016

C 2(C) DID THE FOLLOWING APPLY "NO REBATE DUE" - REBATE CALCULATION WAS PERFORMED IN OCTOBER 2016

D 2(C) DID THE FOLLOWING APPLY "NO REBATE DUE" - REBATE CALCULATION WAS PERFORMED IN OCTOBER 2016

A 4(B) NAME OF PROVIDER: MORGAN STANLEY CAPITAL SERVICES, INC.

B 4(B) NAME OF PROVIDER: MORGAN STANLEY CAPITAL SERVICES, INC.

C 4(B) NAME OF PROVIDER: MORGAN STANLEY CAPITAL SERVICES, INC.

A 5(B) NAME OF PROVIDER: TRINITY FUNDING COMPANY, LLC

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 213,424.						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HARINGEN, LLC	SEE PART V	197,764.	SEE PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV

TOM HERRING, A FORMER KEY EMPLOYEE OF DFCI, AND HIS SPOUSE OWN HARINGEN, LLC. DURING FY16, DFCI PAID \$ 197,764 IN CONSULTING FEES TO HARINGEN, LLC.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
PATRICIA PONTE		TUITION ASSISTANCE	X		117,395.	2,295.	X	X			X	
STEPHEN SALLAN		TUITION ASSISTANCE	X		262,081.	78,791.	X	X			X	
BRUCE JOHNSON		HOUSING LOAN	X		400,000.	48,333.	X	X			X	
KAREN BIRD		TUITION ASSISTANCE	X		49,550.	25,880.	X	X			X	
DREW MEMMOTT		HOUSING LOAN	X		75,000.	58,125.	X	X			X	

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		837,867.	LETTER FROM DONOR
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	201.	5,798,794.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	26.	174,000.	LETTER FROM DONOR
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	34.	742,269.	LETTER FROM DONOR
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) (2015)

JSA

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

SCHEDULE M, PART I, LINE 33

DFCI RECEIVED DONATIONS OF ART, BOOKS, AND OTHER GOODS THAT IT DISPLAYS
IN ITS PROPERTIES. THESE GOODS HAVE VALUES THAT ARE EITHER NOMINAL OR ARE
NOT READILY DETERMINABLE, AND ARE THEREFORE NOT INCLUDED AS REVENUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

PART VI, QUESTION 2

FAMILY RELATIONSHIP: JOHN O'CONNOR AND LAURA SEN

BUSINESS RELATIONSHIP: RICHARD LUBIN, CHRISTOPHER HADLEY AND JANE

BROCK-WILSON (MANAGING DIRECTORS OF BERKSHIRE PARTNERS)

PART VI, QUESTION 11

PROCESS USED TO REVIEW THE FORM 990

THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT AND INDEPENDENTLY REVIEWED BY ERNST & YOUNG, LLP FOR TECHNICAL TAX ISSUES. AFTER THE TAX DEPARTMENT AND ERNST & YOUNG, LLP FINALIZES THE RETURNS, THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION MEETS WITH THE TAX DEPARTMENT TO REVIEW THE TAX RETURN. IF ANY CHANGES NEED TO BE MADE, THE TAX DEPARTMENT WILL MAKE THE CHANGES IN ACCORDANCE WITH THE CFO. AFTER THE CFO APPROVES THE RETURN, CERTAIN SECTIONS ARE TAKEN TO BOARD COMMITTEES FOR A MORE DETAILED ANALYSIS. FOR EXAMPLE, THE BOARD COMPENSATION COMMITTEE REVIEWS ALL INFORMATION RELATED TO COMPENSATION IN PART VII AND SCHEDULE J. ONCE THE RETURN HAS BEEN THROUGH THE COMMITTEES WHO REVIEW CERTAIN SECTIONS, THE TAX RETURN IS PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL. AFTER THE AUDIT COMMITTEE APPROVES THE TAX RETURN, AN ELECTRONIC MESSAGE IS SENT TO ALL BOARD MEMBERS WITH A SECURED LINK TO THE TAX RETURN. THE BOARD HAS THE OPPORTUNITY TO REVIEW THE RETURN AND IF ANY ISSUES ARISE, THEY CAN BRING THEM TO THE APPROPRIATE EXECUTIVE MANAGEMENT INDIVIDUALS. A FINAL VERSION OF THE FORM IS MADE AVAILABLE TO THE BOARD BEFORE FILING

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WITH THE IRS. THE RETURN IS ONLY FILED AFTER EACH OF THE STEPS IN THE REVIEW PROCESS IS COMPLETE.

PART VI, QUESTION 12C MONITORING & ENFORCEMENT OF CONFLICT OF INTEREST POLICY.

