

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012**Open to Public
Inspection****A** For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 09/30, 2013**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.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

450 BROOKLINE AVENUE, BP418

City, town or post office, state, and ZIP code

BOSTON, MA 02215

F Name and address of principal officer: EDWARD J. BENZ, JR. M.D.

450 BROOKLINE AVE. BOSTON, MA 02215

D Employer identification number

04-2263040

E Telephone number

(617) 632-3000

G Gross receipts \$ 1,059,403,088.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.DANA-FARBER.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 & ADULTS WITH CANCER WHILE ADVANCING THE UNDERSTANDING, DIAGNOSIS, TREATMENT, CURE, & 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	77
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	64
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	4,859
	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	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
			398,632,881.	393,393,949.
	9	Program service revenue (Part VIII, line 2g)	602,927,602.	639,632,558.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	293,433.	224,324.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,417,675.	23,590,819.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,021,271,591.	1,056,841,650.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,789,972.
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)	352,299,705.	369,880,843.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	2,909,019.	3,391,495.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,339,874.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	595,078,313.	623,617,670.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	982,077,009.	1,023,723,858.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	39,194,582.	33,117,792.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
			1,605,048,122.	1,790,428,005.
	21	Total liabilities (Part X, line 26)	568,884,792.	608,044,913.
22	Net assets or fund balances. Subtract line 21 from line 20	1,036,163,330.	1,182,383,092.	

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
	KAREN BIRD	7/30/14
	Type or print name and title	CFO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Christopher B. Boggs	Christopher B. Boggs	07/28/14		P00032493
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596			
	Firm's address ▶ 111 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	Phone no.	317-681-7000		

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

For Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question 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 \$ 539,264,992. including grants of \$ 779,469.) (Revenue \$ 639,632,558.)PROVIDED SPECIALIZED, COMPASSIONATE CARE TO CHILDREN AND ADULTS
WITH CANCER WHILE ADVANCING THE UNDERSTANDING, DIAGNOSIS,
TREATMENT, CURE, AND PREVENTION OF CANCER AND RELATED DISEASES.**4b** (Code:) (Expenses \$ 274,052,701. including grants of \$ 26,054,381.) (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 \$ 22,874,872. including grants of \$) (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 836,192,565.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a 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? If "Yes," complete Schedule D, Part VII	11b	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? If "Yes," complete Schedule D, Part VIII	11c	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? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	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? If "Yes," complete Schedule G, Part I (see instructions)	17 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? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	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>	23 X	
24 a 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 25.</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	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?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25 a Section 501(c)(3) and 501(c)(4) 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26 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>	27	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>	28a 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>	28b	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>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29 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>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	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>	34 X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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>	35b 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>	36 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>	37	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	38 X	

Form **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 496		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 35		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 4,859		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	1a	77		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	64		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► 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 ContractorsCheck if Schedule O contains a response to any question 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) BEKENSTEIN, JOSHUA TRUSTEE & CHAIRMAN	2.00	X		X				0	0	0
(2) BENZ, EDWARD J. JR., MD TRUSTEE, PRES & CEO	42.00 8.00	X		X				1,067,826.	130,609.	221,767.
(3) BERKOWITZ, ROGER TRUSTEE	1.00	X						0	0	0
(4) BERYLSON, AMY S. TRUSTEE	1.00	X						0	0	0
(5) BROWN, HON. FREDERICK TRUSTEE	1.00	X						0	0	0
(6) CHAMPA, MICHAEL A. TRUSTEE	1.00	X						0	0	0
(7) COHEN, MARC A. TRUSTEE	1.00	X						0	0	0
(8) COUNTRYMAN, GARY L. TRUSTEE, VICE CHAIRMAN	2.00	X		X				0	0	0
(9) COX, HOWARD TRUSTEE	1.00	X						0	0	0
(10) CURTIN, NEAL J. ESQ TRUSTEE & SECRETARY	2.00	X		X				0	0	0
(11) DANA, CHARLES A. III TRUSTEE	1.00	X						0	0	0
(12) DAREHSHORI, NADER F. TRUSTEE	1.00	X						0	0	0
(13) FARRINGTON, THOMAS A. TRUSTEE	1.00	X						0	0	0
(14) FINE, JAMES L. TRUSTEE	1.00	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) FIRST, ROBERT C. TRUSTEE	1.00	X						0	0	0
(16) GELB, ARTHUR SC.D TRUSTEE	1.00	X						0	0	0
(17) GIBSON, NANCY Q. TRUSTEE	1.00	X						0	0	0
(18) GOSMAN, ABRAHAM D. TRUSTEE	1.00	X						0	0	0
(19) HADLEY, CHRISTOPHER TRUSTEE	1.00	X						0	0	0
(20) HARKINS, DAVID V. TRUSTEE	1.00	X						0	0	0
(21) GRUBMAN, RICHARD TRUSTEE	1.00	X						0	0	0
(22) HELLER, FRANCES TRUSTEE	1.00	X						0	0	0
(23) JAMIESON, JANE P. TRUSTEE	1.00	X						0	0	0
(24) KAFKER, HON. SCOTT TRUSTEE	1.00	X						0	0	0
(25) KELLEY, JOSEPH TRUSTEE	1.00	X						0	0	0
1b Sub-total								1,067,826.	130,609.	221,767.
c Total from continuation sheets to Part VII, Section A								10,464,562.	0	810,062.
d Total (add lines 1b and 1c)								11,532,388.	130,609.	1,031,829.

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 ► 764

- 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
- 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
- 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

	Yes	No
3	X	
4	X	
5		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 ► 378

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) KNEZ, BRIAN J. TRUSTEE, TREASURER	2.00	X		X				0	0	0
(27) KOPPEL, STEVEN P. TRUSTEE	1.00	X						0	0	0
(28) KOPPERL, PAUL B. TRUSTEE	1.00	X						0	0	0
(29) KOSTER, STEPHEN P. ESQ TRUSTEE	1.00	X						0	0	0
(30) KRAFT, ROBERT K. TRUSTEE	1.00	X						0	0	0
(31) KRAKOFF, SANDRA G. TRUSTEE	1.00	X						0	0	0
(32) LOCKWOOD, ROGER A. TRUSTEE	1.00	X						0	0	0
(33) LUBIN, RICHARD K. TRUSTEE & TREASURER	1.00	X		X				0	0	0
(34) LUCAS, BRADLEY A. TRUSTEE	1.00	X						0	0	0
(35) MARSHALL, JOHN L. III TRUSTEE	1.00	X						0	0	0
(36) MCNAY, JOSEPH C. TRUSTEE	1.00	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 **764**

	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) MEAGHER, WILLIAM F. TRUSTEE	1.00	X						0	0	0
(38) MORSE, RICHARD P. TRUSTEE & VICE CHAIRMAN	2.00	X		X				0	0	0
(39) NATHAN, DAVID G., MD TRUSTEE & PHYSICIAN	50.00	X						230,005.	0	29,056.
(40) NORBERG, JOSEPH E. TRUSTEE	1.00	X						0	0	0
(41) O'CONNOR, JOHN J. TRUSTEE	1.00	X						0	0	0
(42) O'REILLY, VINCENT M. TRUSTEE & VICE CHAIRMAN	2.00	X		X				0	0	0
(43) OWENS, EDWARD O. TRUSTEE	1.00	X						0	0	0
(44) PALANDJIAN, PETER TRUSTEE	1.00	X						0	0	0
(45) PASQUARELLO, THEODORE TRUSTEE	1.00	X						0	0	0
(46) PEARLSTEIN, JEAN F. TRUSTEE	1.00	X						0	0	0
(47) PERINI, DAVID B. TRUSTEE	1.00	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 ► 764

	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, EILEEN TRUSTEE	1.00	X						0	0	0
(49) PERLMUTTER, STEVEN P. ESQ TRUSTEE	1.00	X						0	0	0
(50) PODUSKA, SUSAN M. TRUSTEE	1.00	X						0	0	0
(51) POHL, ELIZABETH TRUSTEE	1.00	X						0	0	0
(52) REYNOLDS, ROBERT TRUSTEE	1.00	X						0	0	0
(53) ROSENBERG, ANN M. TRUSTEE	1.00	X						0	0	0
(54) ROSENTHAL, HARVEY TRUSTEE	1.00	X						0	0	0
(55) ROVER, EDWARD F. TRUSTEE	1.00	X						0	0	0
(56) SACHS, ROBERT J. ESQ TRUSTEE	1.00	X						0	0	0
(57) SALMON, MARJORIE B. TRUSTEE	1.00	X						0	0	0
(58) SALTER, MALCOLM S. TRUSTEE	1.00	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 **764**

	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) SANDERS, REBECCA TRUSTEE	1.00	X						0	0	0
(60) SEN, LAURA TRUSTEE	1.00	X						0	0	0
(61) SMITH, RICHARD A. TRUSTEE & VICE CHAIRMAN	2.00	X		X				0	0	0
(62) SMITH, SUSAN F. TRUSTEE	1.00	X						0	0	0
(63) SOCOL, JERRY M. TRUSTEE	1.00	X						0	0	0
(64) SPIVAK, GLORIA H. TRUSTEE	1.00	X						0	0	0
(65) TEMPEL, JEAN C. TRUSTEE	1.00	X						0	0	0
(66) TERRANA, BETH F. TRUSTEE	1.00	X						0	0	0
(67) WILLIAMS, FREDERICA M. TRUSTEE	1.00	X						0	0	0
(68) YOST, GEORGE J. III TRUSTEE	1.00	X						0	0	0
(69) DASILVA, KEVIN TRUSTEE	1.00	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 **764**

- 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*
- 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*
- 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*

	Yes	No
3	X	
4	X	
5		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) DOBSON, SEAN TRUSTEE	1.00	X						0	0	0
(71) FINE, STEPHEN TRUSTEE	1.00	X						0	0	0
(72) FOULKES, HELENA TRUSTEE	1.00	X						0	0	0
(73) LINDE PACKMAN, KAREN TRUSTEE	1.00	X						0	0	0
(74) PERINI, JENNIFER TRUSTEE	1.00	X						0	0	0
(75) STANSKY, ROBERT TRUSTEE	1.00	X						0	0	0
(76) SULLIVAN, RONALD TRUSTEE	1.00	X						0	0	0
(77) TING, DAVID TRUSTEE	1.00	X						0	0	0
(78) BOSKEY, RICHARD S., ESQ ASST SEC & GENERAL COUNSEL	50.00			X				515,531.	0	50,426.
(79) PUHY, DOROTHY COO & EVP	50.00			X				706,208.	0	36,324.
(80) BIRD, KAREN CFO AND ASST. TREASURER	50.00			X				400,002.	0	50,664.
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 ► 764

	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) BARTEL, SYLVIA VP OF PHARMACY SERVICES	50.00				X			222,534.	0	41,587.
(82) GRIFFIN, JAMES D., MD CHAIR OF MED ONCOLOGY	50.00				X			1,075,226.	0	44,462.
(83) PAPOLA, MARIA SVP OF INTITUTE OPERATIONS	50.00				X			302,606.	0	35,568.
(84) PARESKY, SUSAN SENIOR VP OF DEVELOPMENT	50.00				X			579,282.	0	44,281.
(85) ROLLINS, BARRETT J., MD, PHD CHIEF SCIENTIFIC OFFICER	50.00				X			595,597.	0	39,091.
(86) SALLAN, STEPHEN E., MD CHIEF OF STAFF	50.00				X			491,643.	0	39,091.
(87) BUNNELL, CRAIG CHIEF MEDICAL OFFICER	50.00				X			409,613.	0	35,406.
(88) GETTLEMAN, WENDY VP OF FACILITIES MANAGEMENT	50.00				X			174,076.	0	30,075.
(89) CONSTANTINE, MICHAEL, MD MILFORD MED DIR-HEMATOL ONC	50.00					X		860,538.	0	39,857.
(90) KADDIS, MONA, MD MEDICAL ONCOLOGIST, MILFORD	50.00					X		713,889.	0	28,042.
(91) NADLER, LEE, MD SR. VP FOR EXPERIMENTAL MED.	50.00					X		630,105.	0	45,475.
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 **764**

	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			
(92) KANTOFF, PHILIP CHIEF CLINICAL RESEARCH OFFICE	50.00					X		575,568.	0	48,685.
(93) WINER, ERIC CHIEF OF DIV OF WOMEN'S CANCER	50.00					X		598,216.	0	48,453.
(94) PORTER, JANET FORMER OFFICER							X	213,689.	0	20,139.
(95) HERRING, THOMAS FORMER KEY EMPLOYEE							X	145,457.	0	15,366.
(96) REID PONTE, PATRICIA FORMER KEY EMPLOYEE							X	387,521.	0	43,049.
(97) SHULMAN, LAWRENCE N., MD FORMER KEY EMPLOYEE							X	637,256.	0	44,965.
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 **764**

	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 VIII Statement of RevenueCheck if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 466,445.				
	b	Membership dues	1b				
	c	Fundraising events	1c 20,953,898.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e 132,889,339.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 239,084,267.				
	g	Noncash contributions included in lines 1a-1f: \$	4,723,642.				
	h	Total. Add lines 1a-1f		393,393,949.			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621110	639,632,558.	639,632,558.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		639,632,558.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		224,324.			224,324.
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		7,810,144.			7,810,144.
			(i) Real (ii) Personal				
	6a	Gross rents	4,251,515.				
	b	Less: rental expenses					
	c	Rental income or (loss)	4,251,515.				
	d	Net rental income or (loss)		4,251,515.			4,251,515.
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	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 \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 687,147.				
	b	Less: direct expenses	b 2,561,438.				
	c	Net income or (loss) from fundraising events		-1,874,291.			-1,874,291.
	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	5,280,282.			5,280,282.	
b	FOOD SERVICE REVENUE	722210	3,019,416.			3,019,416.	
c	WCP BOUTIQUE INCOME	446199	1,091,215.			1,091,215.	
d	All other revenue	541610	4,012,538.			4,012,538.	
e	Total. Add lines 11a-11d		13,403,451.				
12	Total revenue. See instructions		1,056,841,650.	639,632,558.		23,815,143.	

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 to any question 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 governments and organizations in the United States. See Part IV, line 21 .	25,632,969.	25,632,969.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,200,881.	1,200,881.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,578,434.	3,133,799.	3,712,997.	731,638.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	311,047.	311,047.		
7 Other salaries and wages	294,924,327.	229,514,121.	53,481,340.	11,928,866.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,496,429.	14,253,622.	3,477,053.	765,754.
9 Other employee benefits	27,037,159.	20,835,234.	5,082,583.	1,119,342.
10 Payroll taxes	21,533,447.	16,593,993.	4,047,966.	891,488.
11 Fees for services (non-employees):				
a Management	6,787,314.	1,863,346.	4,923,968.	
b Legal	3,677,025.	3,030,690.	627,353.	18,982.
c Accounting	442,188.		442,188.	
d Lobbying	221,087.	221,087.		
e Professional fundraising services. See Part IV, line 17	3,391,495.			3,391,495.
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.)	110,347,971.	96,922,474.	13,293,853.	131,644.
12 Advertising and promotion	3,862,663.	2,161,671.	837,496.	863,496.
13 Office expenses	28,743,210.	18,908,854.	9,212,039.	622,317.
14 Information technology	42,498,847.	14,209,736.	28,266,667.	22,444.
15 Royalties	0			
16 Occupancy	65,585,182.	51,198,373.	14,380,568.	6,241.
17 Travel	8,707,128.	3,052,817.	5,584,975.	69,336.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,762,554.	1,078,003.	1,211,017.	473,534.
20 Interest	12,761,393.	12,761,393.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	63,872,667.	52,096,243.	11,776,424.	
23 Insurance	4,150,111.	2,604,111.	1,546,000.	
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	18,616,195.	18,616,195.		
b BAD DEBT EXPENSE	4,175,237.	4,175,237.		
c MISCELLANEOUS	19,288,004.	14,697,775.	4,286,932.	303,297.
d MEDICAL SUPPLIES EXPENSE	227,118,894.	227,118,894.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,023,723,858.	836,192,565.	166,191,419.	21,339,874.
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 to any question 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	32,808,941.	2	61,796,976.
	3 Pledges and grants receivable, net	88,438,087.	3	72,699,473.
	4 Accounts receivable, net	103,184,171.	4	99,585,081.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	857,578.	5	1,136,762.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	13,298,299.	8	13,218,325.
	9 Prepaid expenses and deferred charges	17,054,853.	9	17,195,831.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1183273210.		
	b Less: accumulated depreciation	10b 537,196,522.		
		644,774,769.	10c	646,076,688.
	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	5,844,580.	14	7,894,580.
15 Other assets. See Part IV, line 11	698,786,844.	15	870,824,289.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,605,048,122.	16	1,790,428,005.	
Liabilities	17 Accounts payable and accrued expenses	79,688,597.	17	87,118,430.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	283,448,745.	20	279,981,307.
	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	35,277,888.	23	84,516,167.
	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	170,469,562.	25	156,429,009.
	26 Total liabilities. Add lines 17 through 25	568,884,792.	26	608,044,913.
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	477,225,008.	27	556,219,441.
	28 Temporarily restricted net assets	406,939,276.	28	467,303,055.
	29 Permanently restricted net assets	151,999,046.	29	158,860,596.
	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	1,036,163,330.	33	1,182,383,092.
	34 Total liabilities and net assets/fund balances	1,605,048,122.	34	1,790,428,005.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,056,841,650.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,023,723,858.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,117,792.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,036,163,330.
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	113,101,970.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,182,383,092.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2012)

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. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	341,933,668.	308,112,408.	440,670,897.	398,632,881.	393,393,949.	1,882,743,803.
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.	341,933,668.	308,112,408.	440,670,897.	398,632,881.	393,393,949.	1,882,743,803.
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.						1,882,743,803.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	341,933,668.	308,112,408.	440,670,897.	398,632,881.	393,393,949.	1,882,743,803.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,778,144.	12,834,800.	12,603,828.	10,185,220.	12,285,983.	57,687,975.
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 IV.)	7,980,777.	7,853,536.	10,965,879.	11,866,982.	11,529,160.	50,196,334.
11 Total support. Add lines 7 through 10						1,990,629,259.
12 Gross receipts from related activities, etc. (see instructions)					12	2,719,976,485.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	94.58 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	94.37 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 IV 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 - 2011. 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 IV 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 **Supplemental Information.** Complete this part to 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).

SCHEDULE A, PART II, LINE 10

OTHER INCOME INCLUDES CAFETERIA INCOME, PARKING LOT INCOME, SPECIAL EVENT

GROSS INCOME, MANAGEMENT INCOME, AND OTHER MISCELLANEOUS INCOME.

Schedule of Contributors

OMB No. 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2012

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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	PAN-MASS CHALLENGE 77 4TH AVENUE NEEDHAM, MA 02494	\$ 37,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** 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
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
-----	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
-----	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
-----	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

▶ **See separate instructions.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), 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) 2012

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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a 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					

Schedule C (Form 990 or 990-EZ) 2012

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		221,087.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		13,204.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			234,291.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C PART II-B

SUPPLEMENTAL LOBBYING INFORMATION

O'NEILL, ATHY & CASEY, P.C. - PROVIDED FEDERAL LEGISLATIVE AND GOVERNMENT RELATIONS CONSULTING SERVICES TO THE CONFERENCE OF BOSTON TEACHING HOSPITALS, OF WHICH WE ARE A MEMBER.

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ 1,541,734.

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 Revenues 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) 2012

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 **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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" to 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	207,975,000.	187,242,000.	179,577,000.	158,022,000.	200,409,000.
b Contributions	9,214,000.	9,879,000.	9,098,000.	7,951,000.	4,304,000.
c Net investment earnings, gains, and losses	27,582,000.	22,169,000.	8,614,000.	18,605,000.	-9,423,000.
d Grants or scholarships					
e Other expenditures for facilities and programs					27,334,000.
f Administrative expenses	13,652,000.	11,315,000.	10,047,000.	5,001,000.	9,934,000.
g End of year balance	231,119,000.	207,975,000.	187,242,000.	179,577,000.	158,022,000.

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 ▶ 69.0000 %
c Temporarily restricted endowment ▶ 31.0000 %

The percentages in 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" to 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. 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		735,158,241.	272,821,741.	462,336,500.
c Leasehold improvements		139,005,808.	68,683,776.	70,322,032.
d Equipment		269,039,431.	195,691,005.	73,348,426.
e Other		32,429,285.		32,429,285.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				646,076,688.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. 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) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN DANA-FARBER, INC.	770,162,737.
(2) MISCELLANEOUS ASSETS	100,661,552.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	870,824,289.

Part X Other Liabilities. 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	66,564,147.	
(3) RESEARCH ADVANCES	34,676,000.	
(4) PROV FOR MED MALPRACTICE CLAIM	1,479,000.	
(5) SWAP VALUATION LIABILITY	31,563,000.	
(6) MISCELLANEOUS LIABILITIES	22,146,862.	
(7) _____		
(8) _____		
(9) _____		
(10) _____		
(11) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	156,429,009.	

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Complete this part to 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

Part XIII Supplemental Information (continued)

SCHEDULE D PART III, QUESTION 4

DESCRIPTION OF ORGANIZATION'S COLLECTIONS

DFCI'S COLLECTION OF ART IS AN ARRAY OF ART PRIMARILY RECEIVED THROUGH DONATIONS AND OCCASIONALLY PURCHASED. THE COLLECTION CAN BE FOUND THROUGHOUT THE ORGANIZATION IN PATIENT AND BUSINESS AREAS. PATIENTS AND STAFF CONFIRM THE INSTITUTE'S BELIEF THAT ARTWORK WHICH IS PLEASING AND APPROPRIATE FOR A HEALTH CARE SETTING GREATLY ENHANCES THE HEALING ENVIRONMENT AND MAKES A SIGNIFICANT DIFFERENCE IN THE PATIENT CARE EXPERIENCE.

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

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► **Attach to Form 990. ► See separate instructions.**

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" to 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) SOUTH ASIA			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	353,149.
(2) NORTH AMERICA			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	60,495.
(3) EUROPE			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	634,196.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SUBCONTRACTED RESEARCH	153,041.
(5) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	JOINTLY OWNED FOR INS	2,562,154.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					3,763,035.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					3,763,035.

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

Schedule F (Form 990) 2012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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. X

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" to 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 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).* ☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).* ☐ Yes ☒ No

Schedule F (Form 990) 2012

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 F, PART I, LINE 2

DANA-FARBER CANCER INSTITUTE, INC.(DFCI) IS RESPONSIBLE FOR THE PROGRAMMATIC, ADMINISTRATIVE AND FINANCIAL MONITORING OF ALL AWARDS MADE TO SUB-RECIPIENTS UNDER FEDERAL AND NON-FEDERAL SPONSORED PROJECTS. DFCI HAS THE OBLIGATION, THROUGHOUT THE LIFE OF THE AWARD, TO MONITOR THE ACTIVITIES OF SUB-RECIPIENTS TO MAKE CERTAIN THAT PROJECT OBJECTIVES ARE COMPLETED AND ALL FUNDS ARE USED FOR AUTHORIZED PURPOSES IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, AND PROVISIONS OF THE PRIME CONTRACTS OR GRANT AGREEMENTS. OFFICE OF RESEARCH ACCOUNTING WILL MONITOR SUB-RECIPIENTS THROUGH OMB CIRCULAR A-133 REPORTS. ON A SEMI-ANNUAL BASIS, WE WILL REQUEST CERTIFICATION OF THE OMB A-133 AUDIT REPORT FROM EACH SUB-RECIPIENT. CIRCULAR A-133 REQUIRES THAT ANNUAL AUDITS BE COMPLETED WITHIN NINE MONTHS OF THE END OF THE SUB-RECIPIENTS AUDIT PERIOD. TO THIS END CERTIFICATION LETTERS MUST BE PREPARED AND DISTRIBUTED TO EVERY SUB-RECIPIENT WORKING ON ANY EXTERNALLY SPONSORED AWARD. THE CERTIFICATION LETTERS MUST BE PREPARED AND DISTRIBUTED ANNUALLY, BY JUNE 30 OF EACH YEAR, REQUESTING INFORMATION ABOUT THE SUB-RECIPIENTS' MOST RECENT COMPLETED FISCAL YEAR. THE CERTIFICATION LETTERS REQUIRE THE SUB-RECIPIENT ORGANIZATION TO STATE THAT THE INFORMATION THEY ARE PROVIDING FAIRLY PRESENTS THE STANDING OF THE ORGANIZATION IN ALL MATERIAL ASPECTS AND THAT THEY STATE ONE OF THE FOLLOWING [SEE ATTACHMENT A, PAGE 1]:

-THEY ARE SUBJECT TO THE REQUIREMENTS OF A-133, THE AUDIT HAS BEEN COMPLETED AND THERE WERE NO MATERIAL CONDITIONS OF NON-COMPLIANCE WITH

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).

FEDERAL REGULATIONS.

-THEY ARE SUBJECT TO THE REQUIREMENTS OF A-133, THE AUDIT HAS BEEN COMPLETED, EXCEPTIONS WERE NOTED AND A COPY OF THE AUDIT REPORT IS PROVIDED.

-THEY ARE SUBJECT TO THE REQUIREMENTS OF A-133 BUT THE AUDIT HAS NOT BEEN COMPLETED.

-THEY ARE NOT SUBJECT TO THE REQUIREMENTS OF A-133 BECAUSE THE ORGANIZATION DID NOT RECEIVE \$500,000 OR MORE IN FEDERAL AWARDS DURING THE FISCAL YEAR, IS A FOR-PROFIT CORPORATION, OR IS A NON-U.S. BASED ENTITY. FOLLOW UP REQUESTS WILL BE MADE TO ENSURE THAT SUB-RECIPIENTS SEND REPORTS:

-SHOULD NO RESPONSE TO THE CERTIFICATION LETTER BE RECEIVED WITHIN 60 DAYS, A SECOND CERTIFICATION LETTER WILL BE SENT. SHOULD NO RESPONSE TO THE SECOND LETTER BE RECEIVED WITHIN 30 DAYS, THE SUB-RECIPIENT WILL BE CONTACTED BY TELEPHONE.

-IF REPORTS ARE NOT RECEIVED, THE FEDERAL AUDIT CLEARINGHOUSE (FAC) INTERNET DATA DISSEMINATION SYSTEM WILL BE USED TO RETRIEVE AUDIT REPORT INFORMATION FROM THE FAC DATABASE. THIS INFORMATION WILL BE REVIEWED TO DETERMINE IF AN ORGANIZATION HAS ANY REPORTABLE CONDITIONS

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).

AND/OR AUDIT FINDINGS REQUIRED TO BE REPORTED UNDER OMB CIRCULAR A-33,
SUBPART E, SECTION .510(A).

-SHOULD ATTEMPTS CONTINUE TO BE UNSUCCESSFUL,THE DIRECTOR OF RESEARCH
ADMINISTRATION, IN CONJUNCTION WITH DIRECTOR OF THE RESEARCH ACCOUNTING
WILL CONSIDER SANCTIONS AGAINST THE SUB-RECIPIENT, INCLUDING TERMINATION
OF THE SUBCONTRACT.

RESEARCH ACCOUNTING WILL REVIEW ALL AVAILABLE INFORMATION FOR COMPLIANCE
ISSUES PERTAINING TO FUNDS FROM A-133 REPORTS. THE DIRECTOR OF RESEARCH
ACCOUNTING WILL BE NOTIFIED OF ANY COMPLIANCE ISSUES THAT PERTAIN TO
FUNDS PASSED THROUGH THE INSTITUTE AND WILL REQUEST CORRECTIVE ACTION
PLANS FROM THE MANAGEMENT OF THE ORGANIZATION TO DETERMINE IF PROPER
ACTION HAS BEEN IMPLEMENTED.

MANAGEMENT WILL DETERMINE CORRECTIVE ACTION ON DEFICIENCIES IDENTIFIED IN
AUDITS AND SUB-RECIPIENT MONITORING.