THE OFFICE OF GENERAL COUNSEL, THE ASSISTANT SECRETARY OF THE BOARD, AND THE TAX DEPARTMENT DRAFTS A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE EACH YEAR AND HAS ALL TRUSTEES, OFFICERS, AND KEY EMPLOYEES FILL OUT A QUESTIONNAIRE IN REGARDS TO THEIR PERSONAL SITUATION AND PERSONAL AND BUSINESS RELATIONSHIPS. THE ASSISTANT SECRETARY COMPILES THE LIST OF DISCLOSURES AND GATHERS FINANCIAL DATA FROM THE ACCOUNTS PAYABLE AND PAYROLL DEPARTMENT FOR ALL ORGANIZATIONS, EMPLOYEES, INDEPENDENT CONTRACTORS, AND OTHER MISCELLANEOUS TRANSACTIONS WHICH WERE DISCLOSED BY ALL INDIVIDUALS. ONCE ALL OF THIS INFORMATION IS COMPILED, THE OFFICE OF GENERAL COUNSEL AND THE TAX DEPARTMENT GOES THROUGH EACH TRANSACTION AND DISCLOSURE TO DETERMINE WHAT NEEDS TO BE DISCLOSED ON THE TAX RETURN. THE TAX DEPARTMENT AND THE OFFICE OF GENERAL COUNSEL ALSO DISCUSSES IF THERE ARE ANY OTHER KNOWN TRANSACTIONS THAT HAVE NOT BEEN DISCLOSED. IF THERE ARE ANY QUESTIONS REGARDING SUCH SITUATION, THE OFFICE OF GENERAL COUNSEL AND THE ASSISTANT SECRETARY WILL DISCUSS THE QUESTIONS WITH THE INDIVIDUAL TRUSTEES, OFICERS AND KEY EMPLOYEES INVOLVED. IN ADDITION THE PROCESS DESCRIBED ABOVE, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS ANY NEW CONFLICT OF INTEREST DISCLOSURES AND THEY ADDRESS ANY ISSUES THAT MAY ARISE. THE GOVERNANCE COMMITTEE IS ALSO RESPONSIBLE TO BRING ANY MAJOR ISSUES RELATED TO THE CONFLICT OF INTEREST

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POLICY TO THE EXECUTIVE COMMITTEE AND THE ENTIRE BOARD IF DEEMED NECESSARY. PER DFCI'S CONFLICT OF INTEREST POLICY, IN ORDER TO AVOID A CONFLICT OF INTEREST OR AN APPEARANCE OF A CONFLICT OF INTEREST:

1. A TRUSTEE SHOULD NOT PARTICIPATE IN A VOTE ON A TRANSACTION IN WHICH THE TRUSTEE OR FAMILY MEMBER HAS A FINANCIAL INTEREST AND SHOULD DISCLOSE ANY POTENTIAL CONFLICT BEFORE DFCI ACTS ON THE TRANSACTION.

2. A TRUSTEE, A MEMBER OF HIS OR HER FAMILY, OR AN ENTITY WITH WHICH ONE OR MORE OF THEM HAS A MATERIAL INTEREST, MAY NOT DO BUSINESS WITH DFCI UNLESS EXPRESSLY AUTHORIZED BY DFCI AFTER FULL DISCLOSURE.

3. A TRUSTEE SHOULD FULLY DISCLOSE HIS OR HER ASSOCIATION (INCLUDING EMPLOYMENT, CONSULTING, OR MEMBERSHIP ON A GOVERNING BOARD BY THE TRUSTEE OR A FAMILY MEMBER) WITH AN ENTITY THAT COMPETES WITH OR HAS INTERESTS CONFLICTING WITH THOSE OF DFCI AND SHOULD REFRAIN FROM PARTICIPATING IN ANY VOTE IF THE VOTE AFFECTS DFCI. ONCE A DISCLOSURE HAS BEEN MADE, DFCI'S OFFICE OF GENERAL COUNSEL REVIEWS SUCH CONFLICT AND MAY DISCUSS THE MATTER WITH THE APPROPRIATE PARTIES. THE OFFICE OF GENERAL COUNSEL WILL THEN REVIEW THE MATTER WITH THE CHAIRMAN OF THE BOARD. FINAL DECISIONS ARE MADE WITH THE CHAIRMAN AND POSSIBLY THE BOARD'S EXECUTIVE COMMITTEE.