THE MONITORING OF SUB-RECIPIENTS, NOT SUBJECT TO CIRCULAR A-133, WILL BE
BASED UPON THE JUDGMENT OF MANAGEMENT AND WILL INCLUDE SUCH FACTORS AS
THE SIZE OF THE AWARD, PERCENTAGE OF THE TOTAL PROGRAM'S FUNDS AWARDED TO
THE SUB-RECIPIENT, BUDGET ADHERENCE, ANY ISSUES IDENTIFIED IN THE
PRE-AWARD REVIEW, AND OTHER MATTERS AS DEEMED NECESSARY. THE COMPLETE
SUB-RECIPIENT POLICY IS AVAILABLE UPON REQUEST.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

04-2263040

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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 **e** ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☒ Special fundraising events
d ☒ In-person solicitations

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 STRATEGIC FUNDRAISING	TELEFUNDRAI CONSULTING		X	128,658.	90,315.	38,343.
2 TRUESENSE MARKETING	DIRECT MAIL CONSULTANT		X	10,081,678.	3,173,385.	6,908,293.
3 DAVE MCGILLIVRAY SPORTS ENTERPRISE INCORPORATED	EVENT LOGIS		X		127,795.	
4						
5						
6						
7						
8						
9						
10						
Total				10,210,336.	3,391,495.	6,946,636.

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" to 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
		BMJF WALK (event type)	MARATHON CHLNG (event type)	7. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	8,150,000.	4,753,874.	8,737,171.	21,641,045.
	2 Less: Contributions	8,022,650.	4,503,199.	8,428,049.	20,953,898.
	3 Gross income (line 1 minus line 2).	127,350.	250,675.	309,122.	687,147.
Direct Expenses	4 Cash prizes			0	
	5 Noncash prizes			0	
	6 Rent/facility costs	111,994.	35,662.	31,303.	178,959.
	7 Food and beverages	10,171.	4,519.	20,347.	35,037.
	8 Entertainment	7,400.		0	7,400.
	9 Other direct expenses	682,901.	281,041.	1,376,100.	2,340,042.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(2,561,438.)
	11 Net income summary. Combine line 3, column (d), and line 10				-1,874,291.

Part III Gaming. Complete if the organization answered "Yes" to 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. Combine line 1, column d, and line 7				

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

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

b If "No," explain: _____

10 a 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 operate 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 operated 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990. ► See separate instructions.**

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:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 400.0000 %		
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:		X
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c 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	
6b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			13,911,895.	4,856,014.	9,055,881.	.89
b Medicaid (from Worksheet 3, column a)			32,064,210.	34,412,862.	-2,348,652.	
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,280,480.		7,280,480.	.71
d Total Financial Assistance and Means-Tested Government Programs			53,256,585.	39,268,876.	13,987,709.	1.60
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,566,529.		2,566,529.	.25
f Health professions education (from Worksheet 5)			4,660,912.	527,045.	4,133,867.	.41
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			217,964,872.	2,912,917.	215,051,955.	21.09
i Cash and in-kind contributions for community benefit (from Worksheet 8)			363,809.		363,809.	.04
j Total. Other Benefits			225,556,122.	3,439,962.	222,116,160.	21.79
k Total. Add lines 7d and 7j. . . .			278,812,707.	42,708,838.	236,103,869.	23.39

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			619,294.		619,294.	.06
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			394,000.		394,000.	.04
9 Other						
10 Total			1,013,294.		1,013,294.	.10

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	2,710,117.	
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	27,101.	
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	136,110,600.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	147,638,354.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-11,527,754.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	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, and primary website address

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

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

D-F/BWH @ FAULKNER
 D-F/BWH @ MILFORD
 D-F/BWH@ SOUTH SHORE

X

X

X

2**3****4****5****6****7****8****9****10****11****12**

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 facility reporting group DANA-FARBER CANCER INSTITUTE, INC.

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) _____

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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 9	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 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 Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . .	7 X	
8a 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)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, 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 DANA-FARBER CANCER INSTITUTE, INC.		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9 X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	10 X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u> </u> <u> </u> <u> </u> % If "No," explain in Part VI the criteria the hospital facility used.	11	X
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	12 X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13 X	
14	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):	14 X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	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 actions the hospital facility may take upon non-payment?	15 X	
16	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 patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	17	X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Schedule H (Form 990) 2012

Part V Facility Information (continued) DANA-FARBER CANCER INSTITUTE, INC.**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a** ☒ Notified individuals of the financial assistance policy on admission
- b** ☐ Notified individuals of the financial assistance policy prior to discharge
- c** ☒ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d** ☒ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e** ☐ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why:

- a** ☐ The hospital facility did not provide care for any emergency medical conditions
- b** ☐ The hospital facility's policy was not in writing
- c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** ☐ Other (describe in Part VI)

	Yes	No
19	X	

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** ☒ Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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 Part VI.

22 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 Part VI.

20		X
21		X

Part V Facility Information *(continued)***Section C. 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	

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART I**PART I, LINE 3C**

IN ADDITION TO PROVIDING A FORTY-FIVE PERCENT (45%) DISCOUNT TO ALL UNINSURED PATIENTS, PURSUANT TO ITS WRITTEN POLICY DANA-FARBER CANCER INSTITUTE (DFCI) "MAY OFFER A PATIENT AN ADDITIONAL DISCOUNT ON AN UNPAID BILL AS AUTHORIZED BY THE HOSPITAL/S CHIEF FINANCIAL OFFICER OR HIS/HER DESIGNEE. ANY SUCH REVIEW SHALL BE DETERMINED ON A CASE BY CASE BASIS, AND WHICH TAKES INTO CONSIDERATION THE PATIENT'S DOCUMENTED FINANCIAL SITUATION AND THE PATIENT'S INABILITY TO MAKE A PAYMENT."

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 INTERNAL COST ACCOUNTING SYSTEM, WHICH ACCOUNTS FOR ALL INSTITUTE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

ACTIVITY, WAS USED TO CREATE THE COST TO CHARGE RATIO THAT WAS APPLIED TO CHARITY CARE CHARGES TO DETERMINE THE FINANCIAL ASSISTANCE COST (LINE 7A). LINE 7C REFLECTS THE SPECIFIC COST INCURRED FOR THE INSTITUTE'S REQUIRED FUNDING OF THE STATE'S HEALTH SAFETY NET FUND. LINE 7F REFLECTS THE COSTS OF EDUCATION, AS CALCULATED ON THE MEDICARE COST REPORT, LESS ANY APPLICABLE REIMBURSEMENT RECEIVED FOR IT.

TOTAL BAD DEBT EXPENSE TO PROVIDE ADEQUATE PROVISION FOR ALLOWANCE FOR DOUBTFUL ACCOUNTS OF \$4,175,237 WAS INCLUDED IN TOTAL FUNCTIONAL EXPENSE ON FORM 990, PART IX, LINE 25

PART II

PART II, LINE 1

PHYSICAL IMPROVEMENTS AND HOUSING-DFCI PROVIDES A LIMITED NUMBER OF LOW COST ROOMS THAT SERVE AS A HOME AWAY FROM HOME FOR ONCOLOGY PATIENTS AND THEIR FAMILIES WHILE THEY ARE RECEIVING TREATMENT.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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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 BASED ON ACTUAL WRITEOFFS. THE BAD DEBT AMOUNT SHOULD BE TREATED AS A COMMUNITY BENEFIT AS IT IS SIMILAR TO UNREIMBURSED FINANCIAL ASSISTANCE,

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

AS REPORTED AND ALLOWED (PART I LINE 7A), BUT FOR A DIFFERENT
POPULATION.

PART III, LINE 4

THERE IS NO FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS THAT DESCRIBES
BAD DEBT. THE AMOUNT OF BAD DEBT EXPENSE ON LINE 2 \$2,710,117 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 \$147,638,354 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 \$11,527,754 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

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

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 FAULKNER HOSPITAL
1153 CENTRE STREET, BOSTON, MA 02130

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 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.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART V, SECTION B, LINE 3

THE DFCI'S COMMUNITY BENEFITS OFFICE PARTNERED WITH HEALTH RESOURCES IN ACTION (HRIA), A NON-PROFIT PUBLIC HEALTH CONSULTANCY ORGANIZATION IN BOSTON, TO UNDERTAKE A TWO PHASE COMPREHENSIVE COMMUNITY HEALTH ASSESSMENT. IN PHASE I, SOCIAL, ECONOMIC, AND EPIDEMIOLOGICAL DATA AT THE COMMUNITY LEVEL WERE REVIEWED AND ANALYZED TO PROVIDE A HEALTH PORTRAIT OF DFCI'S PRIORITY COMMUNITIES (ROXBURY, MISSION HILL, DORCHESTER, MATTAPAN, AND JAMAICA PLAIN). PHASE II INVOLVED A COMPREHENSIVE QUALITATIVE STUDY, WHERE DFCI STAFF, COMMUNITY LEADERS, AND RESIDENTS PROVIDED FEEDBACK IN FOCUS GROUPS AND INTERVIEWS TO IDENTIFY COMMUNITY NEEDS AND ASSETS AS WELL AS AREAS FOR FURTHER COMMUNITY ENGAGEMENT AND PROGRAM EXPANSION. FOCUS GROUPS INCLUDED STAFF MEMBERS FROM THE FOLLOWING COMMUNITY ORGANIZATIONS: ROXBURY TENANTS, BOSTON PUBLIC HEALTH COMMISSION, ROXBURY COMPREHENSIVE HEALTH CENTER, BOSTON ASIAN: YES, TOBIN COMMUNITY CENTER, MISSION HILL NEIGHBORHOOD HOUSING SERVICES. IN ADDITION, COMMUNITY RESIDENTS PARTICIPATED IN FOCUS GROUPS HOSTED BY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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WHITTIER STREET HEALTH CENTER AND LA ALIANZA HISPANA.

A TOTAL OF 86 INDIVIDUALS PARTICIPATED IN THE PHASE II QUALITATIVE RESEARCH IN ORDER TO GAUGE THEIR PERCEPTIONS OF THEIR NEIGHBORHOOD, THEIR HEALTH CONCERNS, WHAT PROGRAMMING OR SERVICES ARE MOST NEEDED TO ADDRESS THESE CONCERNS, AND THE ROLE OF DFCI IN THESE EFFORTS. PLEASE SEE ATTACHED COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN 2012-2015.

PART V, SECTION B, LINE 5A

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

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

[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, SECTION B, LINE 11

PURSUANT TO ITS WRITTEN POLICY, IN ADDITION TO PROVIDING A FORTY-FIVE

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PERCENT (45%) DISCOUNT TO ALL UNINSURED PATIENTS, DFCI "MAY OFFER A
PATIENT AN ADDITIONAL DISCOUNT ON AN UNPAID BILL AS AUTHORIZED BY THE
HOSPITAL/S CHIEF FINANCIAL OFFICER OR HIS/HER DESIGNEE. ANY SUCH REVIEW
SHALL BE DETERMINED ON A CASE BY CASE BASIS, AND WHICH TAKES INTO
CONSIDERATION THE PATIENT'S DOCUMENTED FINANCIAL SITUATION AND THE
PATIENT'S INABILITY TO MAKE A PAYMENT."

PART V, SECTION B, LINE 14 B
BILLING INVOICES INCLUDE FREE CARE GUIDELINES AND CONTACT INFORMATION FOR
FINANCIAL ASSISTANCE.

PART V, SECTION B, LINE 14 G
THE INSURANCE AND FINANCIAL ASSISTANCE SECTION OF THE DFCI WEBSITE
DIRECTS PATIENT TO FINANCIAL COUNSELORS FOR GUIDANCE.

PART V, SECTION B, LINE 19

Part VI Supplemental Information

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DUE TO THE FACT DFCI IS A CANCER INSTITUTE IT RARELY PROVIDES EMERGENCY SERVICES. HOWEVER, DFCI WILL PROVIDE EMERGENT AND URGENT CARE WITHOUT REGARD TO THE PATIENT'S IDENTIFICATION, INSURANCE COVERAGE OR ABILITY TO PAY FOR SERVICES IN ACCORDANCE WITH THE REQUIREMENTS OF DFCI POLICY. IN ALL OF ITS PATIENT CARE ACTIVITIES, DFCI SHALL REMAIN IN COMPLIANCE WITH FEDERAL REGULATIONS SUCH AS TITLE 42 CHAPTER 7 USC 1395 (DD) AND THE BALANCED BUDGET ACT OF 1998 (PUBLIC LAW NO 105.33).

PART V, LINE 20D

IN NO EVENT IS A PATIENT WHO HAS BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE FROM DFCI CHARGED MORE THAN THE MAXIMUM AMOUNTS BILLED TO OTHER INSURED PATIENTS FOR EMERGENCY OR MEDICALLY NECESSARY CARE, AS DETERMINED IN ACCORDANCE WITH THE "LOOK-BACK" METHOD DESCRIED IN "INTERNAL REVENUE SERVICE, PROPOSED TREASURY REGULATION SECTION 1.501(R), ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS; PROPOSED RULE (JUNE 26, 2012).

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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CARE, AS DETERMINED IN ACCORDANCE WITH THE "LOOK-BACK" METHOD DESCRIED IN
 "INTERNAL REVENUE SERVICE, PROPOSED TREASURY REGULATION SECTION 1.501(R),
 ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS; PROPOSED RULE (JUNE 26,
 2012).

PART VI

PART VI, LINE 2 - NEEDS ASSESSMENT

DFCI EVALUATES THE APPROPRIATENESS AND EFFECTIVENESS OF PREVENTION
 PROGRAMS AND HAS CONTINUED TO FOCUS ON THE INCORPORATION OF
 EVIDENCE-BASED APPROACHES. THE FOLLOWING RESOURCES ARE USED TO GATHER
 INFORMATION.

COMMUNITY BENEFITS STAFF WORK TO DISSEMINATE FINDINGS DERIVED FROM DFCI'S
 CENTER FOR COMMUNITY BASED RESEARCH (CCBR) PROJECTS TO STRENGTHEN THE
 DESIGN, IMPLEMENTATION AND EVALUATION OF OUR CANCER CONTROL PROGRAMS.
 DANA-FARBER STAFF CONTINUES TO SERVE ON VARIOUS STATEWIDE AND REGIONAL
 COMMITTEES INCLUDING THE MASSACHUSETTS COMPREHENSIVE CANCER CONTROL

Part VI Supplemental Information

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COALITION, AND BOSTON PUBLIC HEALTH COMMISSION'S HEALTH EQUITY COMMITTEE.

DFCI STAFF PARTICIPATES IN LOCAL COALITIONS THAT SEEK TO IMPROVE THE HEALTH STATUS OF NEIGHBORHOOD RESIDENTS. IN PARTNERSHIP WITH THESE COALITIONS, DFCI WILL CONTINUE TO DEVELOP CANCER PREVENTION PROGRAMS TO MEET THE UNIQUE NEEDS OF THESE COMMUNITIES. DFCI HAS ESTABLISHED A NUMBER OF COMMITTEES TO ASSIST IN PROGRAM EVALUATION INCLUDING THE BOARD OF TRUSTEES COMMUNITY PROGRAMS COMMITTEE, THE EXTERNAL ADVISORY COMMITTEE AND THE DFCI INTERNAL COMMUNITY BENEFITS COMMITTEE.

PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE
DFCI RECOGNIZES THAT SOME PATIENTS WILL NOT BE ABLE TO PAY FOR SERVICES RENDERED AND MAY NOT BE AWARE OF THE AVAILABILITY OF AVAILABLE ASSISTANCE. THE INSTITUTE WILL ALSO NOTIFY THE PATIENT ABOUT AVAILABLE DFCI FINANCIAL ASSISTANCE AND PAYMENT PLANS THAT MAY BE AVAILABLE TO THEM.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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FOR THOSE PATIENTS WHO ARE UNINSURED OR UNDERINSURED, THE INSTITUTE MAY ASSIST PATIENTS IN APPLYING FOR COVERAGE OF SERVICES WITHIN A FINANCIAL ASSISTANCE PROGRAM TO COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS, SUCH AS MASS HEALTH, CARE PLUS, CONNECTOR CARE, QUALIFIED HEALTH PLAN (QHP), CHILDREN'S MEDICAL SECURITY PLAN, HEALTHY START, HEALTH SAFETY NET, AS WELL AS A MEDICAL HARDSHIP DISCOUNT BASED ON THE PATIENT'S DOCUMENTED INCOME AND ALLOWABLE MEDICAL EXPENSES. THE INSTITUTE WILL PROVIDE, UPON REQUEST, SPECIFIC INFORMATION ABOUT THE ELIGIBILITY PROCESS TO BE A LOW INCOME PATIENT UNDER THE MASSACHUSETTS HEALTH SAFETY NET PROGRAM. THE INSTITUTE POSTS A SIGNS REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AS OUTLINED IN CREDIT AND COLLECTION POLICY IN EACH REGISTRATION OFFICE. POSTED SIGNS ARE CLEARLY VISIBLE AND LEGIBLE TO PATIENTS VISITING THESE AREAS. THE POSTED SIGNS ARE POSTER SIZE 12' BY 18', FONT SIZE ¾", IN ENGLISH AND SPANISH. THE INSTITUTE PROVIDES PATIENTS WITH INFORMATION ABOUT FINANCIAL ASSISTANCE WITH EACH BILL IT SENDS TO PATIENTS AND IN PHONE CONVERSATIONS WITH PATIENTS REGARDING BILLS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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PART VI, LINE 4 - COMMUNITY INFORMATION

DFCI SERVES A BROAD GEOGRAPHIC AND DEMOGRAPHIC COMMUNITY. DFCI'S MAIN

CAMPUS IS LOCATED IN THE LONGWOOD MEDICAL AREA OF THE CITY OF BOSTON.

DFCI WORKS CLOSELY WITH CLINICAL PARTNERS TO OPERATE CONVENIENT,

COMMUNITY-BASED CENTERS IN MILFORD, MASSACHUSETTS, WEYMOUTH,

MASSACHUSETTS AND LONDONDERRY, NEW HAMPSHIRE. DFCI ALSO HELPS TO ENHANCE

THE CANCER CARE AND SERVICES AT LOCAL COMMUNITY HOSPITALS AND HEALTH

CENTERS SUCH AS ST. ELIZABETH'S MEDICAL CENTER IN BRIGHTON, MASSACHUSETTS

AND LAWRENCE & MEMORIAL CANCER CENTER IN WATERFORD, CONNECTICUT.

APPROXIMATELY SEVENTY PERCENT OF DFCI'S PATIENTS RESIDE IN MASSACHUSETTS.

A SUBSTANTIAL PORTION OF OTHER PATIENTS RESIDE IN NEW HAMPSHIRE, MAINE,

CONNECTICUT, RHODE ISLAND AND NEW YORK. WOMEN CONSTITUTE APPROXIMATELY

SIXTY-THREE PERCENT OF DFCI'S PATIENTS (APPROXIMATELY 35,000 PER YEAR);

WITH MEN CONSTITUTING THIRTY SEVEN PERCENT (APPROXIMATELY 20,000 PER

YEAR). DFCI'S PATIENTS INCLUDE CHILDREN AND ADULTS; ALTHOUGH

APPROXIMATELY SIXTY FIVE PERCENT OF PATIENTS RANGE BETWEEN FORTY AND

SIXTY-NINE YEARS OF AGE.

Part VI Supplemental Information

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DFCI'S FOCUSES ITS COMMUNITY OUTREACH EFFORTS ON ITS PRIORITY BOSTON NEIGHBORHOODS OF ROXBURY, MISSION HILL, DORCHESTER, MATTAPAN AND JAMAICA PLAIN (WHICH COLLECTIVELY COMPRISE 38% OF BOSTON'S OVERALL POPULATION). ACCORDING TO THE 2005-2009 AMERICAN COMMUNITY SURVEY, IN MATTAPAN AND ROXBURY/MISSION HILL, 87.8% AND 53.1% OF RESIDENTS RESPECTIVELY IDENTIFIED THEMSELVES AS BLACK. APPROXIMATELY ONE-QUARTER OF RESIDENTS IN ROXBURY/MISSION HILL (22.5%) AND JAMAICA PLAIN (20.9%) IDENTIFIED THEMSELVES AS LATINO. CENSUS DATA SHOW THAT IN ROXBURY/MISSION HILL, 40.5% OF INDIVIDUALS LIVE IN POVERTY, AS DO 39.4% OF INDIVIDUALS IN MATTAPAN.

PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH
COMMUNITY OUTREACH AT DFCI FOCUSES ON INCREASING AWARENESS ABOUT THE IMPORTANCE OF CANCER PREVENTION, OUTREACH, SCREENING, EARLY DETECTION AND CLINICAL TRIALS EDUCATION. EXAMPLES OF PREVENTION PROGRAMS ARE:

1. DFCI'S MAMMOGRAPHY VAN (DFMV)

Part VI Supplemental Information

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DFCI'S MAMMOGRAPHY VAN WAS LAUNCHED AS A JOINT VENTURE BETWEEN THE CITY OF BOSTON AND DFCI IN APRIL 2002. THE VAN CONTINUES TO BE THE ONLY MOBILE MAMMOGRAPHY PROGRAM IN THE COMMONWEALTH OF MASSACHUSETTS. IT PROVIDES DIGITAL SCREENING MAMMOGRAMS AND BREAST HEALTH EDUCATION TO WOMEN 40 YEARS OF AGE AND OLDER. IN PARTNERSHIP WITH 19 COMMUNITY-BASED ORGANIZATIONS AND NEIGHBORHOOD HEALTH CENTERS, THE VAN IS ON THE ROAD 3-4 DAYS PER WEEK YEAR-ROUND, SERVING ALL OF GREATER BOSTON. ULTIMATELY, IT AIMS TO DECREASE BREAST CANCER MORBIDITY AND MORTALITY AMONG MEDICALLY UNDERSERVED WOMEN AND INCREASE SURVIVAL RATES FOR THOSE DIAGNOSED WITH BREAST CANCER. THE MAMMOGRAM ON THE VAN IS TREATED AS A POINT OF ENTRY INTO THE LARGER HEALTH CARE SYSTEM. WOMEN WHO LACK A PRIMARY CARE PROVIDER ARE REFERRED TO ONE OF OUR PARTNER BOSTON NEIGHBORHOOD HEALTH CENTERS, AND THOSE WHO LACK HEALTH INSURANCE ARE ENCOURAGED TO APPLY TO THE CONNECTOR. PRIORITY POPULATIONS INCLUDE WOMEN WHO ARE LOW-INCOME, ELDERLY, IMMIGRANT, NON-ENGLISH SPEAKING, AND THOSE OF ETHNIC/RACIAL AND OTHER MINORITY BACKGROUNDS. PRIORITY NEIGHBORHOODS IN BOSTON INCLUDE ROXBURY, MATTAPAN, JAMAICA PLAIN, DORCHESTER AND THE SOUTH END. THE VAN

Part VI Supplemental Information

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PROVIDES AN EFFECTIVE WAY FOR WOMEN TO CONTINUALLY MONITOR THEIR BREAST HEALTH AND TO STAY CONNECTED TO THE HEALTH CARE SYSTEM AT LARGE. IN FY13, THE VAN PROVIDED 2,849 MAMMOGRAMS. SINCE PROGRAM INCEPTION, DANA-FARBER'S MAMMOGRAPHY VAN HAS PROVIDED MORE THAN 37,000 MAMMOGRAMS TO MORE THAN 17,000 UNIQUE PATIENTS. THE LARGEST RACIAL AND ETHNIC GROUPS SEEN ON THE VAN ARE BLACK (32%) AND LATINO (31%). OVER THE PAST YEAR, ALMOST 56% OF VAN PATIENTS SPOKE A FIRST LANGUAGE OTHER THAN ENGLISH. VAN PATIENTS SPEAK 40 DIFFERENT LANGUAGES, INCLUDING SPANISH; CAPE VERDEAN CREOLE; HAITIAN CREOLE; PORTUGUESE; AND VIETNAMESE. ONE HUNDRED SIX BREAST CANCER DIAGNOSES HAVE BEEN CONFIRMED FOR PATIENTS ORIGINALLY SCREENED ON THE VAN SINCE PROGRAM INCEPTION. SIXTY-SEVEN AND A HALF PERCENT (67.5%) OF PATIENTS SCREENED ON THE VAN WERE RETURNEES FROM PRIOR YEARS; 41.4% OF VAN PATIENTS RETURNED FOR RE-SCREENING IN A "TIMELY" MANNER (12-18 MONTHS FROM LAST SCREEN). ELEVEN PERCENT (11%) OF VAN PATIENTS SERVED THIS YEAR HAD THEIR BASELINE (FIRST-EVER) MAMMOGRAMS ON THE VAN. THREE HUNDRED TWENTY-EIGHT PATIENTS (11.5%) SCREENED ON THE VAN IN THE PAST YEAR RECEIVED A RECOMMENDATION FOR FOLLOW-UP. OVER THE PAST

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YEAR, THE INSURANCE STATUS OF VAN PATIENTS WAS: LESS THAN 1% UNINSURED;

63.5% PUBLICLY INSURED (MEDICARE, MASSHEALTH, HEALTH SAFETY NET, ETC);

AND 36.4% PRIVATELY INSURED.

2. OPEN DOOR TO HEALTH: A PEER LED CANCER PREVENTION AND EARLY DETECTION PROGRAM (ODH): WITH ONLY 26% OF BOSTON ADULT RESIDENTS EATING THE RECOMMENDED NUMBER OF FRUIT AND VEGETABLE SERVINGS PER DAY AND 57% ENGAGING IN REGULAR PHYSICAL ACTIVITY, ODH FOCUSES ON ADDRESSING BARRIERS TO HEALTHY LIVING IN THE COMMUNITY'S BUILT ENVIRONMENT. SPECIFICALLY THE PROGRAM SEEKS TO INCREASE ACCESS TO FRESH VEGETABLES AND OPPORTUNITIES FOR PHYSICAL ACTIVITY. THE NUMBER OF PEER LEADERS HAS REMAINED AT 3 FOR EACH OF THE 4 PARTICIPATING HOUSING DEVELOPMENTS: MADISON PARK, MISSION PARK, ORCHARD GARDENS AND RUGGLES SHAWMUT. THE PROGRAM IS BEING IMPLEMENTED IN PARTNERSHIP WITH MADISON PARK DEVELOPMENT CORPORATION AND ROXBURY TENANTS OF HARVARD. IN 2013, 2 COMMUNITY GARDENS, ONE BELONGING TO ORCHARD GARDENS AND THE OTHER TO MADISON PARK VILLAGE, WERE FULLY UTILIZED BY TENANTS. EACH COMMUNITY OFFERED TWO

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CYCLES OF PHYSICAL ACTIVITY EVENTS (ZUMBA AND YOGA.) ADDITIONALLY, A WALKING CLUB WAS ORGANIZED DURING THE LATE SPRING AND SUMMER IN EACH COMMUNITY. THE COMMUNITY SUPPORTIVE AGRICULTURE (CSA) PROGRAM WAS A SUCCESS WITH 30 PEOPLE FROM THE COMMUNITY PARTICIPATING REGULARLY IN THE PROGRAM. ODH HAS BEEN INTEGRATED INTO THE RESIDENT SERVICE OFFICE AT EACH HOUSING DEVELOPMENT, PROVIDING THE INFRASTRUCTURE NECESSARY FOR RESIDENT SERVICE COORDINATORS AND PEER LEADERS TO WORK TOGETHER IN IMPLEMENTING THE PROGRAM. FURTHERMORE, ODH PARTNERED WITH WHITTIER STREET HEALTH CENTER TO CONNECT HOUSING DEVELOPMENT RESIDENTS TO NUTRITION AND CANCER PREVENTION WORKSHOPS.

3. EVIDENCE-BASED TRAINING:

WE CONTINUE TO PROVIDE EVIDENCE-BASED TRAINING TO COMMUNITY AND FAITH-BASED ORGANIZATIONS. THESE TRAININGS TEACH PARTICIPANTS HOW TO CHOOSE, CUSTOMIZE, AND LOCALIZE AN EVIDENCE-BASED PROGRAM TO MEET COMMUNITY AND ORGANIZATIONAL NEEDS. IN 2013, WE PROVIDED TRAINING AND TECHNICAL ASSISTANCE TO 4 CHURCHES (2 BLACK AND 2 LATINO) TO IMPLEMENT

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EVIDENCE-BASED STRATEGIES TO PROMOTE CANCER PREVENTION BEHAVIORS SUCH AS
SCREENING, EARLY DETECTION, INCREASING PHYSICAL ACTIVITY AND MAINTAINING
A HEALTHY WEIGHT.