PART VI, QUESTION 15A

PROCESS FOR DETERMINING COMPENSATION OF PRESIDENT PER DFCI'S EXECUTIVE

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COMPENSATION PHILOSOPHY, ANNUALLY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE PRESIDENT'S (DFCI'S CHIEF EXECUTIVE OFFICER) PERFORMANCE AND MAKES A RECOMMENDATION REGARDING COMPENSATION TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE ACTS ON THE RECOMMENDATION. TO DETERMINE THE RECOMMENDATION AND TO ENSURE COMPLIANCE WITH THE PHILOSOPHY, THE COMPENSATION COMMITTEE BI-ANNUALLY COMMISSIONS AN INDEPENDENT REVIEW BY A THIRD PARTY ORGANIZATION TO COMPARE SUCH COMPENSATION WITH THAT OF OTHER SIMILARLY SITUATED INDIVIDUALS IN THE HEALTHCARE FIELD IN AND OUTSIDE OF THE REGION. THE DECISION OF THE EXECUTIVE COMMITTEE IS REPORTED TO THE FULL BOARD. ANNUALLY, FOLLOWING THE FILING OF FORM 990S, DFCI COMPARES THE INFORMATION IT REPORTS FOR ITS PRESIDENT TO THE COMPENSATION OF PRESIDENTS/CEO'S AT OTHER AREA HEALTHCARE ORGANIZATIONS AS WELL AS OTHER INSTITUTIONS THAT ARE CONSIDERED DESIGNATED COMPREHENSIVE CANCER CENTERS. THE BOARD COMPLETED THIS PROCESS AS OF JUNE 2014.

PART VI, QUESTION 15B

PROCESS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES PER DFCI'S EXECUTIVE COMPENSATION PHILOSOPHY, ANNUALLY THE DFCI PRESIDENT REVIEWS THE PERFORMANCE OF OFFICERS AND KEY EMPLOYEES AND MAKES A RECOMMENDATION AS TO THEIR COMPENSATION TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE COMPENSATION COMMITTEE ESTABLISHES COMPENSATION FOR THOSE INDIVIDUALS BASED ON THAT RECOMMENDATION. TO DETERMINE THE RECOMMENDATION AND TO ENSURE COMPLIANCE WITH THE PHILOSOPHY, THE COMPENSATION COMMITTEE BI-ANNUALLY COMMISSIONS AN

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INDEPENDENT REVIEW BY A THIRD PARTY ORGANIZATION TO COMPARE SUCH COMPENSATION WITH THAT OF OTHER SIMILARLY SITUATED INDIVIDUALS IN THE HEALTHCARE FIELD IN AND OUTSIDE OF THE REGION. THE DECISION OF THE COMPENSATION COMMITTEE IS REPORTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES AND TO THE FULL BOARD. ANNUALLY, FOLLOWING THE FILING OF FORM 990S DFCI COMPARES THE COMPENSATION OF THESE INDIVIDUALS WITH THOSE AT OTHER AREA HEALTHCARE ORGANIZATIONS AS WELL AS OTHER INSTITUTIONS THAT ARE CONSIDERED DESIGNATED CANCER CENTERS.

PART VI, QUESTION 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC WE CURRENTLY PROVIDE THE GOVERNING DOCUMENTS UPON REQUEST. THE GOVERNING DOCUMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON THE SECRETARY OF THE COMMONWEALTH'S WEBSITE. CONFLICT OF INTEREST POLICY - DFCI'S CONFLICT OF INTEREST POLICY CAN BE FOUND WITHIN ITS CODE OF CONDUCT, WHICH IS AVAILABLE ON ITS WEBSITE. FINANCIAL STATEMENTS - THE ORGANIZATION USES THE SERVICES OF DIGITAL ASSURANCE CERTIFICATION LLC (DAC) TO REPORT ANNUAL AUDITED FINANCIAL STATEMENTS AND OTHER RELEVANT ORGANIZATIONAL INFORMATION AS REQUIRED BY CERTAIN REGULATORY AND TAX LAWS. DAC IS A WEBSITE (WWW.DACBOND.COM) FREE TO THE PUBLIC THAT PUBLISHES TAX-EXEMPT BOND ISSUERS' FINANCIAL AND LEGAL DOCUMENTS SUCH AS THE AUDITED FINANCIAL STATEMENTS. FISCAL YEAR 2001 THROUGH THE LATEST ISSUE DATE OF THE AUDITED FINANCIAL STATEMENTS FOR DANA-FARBER CANCER INSTITUTE, INC. CAN BE FOUND ON THE DAC WEBSITE.