4. UNITED WAY/JIMMY FUND COLLABORATIVE:

THE COLLABORATIVE CONTINUED FUNDING THE COMMUNITY TOBACCO CONTROL THROUGH
YOUTH CIVIC ENGAGEMENT PROGRAM. THE PROGRAM ENGAGED 4 YOUTH-SERVING
AGENCIES TO TAKE ACTION FOR POLICY CHANGE OR ENFORCEMENT ON A SPECIFIC
ISSUE WITHIN ONE OF TWO AREAS: (1) REDUCING MINORS' ACCESS TO TOBACCO, OR
(2) INCREASING TOBACCO-FREE SPACES (E.G. HOUSING). IN 2013, THE PROGRAM
ENGAGED 44 YOUTH OFFERING BOTH SUMMER AND YEAR-LONG JOBS. IN CHINATOWN,
THE YOUTH HELD INFORMATION SESSIONS REACHING 140 TENANTS, DISTRIBUTED
OVER 100 INFORMATION PACKETS, AND COLLECTED 100 PETITION SIGNATURES TO
SUPPORT A "SMOKE-FREE POLICY" AT LOCAL HOUSING DEVELOPMENTS. IN ADDITION,
THE YOUTH SURVEYED 40 HOUSING RESIDENTS TO LEARN MORE ABOUT THE CURRENT
CONDITIONS AND THEIR ATTITUDES TOWARDS A SMOKE-FREE HOME POLICY. ANOTHER
AGENCY SERVING YOUTH IN THE SOUTH END AND LOWER ROXBURY CREATED A

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CAMPAIGN TO REDUCE YOUTH ACCESS TO TOBACCO PRODUCTS AND EDUCATE LOCAL VENDORS ABOUT STATE POLICY REGARDING THE SALE OF TOBACCO. THE YOUTH PRODUCED A BILINGUAL INFORMATIONAL VIDEO IN PARTNERSHIPS WITH CITY SCHOOL AND PRESS PASS TV. LASTLY, AN AGENCY IN JAMAICA PLAIN WORKED ON LIMITING YOUTH ACCESS TO OTHER TOBACCO PRODUCTS (OTPS) BY CONVINCING LOCAL RETAILERS TO PLACE OTPS OUT OF SIGHT AND OUT OF REACH OF YOUNG PEOPLE. THROUGH THIS PROCESS, THE YOUTH LEARNED HOW TO ADVOCATE FOR AN ISSUE THAT WAS IMPORTANT TO THEM, HOW TO ENGAGE THE COMMUNITY TO SUPPORT OUR CAUSE, AND HOW TO SPEAK WITH LOCAL BUSINESS OWNERS. PROGRAM EVALUATION IS CURRENTLY UNDERWAY.

5. FAITH-BASED COLON CANCER PREVENTION EDUCATION OUTREACH PROGRAM:
THIS NEW PROGRAM PARTNERS WITH SIX (6) BLACK AND LATINO CHURCHES LOCATED IN THE BOSTON AREA. THE GOAL OF THE PROGRAM IS TO INCREASE KNOWLEDGE ABOUT THE IMPORTANCE OF COLON CANCER SCREENING AMONG CHURCH MEMBERS THROUGH CANCER PREVENTION EDUCATION. IN ADDITION IT PROVIDES ACTIVITIES TO INCREASE PHYSICAL ACTIVITY AND WEIGHT MANAGEMENT. IN 2013, THE PROGRAM

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CONDUCTED 13 SCREENINGS, 36 EXERCISE SESSIONS, AND 9 WEIGHT MANAGEMENT

ACTIVITIES ACROSS THE 6 CHURCHES.

6. PROSTATE CANCER EDUCATION AND SCREENING PROGRAM:

DFCI'S PROSTATE CANCER EDUCATION AND SCREENING PROGRAM IS PART OF A COLLABORATIVE EFFORT TO PROVIDE THE GREATER BOSTON COMMUNITY WITH PROSTATE CANCER INFORMATION, EDUCATION, SCREENING AND SUPPORT. COLLABORATIONS WITH THE PROSTATE HEALTH EDUCATION NETWORK (PHEN), COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY BASED ORGANIZATIONS MAKE IT POSSIBLE FOR DFCI'S PROSTATE CANCER OUTREACH AND EDUCATION PROGRAM TO EDUCATE AND OFFER PATIENT NAVIGATION AND SUPPORT GROUP RESOURCES TO MEN AT RISK FOR PROSTATE CANCER AT COMMUNITY SITES OR ON THE BLUM FAMILY RESOURCE VAN.

IN 2013, THE PROGRAM ALSO LAUNCHED A PARTNERSHIP WITH THE MATTAPAN COMMUNITY HEALTH CENTER (MCHC) TO ESTABLISH A PROSTATE CANCER CARE COLLABORATION MODEL. THIS INITIATIVE SEEKS TO STANDARDIZE BOTH EDUCATION

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FOR PATIENTS AND CLINICAL PRACTICE GUIDANCE FOR PROVIDERS. THE INTENDED OUTCOME IS TO IMPROVE THE OVERALL MANAGEMENT OF PROSTATE HEALTH ON AN INDIVIDUAL PATIENT BASIS, WITH RISK STRATIFICATION STRATEGIES SO THAT PROVIDERS CAN ENSURE THAT HIGH-RISK MEN AT MCHC ARE PROPERLY SERVED AND TRACKED. QUARTERLY ROUNDS WITH PROVIDERS WERE HELD AND 82 PATIENTS WERE EDUCATED PRIOR TO THEIR PROVIDER APPOINTMENTS.

DURING THE FISCAL YEAR, THE PROGRAM HAD 48 EVENT REQUESTS FOR PROSTATE CANCER EDUCATION AND SCREENING SERVICES, 40 OF WHICH WERE CONDUCTED. OF THE 40, 29 EVENTS WERE EDUCATION ONLY AND 11 WERE EDUCATION AND SCREENING SUPPORTED BY A CLINICIAN. 888 MEN WERE PROVIDED PROSTATE CANCER EDUCATION AND 138 MEN WERE PROVIDED WITH BOTH EDUCATION AND SCREENING SERVICES.

ALSO IN FY 2013, PROGRAM STAFF WORKED WITH THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (DPH) IN TWO CRITICAL PROGRAMS. THE FIRST WAS THROUGH PARTICIPATION ON THE COMMUNITY AND HEALTHCARE LINKAGES SUBCOMMITTEE FOR

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DPH'S MASSACHUSETTS PARTNERSHIP FOR HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION PROGRAM. THE WORK RESULTED IN MOBILE HEALTH BEING CHOSEN AS A BEST PRACTICE FOR LINKING CLINICAL RESOURCES TO MEDICALLY UNDERSERVED COMMUNITIES AND WAS PRESENTED AT THE FIRST ANNUAL SUMMIT ON THE ROLE OF PREVENTION IN HEALTHCARE REFORM. THE SECOND WAS THROUGH PARTICIPATION ON THE PROSTATE CANCER WORK GROUP SUBCOMMITTEE OF DPH'S MASSACHUSETTS COMPREHENSIVE CANCER PREVENTION AND CONTROL PROGRAM. IN FY 2013, DFCI PROGRAM STAFF WAS CHOSEN TO CO-CHAIR THIS COMMITTEE.

THE PROGRAM COLLABORATED WITH BRIGHAM AND WOMEN'S HOSPITAL AND THE WHITTIER STREET COMMUNITY HEALTH CENTER TO CONDUCT AN 'OPEN-TO-THE-PUBLIC' PANEL DISCUSSION ON PROSTATE CANCER. IN ADDITION, PROGRAM STAFF COLLABORATED IN THE DESIGN AND DELIVERY OF THE PROSTATE CANCER MODULE OF THE DPH-FUNDED AREA HEALTH EDUCATION CENTER'S (AHEC) COMMUNITY HEALTH WORKER TRAINING PROGRAM.

WE CONTINUED TO PROVIDE EDUCATION AND SCREENING AS PART OF PHEN'S

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ON-GOING NATIONWIDE FATHER'S DAY RALLY AGAINST PROSTATE CANCER, WHICH COORDINATES HUNDREDS OF CHURCHES AND SERVICE PROVIDERS ACROSS THE COUNTRY. 9 CANCER CLINICAL TRIALS EDUCATION SESSIONS WERE HELD, 8 CONDUCTED THROUGH PHEN MONTHLY WEBCASTS, AND 1 WAS DELIVERED AT THE 2013 MASSACHUSETTS PROSTATE CANCER SYMPOSIUM WHICH WAS ORGANIZED BY THE MASSACHUSETTS PROSTATE CANCER COALITION.

PATIENT NAVIGATION HAS ALWAYS BEEN A CRITICAL PART OF THE PROSTATE CANCER EDUCATION AND SCREENING PROGRAM. THE 2013 CASE LOAD WAS 22 PATIENTS WITH WHOM PROGRAM STAFF WORKED TO PROVIDE A RANGE OF SERVICES INCLUDING ASSISTANCE IN SECURING HEALTH INSURANCE, FINDING PRIMARY CARE PROVIDERS SO PATIENTS COULD ENGAGE IN PROPER FOLLOW-UP FROM SCREENING RESULTS, ARRANGING AND ATTENDING ONCOLOGY CONSULTS FOR NEWLY DIAGNOSED PATIENTS, ARRANGING LOGISTICS FOR PATIENTS RECEIVING TREATMENT, AND OTHER SERVICES.

ADDITIONAL ACTIVITIES OF NOTE IN FY 2013 WERE:

- ATTENDANCE AND PARTICIPATION AT THE 2013 ANNUAL LEADERSHIP SUMMIT

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AND LOBBY DAY IN WASHINGTON DC WITH THE AMERICAN CANCER SOCIETY'S

ADVOCACY ARM, THE CANCER ACTION NETWORK (ACS CAN).

- ATTENDANCE AND PARTICIPATION AT PHEN'S 2013 AFRICAN AMERICAN PROSTATE CANCER DISPARITIES SUMMIT IN WASHINGTON DC. PROGRAM STAFF PRESENTED ON THE STAND UP TO CANCER PROSTATE CANCER DREAM TEAM PROJECT. THIS PROJECT BRINGS TOGETHER A MULTI-DISCIPLINARY GROUP OF EXPERTS FROM AROUND THE WORLD TO DEVELOP PRECISION THERAPY FOR ADVANCED PROSTATE CANCER.

- COMMUNITY OUTREACH, EDUCATION AND SCREENING AT ADMETECH'S ANNUAL PROSTATE CANCER AWARENESS DAY (PCAD) AT THE MASSACHUSETTS STATE HOUSE. THE PROGRAM CONTINUED ITS PARTNERSHIP WITH BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IN THE RESEARCH STUDY: 'COMMUNITY-BASED STUDY OF URINE TESTS FOR PROSTATE CANCER', UNTIL JUNE, 2013, WHEN THE STUDY WAS MOVED TO EMORY UNIVERSITY IN ATLANTA, GA. THE PURPOSE OF THE STUDY WAS TO IDENTIFY NEW BIOMARKERS THAT WILL PROVIDE IMPROVED SHORT-TERM PREDICTION AND EARLY DETECTION OF PROSTATE CANCER AS COMPARED TO THE CURRENT SERUM (BLOOD) PSA, IMPROVING SURVIVORSHIP FOR HIGH RISK MEN. THE VAN PROGRAM

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WAS THE ACCRUAL ARM FOR THE STUDY, TARGETING ACCRUAL OF 420 MEN OF COLOR
OVER 5 YEARS, OR 84 MEN PER YEAR. AS OF JULY 1, 2013, 244 MEN HAD BEEN
RECRUITED SINCE THE BEGINNING OF THE COLLABORATION IN 2010.

7. SUN SAFETY EDUCATION AND SCREENING PROGRAM:

THIS COMPREHENSIVE INITIATIVE AIMS TO REDUCE THE INCIDENCE OF SKIN
CANCER, THE MOST COMMON FORM OF CANCER WITH OVER A MILLION NEW CASES EACH
YEAR. THIS PAST YEAR 28 EVENTS WERE HELD IN WHICH 1,675 PEOPLE WERE
REACHED WITH AN AVERAGE OF 60 PARTICIPANTS PER EVENT. OUT OF THE 1,675
PARTICIPANTS, 1183 ADULTS AND 3 CHILDREN WERE REACHED AND RECEIVED SUN
SAFETY AND SKIN CANCER PREVENTION EDUCATION. IN ADDITION, 492 CHILDREN
WERE REACHED THROUGH OUR PARTNERSHIP WITH THE JIMMY FUND CLINIC. THESE
EDUCATIONAL EVENTS WERE HELD AT VARIOUS VENUES SUCH AS HEALTH FAIRS,
HEALTH CENTERS, COLLEGES, HIGH SCHOOLS, AND LOCAL BEACHES.

IN ORDER TO PROVIDE THE BEST SERVICE TO OUR COMMUNITY, 6 NEW VOLUNTEERS
WERE TRAINED. VOLUNTEERS ARE EXTREMELY IMPORTANT AS THEY ARE RESPONSIBLE

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FOR THE EDUCATIONAL PIECE OF THE PROGRAM, EMPOWERING THE PUBLIC TO OBTAIN
CANCER INFORMATION AND HELPING PARTICIPANTS TO MAKE INFORMED DECISIONS
ABOUT THEIR HEALTH.

FREE SKIN CANCER SCREENINGS WERE ALSO PROVIDED ON THE BLUM FAMILY
RESOURCE VAN, A 39-FOOT MOBILE CLINIC WHICH CONSISTS OF A CLASSROOM AND
AN EXAM ROOM FOR SCREENINGS AND PRIVATE CONSULTATIONS. THIS YEAR DURING
THE BEACH EVENTS, THE CLASSROOM WAS TRANSFORMED INTO AN ADDITIONAL EXAM
ROOM, SO THAT TWO EXAM ROOMS WERE USED SIMULTANEOUSLY. THE SCREENINGS
WERE PERFORMED BY DERMATOLOGISTS FROM BRIGHAM AND WOMEN'S HOSPITAL
DERMATOLOGY DEPARTMENT. THIS YEAR, EIGHT (8) DERMATOLOGISTS PARTICIPATED
IN THE PROGRAM.

IN FY13, A TOTAL OF 563 (ADULTS AND CHILDREN) PARTICIPANTS WERE REACHED
AT THE BEACH EVENTS WHERE OUR TARGET POPULATION INCLUDES BEACHGOERS,
LIFEGUARDS AND VENDORS- THOSE THAT MAY BE AT HIGH RISK FOR A SKIN CANCER.
WE HAD TEN SCREENING EVENTS AND 247 PEOPLE WERE SCREENED AT ONE OF THE

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FIVE LOCAL BEACHES: WOLLASTON BEACH, PLEASURE BAY, REVERE BEACH, NANTASKET BEACH AND CARSON BEACH. 66 PARTICIPANTS WERE REFERRED FOR FOLLOW-UP AND 39 WERE RECOMMENDED FOR A BIOPSY. THE MAJORITY OF THE RECOMMENDATIONS FOR BIOPSIES WERE RELATED TO PRESUMPTIVE DIAGNOSIS OF BASAL CELL CARCINOMA, SQUAMOUS CELL CARCINOMA OR MELANOMA. THE PROGRAM STAFF ASSISTS ALL PARTICIPANTS WHO ARE RECOMMENDED FOR FOLLOW-UP TO ENSURE THAT THEY FULLY UNDERSTAND THE IMPORTANCE OF MAKING AN APPOINTMENT FOR ADDITIONAL SCREENING. IN ADDITION, PARTICIPANTS OF THE PROGRAM WHO NEED FOLLOW-UP AND CALL THE DERMATOLOGY DEPARTMENT AT THE BRIGHAM ARE PRIORITIZED IN SCHEDULING AN APPOINTMENT.

THE PEDIATRIC EDUCATIONAL COMPONENT OF THE PROGRAM WAS PROVIDED BY STAFF FROM THE JIMMY FUND PEDIATRIC CLINIC, WHO ATTENDED FIVE OF THE SEVEN BEACH EVENTS AND SERVED A TOTAL OF 242 CHILDREN.

8. TOBACCO CESSATION PILOT PROGRAM AT WHITTIER STREET HEALTH CENTER (WSHC):

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ACCORDING TO THE MOST RECENT DFCI COMMUNITY HEALTH NEEDS ASSESSMENT, CANCER-PREVENTION BEHAVIORS SUCH AS SMOKING ARE CONSISTENTLY WORSE PARTICULARLY AMONG BLACKS AND LATINOS. THIS PILOT INITIATIVE AIMS TO SERVE THE COMMUNITY BY PROVIDING SMOKING CESSATION COUNSELING TO WSHC PATIENTS. THE PURPOSE IS TO PROVIDE SUPPORT TO INDIVIDUALS WHO SMOKE IN THEIR OWN SOCIAL ENVIRONMENT AND INCREASE AWARENESS OF TREATMENT AVAILABILITY BY CONNECTING THEM TO EXISTING RESOURCES THAT COULD HELP THEM IN THE PROCESS OF QUITTING AND STAYING TOBACCO FREE.

IN PARTNERSHIP WITH WSHC, THIS PILOT PROGRAM WAS LAUNCHED IN THE WINTER OF 2013 AND A TOTAL OF 20 PATIENTS HAVE RECEIVED ONE-ON-ONE SMOKING CESSATION COUNSELING. PRIOR TO THE PROGRAM LAUNCH THE CURRICULUM WAS REVISED TO REFLECT THE PROVISION OF INDIVIDUAL SESSIONS AS OPPOSED TO GROUP SESSIONS. A PROVIDER REFERRALS SYSTEM WAS ALSO CREATED AS WELL AS THE DOCUMENTATION PROCEDURES. THE PROGRAM IS ALSO INTEGRATED INTO THE COMMUNITY CANCER CLINIC SCHEDULE.

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9. HPV AND CERVICAL CANCER PILOT EDUCATION PROGRAM:

COMMUNITY BENEFITS PARTNERED WITH TEAM MAUREEN, A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO RAISE AWARENESS ON HPV AND CERVICAL CANCER. THE GOAL OF THE PARTNERSHIP IS TO COMBINE EFFORTS TO EDUCATE PARENTS AND GUARDIANS ON CERVICAL CANCER PREVENTION TO HELP THEM MAKE INFORMED DECISIONS ABOUT THEIR CHILDREN'S HEALTH. IN FY 13, THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, INVITED DFCI TO SERVE ON THE STEERING COMMITTEE OF THE A NEWLY FUNDED GRANT PROJECT WHICH SEEKS TO INCREASE HPV VACCINATION COVERAGE AMONG ADOLESCENTS AND TO ACHIEVE THE HEALTHY PEOPLE 2020 GOAL OF 80% OF ALL ADOLESCENTS IN THE STATE ARE RECEIVING 3 DOSES OF HPV VACCINE BY 13-15 YEARS OF AGE, REGARDLESS OF RACE/ETHNICITY OR SOCIOECONOMIC STATUS.

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10. COMMUNITY EVENTS AND HEALTH FAIRS:

EACH YEAR DFCI PARTICIPATES IN NUMEROUS COMMUNITY EVENTS THAT SERVE AS VEHICLES FOR EDUCATING COMMUNITIES ABOUT CANCER PREVENTION, SCREENING,

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EARLY DETECTION, CLINICAL TRIALS AND TREATMENT INFORMATION. THE

ACCOMPLISHMENTS IN FY 13 INCLUDE:

WHITTIER STREET HEALTH CENTER COMMUNITY RESOURCE ROOM:

IN JULY 2013, WE PRESENTED A COMPREHENSIVE SUMMER HEALTH EDUCATION SERIES THAT FOCUSED ON HEALTHY EATING, HPV-CERVICAL CANCER AND BREAST CANCER. APPROXIMATELY 80 PARTICIPANTS ATTENDED THE SESSIONS, WITH A MIXTURE OF WHITTIER PATIENTS AND COMMUNITY RESIDENTS.

FENWAY HIGH SCHOOL COLLABORATIONS:

IN PARTNERSHIP WITH FENWAY HIGH SCHOOL WE CONDUCTED 2 PRESENTATIONS ON TOPICS OF NUTRITION/PHYSICAL FITNESS AND TOBACCO AND APPROXIMATELY 35- 45 STUDENTS WERE EDUCATED.

ADDITIONALLY, DFCI HOSTED APPROXIMATELY 25 HIGH VISIBILITY EVENTS REACHING OVER 500 PEOPLE. WE ALSO PLACED MONTHLY CANCER EDUCATIONAL INFORMATION IN THE METRO NEWSPAPER AND PUBLISHED MATERIALS INCLUDED

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INFORMATION ON DFCI-SPONSORED COMMUNITY EVENTS AND TOPICAL ARTICLES ON THE IMPORTANCE OF DIET AND EXERCISE IN CANCER PREVENTION. PERIODIC EDUCATIONAL MATERIALS WERE ALSO PUBLISHED IN EL MUNDO AND THE BAY STATE BANNER NEWSPAPERS.

11. CANCER CARE EQUITY PROGRAM

THE CANCER CARE EQUITY PROGRAM (CCEP) WAS ESTABLISHED IN JANUARY 2012 TO SERVE AS A BRIDGE BETWEEN RESEARCH AND OUTREACH EFFORTS TO ADDRESS CANCER DISPARITIES AT DFCI. CREATION OF THE PROGRAM DEMONSTRATES THE COMMITMENT OF DFCI TO LOCAL COMMUNITIES AT HIGH RISK AND WITH LIMITED ACCESS TO HIGH-QUALITY TREATMENT.

THE ROLE OF THE CCEP IS TO: IMPROVE LOCAL OUTCOMES VIA CLINICAL ACCESS TO THE SPECTRUM OF PREVENTIVE MEDICINE, TREATMENT, AND TRIALS AT DFCI FOR THE UNDERSERVED, UNITE DISPARITIES-RELATED RESEARCH ACROSS THE INSTITUTE, INITIATE AND FACILITATE RESEARCH IN CANCER DISPARITIES, AND SUPPORT ESTABLISHED OUTREACH AND EDUCATIONAL PROGRAMS. THROUGH THESE EFFORTS, THE CCEP AIMS TO BROADEN ACCESS TO VULNERABLE PATIENT POPULATIONS AND JOIN

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OUR COMMUNITY PARTNERS IN THE QUEST FOR EQUITABLE CARE ACROSS THE
SPECTRUM OF CANCER-RELATED DISEASE.

THERE ARE SIX TARGETED OBJECTIVES THAT THE CCEP HOPES TO ACHIEVE WITH ITS
CLINICAL OUTREACH INITIATIVE:

(1) DECREASE WAIT TIMES FOR DIAGNOSIS AND TREATMENT OF CANCER FOR
VULNERABLE PATIENT POPULATIONS. A GROUP OF FIVE MEDICAL ONCOLOGY
CLINICIANS, A GENETICIST, A GENETIC COUNSELOR, AND A HIGHLY EXPERIENCED
PROGRAM NURSE NAVIGATOR CURRENTLY PROVIDE CONSULTATIONS IN COLLABORATION
WITH PRIMARY CARE PHYSICIANS THROUGH THE DANA-FARBER COMMUNITY CANCER
CARE CLINIC LOCATED AT WSHC IN ROXBURY, MA. THE CLINICAL TEAM IS
DEDICATED TO ISSUES REGARDING DISPARITIES AND DELIVERING HIGH-QUALITY
CANCER CARE TO VULNERABLE PATIENT POPULATIONS. THE PHYSICIANS ATTEND A
CLINIC AT WSHC, PERFORM CONSULTATIONS, AND AID IN DIAGNOSIS AND WORK-UP
OF SUSPECTED ONCOLOGIC ISSUES.

PATIENTS DIAGNOSED WITH CANCER ARE REFERRED TO DFCI FOR POTENTIAL
TREATMENT AND DIAGNOSTIC PROCEDURES. IMAGING IS PERFORMED AT DFCI AND

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BRIGHAM AND WOMEN'S HOSPITAL (BWH) AS NEEDED. UPON COMPLETING TREATMENT, PATIENTS HAVE THE OPTION TO ENTER THE SURVIVORSHIP PROGRAM AT WSHC. IN ADDITION TO THEIR PRIMARY CARE PROVIDER, PATIENTS HAVE THE OPTION OF BEING FOLLOWED BY ONE OF THE PROGRAM'S MEDICAL ONCOLOGISTS AT WSHC, AS WELL AS THE PROGRAM'S NURSE NAVIGATOR AND PATIENT NAVIGATOR. NAVIGATION SERVICES ARE PROVIDED TO EACH PATIENT TO ENSURE SEAMLESS MOVEMENT THROUGH VARIOUS SYSTEMS AS WELL AS COORDINATION OF CARE. 165 PATIENTS RECEIVED NEW CONSULTS AND OVER 78 PATIENTS HAD FOLLOW-UP VISITS. THESE PATIENTS HAVE A WIDE RANGE OF DIAGNOSES AND HAVE BEEN REFERRED TO DISEASE CENTERS AND SPECIALTY CLINICS WITHIN THE DFCI AND BWH SYSTEM.

WE HAVE CREATED AN ELECTRONIC DATABASE TO TRACK OUR PATIENTS IN THE MOST EFFICIENT MANNER. WE HAVE ALSO CONVERTED OUR NEW PATIENT SURVEY INTO AN ELECTRONIC VERSION. BOTH DATABASES CAN BE MERGED FOR PROFICIENT DATA COLLECTION AND ANALYSIS. IN DIRECT RESPONSE TO A HIGH VOLUME OF REFERRALS FOR GENETIC EVALUATIONS, WE HAVE ADDED A GENETICIST AND A GENETIC COUNSELOR TO OUR TEAM. WE HAVE ALSO HIRED A BILINGUAL PATIENT

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NAVIGATOR.

(2) INCREASE AWARENESS AND KNOWLEDGE OF CANCER PREVENTION AND TREATMENT WITHIN VULNERABLE COMMUNITIES. DFCI CLINICIANS PROVIDE MONTHLY QUESTION-AND-ANSWER SESSIONS TO THE HEALTH CARE PROVIDERS AT WSHC, FOCUSING ON THEIR PARTICULAR SPECIALTY. IN ADDITION TO THESE Q & A SESSIONS, EDUCATIONAL LECTURES ARE ALSO PROVIDED TO PATIENTS, STAFF, AND THE COMMUNITY AT LARGE. THESE LECTURES FOCUS ON PREVENTION, TREATMENT, SURVIVORSHIP, AND CLINICAL TRIALS.

(3) FOSTER TRUST WITH PROVIDERS AND PATIENTS FROM VULNERABLE COMMUNITIES. WHITTIER STREET HEALTH CENTER IS A FEDERALLY-FUNDED COMMUNITY HEALTH CENTER LOCATED IN ROXBURY, MA. THE CENTER PROVIDES COMPREHENSIVE HEALTH SERVICES INCLUDING PRIMARY CARE, BEHAVIORAL HEALTH CARE, SUBSTANCE ABUSE SERVICES, DENTAL CARE AND EYE CARE TO APPROXIMATELY 25,000 PATIENTS. IT HAS A LONG-STANDING MISSION TO DELIVER HIGH QUALITY CARE TO VULNERABLE PATIENT POPULATIONS. 83% OF WSHC PATIENTS LIVE IN PUBLIC HOUSING, AND 45% ARE BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH. OF THE PATIENTS TREATED AT WSHC, 92% LIVE BELOW 200% OF THE POVERTY

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LEVEL. DFCI HAS A LONG-STANDING RELATIONSHIP WITH WSHC, AND HAS ESTABLISHED SURVIVORSHIP CLINICS AND CANCER PREVENTION-RELATED OUTREACH PROGRAMS OVER THE YEARS. BY DIRECTLY INVOLVING AND ENCOURAGING CONTACT BETWEEN ONCOLOGISTS AND CLINICIANS THAT SERVE THE COMMUNITY, DANA-FARBER COMMUNITY CANCER CARE IS ESTABLISHING TRUST AND A LEVEL OF COMFORT THAT ENCOURAGES REFERRALS AND COLLABORATIONS. IN ADDITION, HAVING VISIBLE DFCI ONCOLOGY PROVIDERS IN VULNERABLE COMMUNITIES CONVEYS A COMMITMENT TO TREATMENT EQUITY.