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PART XI LINE 9 OTHER CHANGES IN NET ASSETS

CHANGE IN INTEREST IN ASSETS HELD BY AFFILIATE \$80,239,227

CHANGE IN VALUE OF SWAP AGREEMENT \$(13,837,497)

PENSION ADJUSTMENT \$(2,379,783)

TOTAL OTHER CHANGES IN NET ASSETS \$64,021,947

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION OF DANA-FARBER CANCER INSTITUTE IS TO PROVIDE EXPERT, COMPASSIONATE CARE TO CHILDREN AND ADULTS WITH CANCER WHILE ADVANCING THE UNDERSTANDING, DIAGNOSIS, TREATMENT, CURE, AND PREVENTION OF CANCER AND RELATED DISEASES. AS AN AFFILIATE OF HARVARD MEDICAL SCHOOL AND A COMPREHENSIVE CANCER CENTER DESIGNATED BY THE NATIONAL CANCER INSTITUTE, THE INSTITUTE ALSO PROVIDES TRAINING FOR NEW GENERATIONS OF PHYSICIANS AND SCIENTISTS, DESIGNS PROGRAMS THAT PROMOTE PUBLIC HEALTH PARTICULARLY AMONG HIGH-RISK AND UNDERSERVED POPULATIONS, AND DISSEMINATES INNOVATIVE PATIENT THERAPIES AND SCIENTIFIC DISCOVERIES TO OUR TARGET COMMUNITY ACROSS THE UNITED STATES AND THROUGHOUT THE WORLD.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PARTNERS HEALTHCARE SYSTEM, INC. PO BOX 3715 BOSTON, MA 02241	INFORMATION SYSTEMS	100,475,154.
BRIGHAM AND WOMEN'S PHYSICIANS ORG 111 CYPRESS STREET BROOKLINE, MA 02445	MEDICAL SERVICES	16,350,366.
HARVARD UNIVERSITY 1350 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	RESEARCH SERVICES	14,175,831.
THE BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	MEDICAL SERVICES	55,808,077.
SOUTH SHORE HOSPITAL 55 FOGG RD SOUTH WEYMOUTH, MA 02190	MEDICAL SERVICES	11,510,527.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DANA-FARBER, INC. 04-3102433 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	INVEST MGMT	MA	501(C)(3)	11A, TYPE 1	DFCI	X	
(2) DANA-FARBER TRUST, INC. 30-0195757 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	DFCI RE MGMT	MA	501(C)(3)	11A	DFCI	X	
(3) DANA-FARBER/PARTNERS CANCER CARE, INC. 04-3320640 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	ONCOL SUP ORG	MA	501(C)(3)	11C FI	DFCI		X
(4) RMSA TRUST 56-2656539 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	RETRMT TRUST	MA	501(C)(9)		DFCI	X	
(5) FRIENDS OF DANA-FARBER CANCER INSTITUTE 37-1613621 450 BROOKLINE AVE., BP418 BOSTON, MA 02215	FUNDRAISING	MA	501(C)(3)	11A, TYPE 1	DFCI	X	
(6) DANA-FARBER/CHILDREN'S HOSP. CANCER CARE 04-3554536 450 BROOKLINE AVE., BP418 BOSTON, MA 02215	PEDIATRIC ONC	MA	501(C)(3)	TYPE 1	N/A		
(7) DANA-FARBER CANCER CARE NETWORK, INC. 46-5138314 450 BROOKLINE AVENUE, BP 418 BOSTON, MA 02215	ONCOL SUP ORG	MA	501(C)(3)	TYPE 1	DFCI	X	

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DFPCC PTSHP 04-3402364 450 BROOKLINE AVENUE, BP418 BO	ONCOLOGY PTNR	MA	N/A	RELATED	0.	0.		X	0.	X		50.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DANA-FARBER / PARTNERS CANCER CARE, INC.	O	33,648.	CASH
(2) DANA-FARBER / PARTNERS CANCER CARE, INC.	R	232,948.	CASH
(3) DANA-FARBER / PARTNERS CANCER CARE, INC.	L	38,753,722.	CASH
(4) DANA-FARBER, INC.	R	37,078,683.	CASH
(5) DANA-FARBER, INC.	S	217,885,896.	CASH
(6) FRIENDS OF DANA-FARBER CANCER INSTITUTE, INC.	O	262,161.	ACTUAL EXPENSE

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	RMSA TRUST	R	170,265.	CASH
(2)	FRIENDS OF DANA-FARBER CANCER INSTITUTE, INC.	B	50,000.	CASH
(3)	FRIENDS OF DANA-FARBER CANCER INSTITUTE, INC	C	1,034,840.	CASH
(4)	DANA-FARBER CANCER CARE NETWORK, INC.	M	40,568,506.	COST
(5)	DANA-FARBER CANCER CARE NETWORK, INC.	R	47,089,111.	COST
(6)	FRIENDS OF DANA-FARBER CANCER INSTITUTE, INC	O	12,000.	ACTUAL EXPENSE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