(4) CREATE A RESEARCH COHORT OF PATIENTS REFERRED VIA THE WSHC OUTREACH PROGRAM FOR OBSERVATIONAL AND INTERVENTIONAL STUDIES. ALL PATIENTS EVALUATED AS PART OF THE CCEP HAVE THE OPTION OF ENROLLING IN A RESEARCH STUDY TO CREATE A WSHC COHORT. THIS ALLOWS FOR OBSERVATIONAL STUDIES EXAMINING DISEASE PRESENTATION AND TREATMENT RESPONSES, AS WELL AS QUALITATIVE AND INTERVENTIONAL STUDIES. THE FORMATION OF THIS UNIQUE RESEARCH COHORT IS AN IMPORTANT PART OF THE CLINICAL PROGRAM AND PROVIDES AN OPPORTUNITY TO BRING TOGETHER INVESTIGATORS ACROSS DFCI WITH INTERESTS IN DISPARITIES. CLINICAL TRIAL INVESTIGATORS, COMMUNITY BASED

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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

RESEARCHERS, AND LABORATORY BASED RESEARCHERS ARE ENCOURAGED TO CONSULT THE CCEP FOR QUESTIONS ABOUT THIS RESEARCH COHORT. AS OF DECEMBER, 2013, 92 PATIENTS HAVE ENROLLED, REPRESENTING OVER 80% OF THOSE WHO HAVE BEEN INFORMED OF THE STUDY TO DATE. A SUBSET OF THESE PATIENTS ALSO ENROLLED IN A SEPARATE DFCI STUDY THAT EXAMINED PATIENT/CAREGIVER AND PROVIDER PREFERENCES TO IMPROVE SYMPTOM MANAGEMENT AND QUALITY OF LIFE AMONG CANCER PATIENTS.

(5) INCREASE ENROLLMENT IN CLINICAL TRIALS. EDUCATION REGARDING THE CONCEPT OF CLINICAL TRIALS IS PROVIDED TO ALL PATIENTS SEEN AT DFCI UNDER THE CCEP PROGRAM. BY INCREASING ACCESS TO DFCI AND IMPROVING RELATIONSHIPS WITH THE COMMUNITY AND PROVIDERS, THE PROGRAM HOPES TO REMOVE SOME OF THE STRUCTURAL BARRIERS TO CLINICAL TRIAL ENROLLMENT FOR VULNERABLE PATIENT POPULATIONS. THE PROGRAM ALSO ALLOWS FOR AN EVALUATION OF BARRIERS TO CLINICAL TRIAL ENTRY, AND IS ATTEMPTING TO DIFFERENTIATE SYSTEMS-LEVEL BARRIERS FROM PATIENT-LEVEL BARRIERS.

(6) CREATE A MODEL FOR ADDRESSING THE HEALTH DISPARITIES GAP IN CANCER CARE. THE FINAL OBJECTIVE FOR THE CCEP IS TO CREATE A NATIONAL MODEL FOR

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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ADDRESSING HEALTH DISPARITIES GAPS IN CANCER CARE. ONE OF THE PROGRAM'S GOALS IS TO DEVELOP A SUPPORT PROGRAM TO AID ORGANIZATIONS WHO WISH TO INSTITUTE SIMILAR PROGRAMS.

OVERALL, OUTCOMES FOR PATIENTS WILL BE FOLLOWED CLOSELY TO DETERMINE THE EFFECT ON DIAGNOSIS TIME, TREATMENT CHOICES, COMPLICATIONS OF TREATMENTS, AND CLINICAL TRIAL ENROLLMENT. IF THE PROGRAM SHOWS IMPROVEMENT IN OUTCOMES FOR PATIENTS, IT WOULD ALLOW FOR EXPANSION OF THE PILOT PROJECT TO OTHER COMMUNITY HEALTH CENTERS.

12. DFCI HEALTH EQUITY REPORTING

THE CCEP IS RESPONSIBLE FOR PRODUCING QUARTERLY HEALTH EQUITY REPORTS AND MONITORING UNDER-REPRESENTED PATIENTS FOR ADULT AND PEDIATRIC INPATIENT/OUTPATIENT ONCOLOGY SERVICES AT DFCI, INCLUDING CLINICAL TRIAL PARTICIPATION. THE AIMS OF THE CCEP'S HEALTH EQUITY REPORTING INITIATIVE ARE TO: 1) ESTABLISH A METHOD FOR CONSISTENT COLLECTION OF DEMOGRAPHIC DATA ON PATIENTS SEEN AT DFCI; 2) PRODUCE QUARTERLY HEALTH EQUITY REPORTS FOR DFCI LEADERSHIP, AND ESTABLISH AND EQUITY REPORT DASHBOARD FOR

Part VI Supplemental Information

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VARIABLES THAT ALLOW FOR REAL TIME REVIEW; AND 3) SUPPORT PILOT INTERVENTIONS TO ADDRESS TREATMENT RELATED EQUITY ISSUES AT DFCI. TO ACCOMPLISH THESE AIMS, A DATABASE HAS BEEN DEVELOPED TO LINK THE ESTABLISHED DATA SYSTEMS AT DFCI AND ALLOW FOR ONE CONSISTENT REPORT THAT INCLUDES DATA ON RACE/ETHNICITY, LANGUAGE, AND EDUCATIONAL LEVEL. THE DATABASE IS CURRENTLY BEING VALIDATED AND ANTICIPATED TO BECOME OPERATIONAL IN EARLY 2014.

13. CCEP/IECD CANCER DISPARITIES RESEARCH SYMPOSIUM
IN COLLABORATION WITH THE DF/HCC INITIATIVE TO ELIMINATE CANCER DISPARITIES (IECD), THE CCEP HAS INITIATED AN ANNUAL CANCER DISPARITIES RESEARCH SYMPOSIUM. THE 2013 SYMPOSIUM FEATURED DR. LOVELL JONES, DIRECTOR OF THE DOROTHY I. HEIGHT CENTER FOR HEALTH EQUITY AND EVALUATION RESEARCH AT THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER AS THE KEYNOTE SPEAKER.

14. NCI SPONSORED HEALTH DISPARITIES ACTIVITIES/ THE DANA-FARBER/HARVARD

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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CANCER CENTER (DF/HCC) INITIATIVE TO ELIMINATE CANCER DISPARITIES (IECD)

DF/HCC CONTINUES TO ADDRESS AND PURSUE ISSUES PERTAINING TO CANCER

DISPARITIES USING A COMPREHENSIVE AND MULTI-FACETED APPROACH. PROVIDED

THROUGH AN ORGANIZATIONAL FRAMEWORK, THE INITIATIVE TO ELIMINATE CANCER

DISPARITIES (IECD) ENCOURAGES AND ASSISTS IN THE FACILITATION OF

DISPARITIES RESEARCH AS WELL AS MINORITY CLINICAL TRIAL EDUCATION AND

ENROLLMENT.

IN AN EFFORT TO DIVERSIFY OUR RESEARCH TRAINING OFFERINGS, WE HAVE

SUBMITTED TWO R25 GRANTS THAT PROVIDE INNOVATIVE EDUCATIONAL PROGRAMMING

FOCUSED ON CANCER RESEARCH. CANCURE, A NEW COLLABORATION WITH

NORTHEASTERN UNIVERSITY IN BOSTON, MA AIMS TO TRAIN THE NEXT GENERATION

OF SCIENTISTS, TECHNOLOGISTS AND PHYSICIANS PREDOMINANTLY FROM

UNDERREPRESENTED, UNDERSERVED ECONOMICALLY DISADVANTAGED MINORITY

COMMUNITIES WHO WILL BECOME SKILLED IN RESEARCH AT THE INTERFACE OF

NANOTECHNOLOGY, CANCER BIOLOGY AND MEDICINE. THE OTHER R25, BRIDGES TO

GRADUATE SCHOOL (BGS), WILL ALLOW THE EXPANSION OF OUR STUDENT TRAINING

Part VI Supplemental Information

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PIPELINE PROGRAMMING TO INCLUDE A FOCUS ON THE POST-BACCALAUREATE TRAINEE WHO IS INTERESTED IN A FUNCTIONAL GENOMICS AND SYSTEMS BIOLOGY. BGS PROGRAM PARTICIPANTS WILL GAIN SKILLS AND KNOWLEDGE IN AREAS INCLUDING BUT NOT LIMITED TO: PROTEOMICS, GENE EXPRESSION ANALYSIS, PROTEIN INTERACTION MAPPING, BIOINFORMATICS, COMPUTATIONAL BIOLOGY AND LABORATORY AUTOMATION. AT THE END OF THE INTERNSHIP, BGS STUDENTS WILL BE EXPECTED TO ENROLL IN COMPETITIVE MEDICAL OR GRADUATE SCHOOL PROGRAM WITH THE GOAL OF DEVELOPING A CAREER IN THE BIOMEDICAL SCIENCES.

PLANS ARE UNDERWAY TO LAUNCH AN EDUCATIONAL PROGRAM ENTITLED, COMMUNITY DIALOGUES. THE OVERALL GOAL IS TO CREATE AN OPPORTUNITY FOR THE DF/HCC RESEARCH COMMUNITY AND THE COMMUNITY AT LARGE TO ENGAGE IN MEANINGFUL DISCUSSIONS RELATED TO RESEARCH. WE ANTICIPATE THE EXPECTED OUTCOME WILL LEAD TO AN ENHANCED UNDERSTANDING OF THE RESEARCH INTERESTS FOR THE COMMUNITY AT LARGE AND DF/HCC RESEARCH COMMUNITY. IN ADDITION, WE ARE ALSO SEEKING TO USE THESE PLATFORMS TO PROVIDE DF/HCC RESEARCHERS THE OPPORTUNITY TO DISSEMINATE THEIR RESEARCH FINDINGS. THE INITIAL SERIES

Part VI Supplemental Information

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WAS SET TO LAUNCH IN EARLY 2014 WITH A FOCUS ON THE ROLE OF STRESS AND
CANCER.

BUILDING ON OUR PARTNERSHIP WITH THE FAITH-BASED COMMUNITY, THIS PAST
YEAR, WE INCORPORATED A NEW STRATEGY THAT PROVIDED CANCER SURVIVORS
WITHIN THE FAITH COMMUNITY TO BREAK THROUGH THE SILENCE. THROUGH SELF
PORTRAITS AND TESTIMONIES, 19 SURVIVORS TOLD THEIR STORY WHICH PROMOTED
AWARENESS AND THAT LIFE WITH AND BEYOND CANCER CAN BE GLORIOUS AND
FULFILLING. THE EXHIBIT HAS BEEN FEATURED AT TWO LOCAL ART STUDIOS, 9
BOSTON-BASED CHURCHES, 3 OF THE SEVEN DF/HCC INSTITUTIONS AND A VARIETY
OF COMMUNITY- BASED ORGANIZATIONS.

DURING THE PAST YEAR WE HAVE BROADENED OUR CLINICAL TRIALS EDUCATION TO
INCLUDE CURRICULUM FOCUSED ON BIOBANKING AND PERSONALIZED MEDICINE. WE
HAVE PARTNERED WITH OTHER NCI DESIGNATED CANCER CENTERS TO JOINTLY DESIGN
AND PILOT CURRICULUM TO THE BLACK AND LATINO POPULATIONS. AS A MEMBER
OF THE HARVARD CATALYST, DF/HCC'S IECD HAS BEEN A KEY CONTRIBUTOR IN THE

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DEVELOPMENT OF A VARIETY OF CLINICAL RESEARCH CURRICULUM FOR BOTH

PROSPECTIVE RESEARCH PARTICIPANTS AND RESEARCH STAFF.

15. CAREER, EMPLOYMENT, AND TRAINING INITIATIVES

IN 2013, DFCI CONTINUED TO BUILD ON ITS PARTNERSHIP WITH YMCA TRAINING INC. AND OTHER COMMUNITY BASED PRE-EMPLOYMENT TRAINING PROGRAMS TO IDENTIFY UNEMPLOYED AND UNDER-EMPLOYED SKILLED ADULTS IN THE COMMUNITY.

THE EXPERIENCES INCLUDED A COMBINATION OF ON-THE-JOB TRAINING AND CLASSROOM LEARNING, CAREER COUNSELING, AND OTHER SKILL BUILDING ACTIVITIES. TO ENCOURAGE UNDERREPRESENTED STUDENTS OF COLOR TO EXPLORE AND PURSUE CAREERS IN HEALTH AND SCIENCE, DFCI MAINTAINS EDUCATIONAL PARTNERSHIPS WITH BOSTON AREA HIGH SCHOOLS SUCH AS THE FENWAY HIGH SCHOOL, MADISON PARK TECHNICAL VOCATIONAL HIGH SCHOOL AND THE JOHN D. O'BRYANT SCHOOL OF MATH & SCIENCE.

DURING THE 2012/13 ACADEMIC YEAR, 18 STUDENTS PARTICIPATED IN A COLLEGE AND CAREER READINESS STUDENT TRAINING PROGRAM. AN ADDITIONAL 46 STUDENTS

Part VI Supplemental Information

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WERE ENROLLED DURING THE SUMMER FOR A TOTAL OF 64 STUDENT INTERNS.

ELIGIBLE STUDENTS EITHER ATTENDED OR GRADUATED FROM BOSTON PUBLIC

SCHOOLS. DURING THE 7-WEEK SUMMER PROGRAM, STUDENTS INTERNEED

30-HOUR/WEEK, AND PARTICIPATE IN COLLEGE TOURS AND CAREER READINESS

WORKSHOPS.

DFCI ACTIVELY PARTICIPATES IN SCHOOL-TO-CAREER PROGRAMS WITH THE BOSTON PRIVATE INDUSTRY COUNCIL (PIC). ONE SUCH PROGRAM INCLUDES GROUNDHOG JOB SHADOW DAY, WHERE 11 STUDENTS SHADOWED DFCI EMPLOYEES LEARNING ABOUT CAREERS IN HEALTHCARE AND SPECIFIC JOB RESPONSIBILITIES, AS WELL AS THE SKILLS AND TRAINING NEEDED FOR THE POSITION. IN ADDITION, THIS YEAR WE HOSTED 16 MIDDLE SCHOOL STUDENTS FROM OUR PARTNER SCHOOL, JOHN D. O'BRYANT IN PARTNERSHIP WITH HARVARD MEDICAL SCHOOL'S OFFICE OF DIVERSITY AND COMMUNITY PARTNERSHIPS.

DFCI STAFF ALSO PARTICIPATES IN SCHOOL-BASED EVENTS, INCLUDING FENWAY HIGH SCHOOL'S ANNUAL CAREER FAIR, WHERE STAFF LEND THEIR EXPERTISE IN

Part VI Supplemental Information

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MOCK INTERVIEWS AND CAREER PANELS. OTHER SCHOOL AND COMMUNITY PARTNER PROGRAMS IN WHICH DFCI ENGAGES BOSTON'S HIGH SCHOOL POPULATION INCLUDE SOCIEDAD LATINA'S HEALTH CAREERS FOR YOUTH INTERNSHIP PROGRAM, THE YOUTH ENRICHMENT SERVICES CAREER EXPLORATION PROGRAM, THE "EXPLORATIONS" LAB SCIENCE EXPOSURE PROGRAM WITH HARVARD MEDICAL SCHOOL'S OFFICE OF DIVERSITY AND COMMUNITY PARTNERSHIP, AND THE GATEWAY TO THE LMA AT THE JOHN D. O'BRYANT SCHOOL OF MATH AND SCIENCE.

PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM

DFCI IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.

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

MASSACHUSETTS

PART VI, LINE 8 - FACILITY REPORTING GROUP

N/A

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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)	FRIENDS OF DANA-FARBER BOSTON, MA 02215	37-1613621	501(C)(3)	50,000.				CANCER RES & DEVELP
(2)	BAPTIST MEMORIAL HEALTH CARE FOUNDATION MEMPHIS, TN 38120	58-1544781	501(C)(3)	44,800.				CANCER RES & DEVELP
(3)	BETH ISRAEL DEACONESS MEDICAL CENTER BOSTON, MA 02115	04-2103881	501(C)(3)	1,337,025.				CANCER RES & DEVELP
(4)	BLOOD CENTER OF WISCONSIN MILWAUKEE, WI 53278-0961	39-1372542	501(C)(3)	96,926.				CANCER RES & DEVELP
(5)	BOSTON UNIVERSITY BOSTON, MA 02215	04-2103547	501(C)(3)	83,067.				CANCER RES & DEVELP
(6)	BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE LOS ANGELES, CA 90073	95-4183712	501(C)(3)	7,044.				CANCER RES & DEVELP
(7)	BRIGHAM AND WOMEN'S FAULKNER HOSPITAL BOSTON, MA 02241-4240	04-2768256	501(C)(3)	24,676.				CANCER RES & DEVELP
(8)	BRIGHAM AND WOMEN'S PHYSICIANS ORG. BOSTON, MA 02241-3684	04-3466314	501(C)(3)	582,178.				CANCER RES & DEVELP
(9)	BRUCE W. HOLLIS LABATORY SERVICES MOUNT PLEASANT, SC 29464	28-6508076	N/A	61,770.				CANCER RES & DEVELP
(10)	CEDARS-SINAI MEDICAL CENTER LOS ANGELES, CA 90048	95-1644600	501(C)(3)	17,500.				CANCER RES & DEVELP
(11)	CINCINNATI CHILDREN'S HOSPITAL MED. CTR. CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	48,276.				CANCER RES & DEVELP
(12)	CITY OF LAWRENCE LAWRENCE, MA 01841	04-6001394	501(C)(3)	18,600.				CANCER RES & DEVELP

- 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) (2012)

JSA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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)	CLEVELAND CLINIC CLEVELAND, OH 44195-0001	91-2153073	501(C)(3)	49,292.				CANCER RES & DEVELP
(2)	CLEVELAND CLINIC FOUNDATION CLEVELAND, OH 44193-3010	34-0714553	501(C)(3)	8,781.				CANCER RES & DEVELP
(3)	COLUMBIA UNIVERSITY NEW YORK, NY 10019	13-5598083	501(C)(3)	53,967.				CANCER RES & DEVELP
(4)	DUKE UNIVERSITY DURHAM, NC 27710	56-0532129	501(C)(3)	139,576.				CANCER RES & DEVELP
(5)	EDUCATION DEVELOPMENT CENTER WALTHAM, MA 02453	04-2241718	501(C)(3)	58,530.				CANCER RES & DEVELP
(6)	EMORY UNIVERSITY SCHOOL OF MEDICINE ATLANTA, GA 30322	58-0566256	501(C)(3)	1,213,365.				CANCER RES & DEVELP
(7)	EMPHATIC COMMUNICATIONS OLYMPIA, WA 98501	91-2181405	N/A	10,000.				CANCER RES & DEVELP
(8)	FLORIDA STATE UNIVERSITY TALAHASSEE, FL 32306-4166	59-1961248	GVT	42,987.				CANCER RES & DEVELP
(9)	FORT WAYNE MEDICAL ONCOLOGY & HEMATOLOGY FORT WAYNE, IN 46845	35-1400631	N/A	10,000.				CANCER RES & DEVELP
(10)	FRED HUTCHINSON CANCER RESEARCH CENTER SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	180,576.				CANCER RES & DEVELP
(11)	FRONTIER SCIENCE & TECHNOLOGY RESEARCH BROOKLINE, MA 02467	16-1056814	501(C)(3)	411,669.				CANCER RES & DEVELP
(12)	GAY BAILEY EXECUTIVES CONSULTING, LLC BOSTON, MA 02118	46-0836988	N/A	13,000.				CANCER RES & DEVELP

- 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) (2012)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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)	GREATER LAWRENCE FAMILY HEALTH CENTER LAWRENCE, MA 01841	04-2708824	501(C)(3)	15,000.				CANCER RES & DEVELP
(2)	GREATER LOWELL HEALTH ALLIANCE LOWELL, MA 01854	27-0408037	501(C)(3)	25,000.				CANCER RES & DEVELP
(3)	GROUP HEALTH INC, SEATTLE, WA 98101	91-0511770	501(C)(3)	22,987.				CANCER RES & DEVELP
(4)	HARVARD PILGRIM HEALTH CARE BOSTON, MA 02215	04-2452600	501(C)(3)	97,779.				CANCER RES & DEVELP
(5)	HARVARD UNIVERSITY CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	7,626,734.				CANCER RES & DEVELP
(6)	HARVARD VANGUARD MEDICAL ASSOCIATES BOSTON, MA 02115	04-3397450	501(C)(3)	105,535.				CANCER RES & DEVELP
(7)	HEALTH FOUNDATION WORCESTER, MA 01608	04-2633274	501(C)(3)	15,000.				CANCER RES & DEVELP
(8)	HEALTH RESEARCH INC. BUFFALO, NY 14263	14-1402155	501(C)(3)	50,795.				CANCER RES & DEVELP
(9)	HEALTH RESOURCES IN ACTION INC BOSTON, MA 02116	04-2229839	501(C)(3)	15,000.				CANCER RES & DEVELP
(10)	HOOSIER ONCOLOGY GROUP, INC. INDIANAPOLIS, IN 46202	26-0303542	501(C)(3)	53,436.				CANCER RES & DEVELP
(11)	HOWARD UNIVERSITY WASHINGTON, DC 20059	53-0204707	501(C)(3)	20,333.				CANCER RES & DEVELP
(12)	IMMUNE DISEASE INSTITUTE BOSTON, MA 02115	04-2158520	501(C)(3)	165,276.				CANCER RES & DEVELP

- 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) (2012)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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)	JACKSON STATE UNIVERSITY JACKSON, MI 39217-0517	64-6000507	501(C)(3)	28,743.				CANCER RES & DEVELP
(2)	JOSEPH M. SMITH COMMUNITY HEALTH CENTER ALLSTON, MA 02134	23-7221597	501(C)(3)	7,500.				CANCER RES & DEVELP
(3)	JOSLIN DIABETES CENTER BOSTON, MA 02215	04-2203836	501(C)(3)	49,342.				CANCER RES & DEVELP
(4)	KAISER FOUNDATION RESEARCH INSTITUTE OAKLAND, CA 94612-3433	94-1340523	501(C)(3)	198,793.				CANCER RES & DEVELP
(5)	LA JOLLA INSTITUTE SAN DIEGO, CA 92121	33-0328688	501(C)(3)	481,503.				CANCER RES & DEVELP
(6)	LATHAM BIOPHARM GROUP, INC MAYNARD, MA 01754	04-3382742	N/A	27,383.				CANCER RES & DEVELP
(7)	LAWRENCE BERKLEY NATIONAL LABORATORY BERKELEY, CA 94720	94-2951741	N/A	95,425.				CANCER RES & DEVELP
(8)	MARGAUX BIOLOGICS, INC. SAN DIEGO, CA 92121	27-1945802	N/A	165,974.				CANCER RES & DEVELP
(9)	MASSACHUSETTS GENERAL HOSPITAL BOSTON, MA 02114-2517	04-2697983	501(C)(3)	2,680,051.				CANCER RES & DEVELP
(10)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	834,461.				CANCER RES & DEVELP
(11)	MAYO CLINIC ARIZONA ROCHESTER, MN 55903-4008	86-0800150	501(C)(3)	328,594.				CANCER RES & DEVELP
(12)	MAYO CLINIC ROCHESTER ROCHESTER, MN 55905	41-1937751	501(C)(3)	27,060.				CANCER RES & DEVELP

- 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 ▶

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Schedule I (Form 990) (2012)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

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

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

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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)	MOUNT SINAI SCHOOL OF MEDICINE NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	76,904.				CANCER RES & DEVELP
(2)	NEW ENGLAND RESEARCH INSTITUTE WATERTOWN, MA 02472	04-2919509	N/A	63,140.				CANCER RES & DEVELP
(3)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE NEW YORK, NY 10003	13-5562309	501(C)(3)	65,059.				CANCER RES & DEVELP
(4)	NORTHWESTERN UNIVERSITY EVANSTON, IL 60208-1112	36-2167817	501(C)(3)	246,938.				CANCER RES & DEVELP
(5)	POMONA VALLEY HOSPITAL MEDICAL CENTER POMONA, CA 91767	95-1115230	501(C)(3)	47,971.				CANCER RES & DEVELP
(6)	PREVENT, INC. HICKORY, NC 28601	56-1954986	N/A	27,974.				CANCER RES & DEVELP
(7)	PROGERIA RESEARCH FOUNDATION PEABODY, MA 01961	04-3460220	501(C)(3)	35,348.				CANCER RES & DEVELP
(8)	PROSTATE CANCER FOUNDATION SANTA MONICA, CA 90401	95-4418411	501(C)(3)	1,800,000.				CANCER RES & DEVELP
(9)	RAND CORPORATION LOS ANGELES, CA 90074-3174	95-1958142	501(C)(3)	148,796.				CANCER RES & DEVELP
(10)	REGENTS OF THE UNIVERSITY OF MICHIGAN PITTSBURGH, PA 15251-2131	38-6006309	501(C)(3)	15,000.				CANCER RES & DEVELP
(11)	REGENTS OF UNIVERSITY OF CALIFORNIA DAVIS, CA 95616	94-3067788	501(C)(3)	257,970.				CANCER RES & DEVELP
(12)	REGENTS OF UNIVERSITY OF MINNESOTA MINNEAPOLIS, MN 55455-2070	41-6007513	GVT	424,023.				CANCER RES & DEVELP

- 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) (2012)

JSA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

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(1)	RESEARCH FOUNDATION OF CUNY SYRACUSE, NY 13210	13-1988190	501(C)(3)	83,064.				CANCER RES & DEVELP
(2)	SANFORD-BURNHAM MEDICAL RESEARCH INST LA JOLLA, CA 92037	51-0197108	501(C)(3)	311,120.				CANCER RES & DEVELP
(3)	SCRIPPS RESEARCH INSTITUTE LA JOLLA, CA 92037	03-3043594	501(C)(3)	971,808.				CANCER RES & DEVELP
(4)	SOUTHERN RESEARCH INSTITUTE BIRMINGHAM, AL 35205-5305	63-0288868	501(C)(3)	112,958.				CANCER RES & DEVELP
(5)	THE BROAD INSTITUTE, INC. CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	526,942.				CANCER RES & DEVELP
(6)	THE HASTINGS CENTER, INC. GARRISON, NY 10524-4125	13-2662222	501(C)(3)	319,172.				CANCER RES & DEVELP
(7)	THE SALK INSTITUTE LA JOLLA, CA 92037-1099	95-2160097	501(C)(3)	22,029.				CANCER RES & DEVELP
(8)	THE TOBIN TOUCH, LLC ARLINGTON HEIGHTS, IL 60004	27-1035633	N/A	5,220.				CANCER RES & DEVELP
(9)	TRUSTEES OF UNIVERSITY OF PENNSYLVANIA PHILADELPHIA, PA 19104-4283	23-1352685	501(C)(3)	61,461.				CANCER RES & DEVELP
(10)	TUFTS UNIVERSITY BOSTON, MA 02111	04-2103634	501(C)(3)	59,607.				CANCER RES & DEVELP
(11)	UNITED WAY OF GREATER PLYMOUTH BROCKTON, MA 02301	04-2103940	501(C)(3)	25,000.				CANCER RES & DEVELP
(12)	UNIVERSITY OF COLORADO AURORA, CO 80045	45-4552631	501(C)(3)	152,651.				CANCER RES & DEVELP

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

SCHEDULE I
(Form 990)

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Internal Revenue Service

Name of the organization

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

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

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Part I General Information on Grants and Assistance

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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)	UNIVERSITY OF ILLINOIS SPRINGFIELD, IL 62794-9448	36-2582852	501(C)(3)	31,179.				CANCER RES & DEVELP
(2)	UNIVERSITY OF IOWA IOWA CITY, IA 52242-1324	23-7436761	501(C)(3)	66,804.				CANCER RES & DEVELP
(3)	UNIVERSITY OF MASSACHUSETTS BOSTON, MA 02125-3393	04-6013152	501(C)(3)	26,512.				CANCER RES & DEVELP
(4)	UNIVERSITY OF MICHIGAN ANN ARBOR, MI 48109-1382	35-2183753	501(C)(3)	13,000.				CANCER RES & DEVELP
(5)	UNIVERSITY OF NEBRASKA-LINCOLN ALEXANDER WEST, NE 68588-0431	47-0491233	501(C)(3)	103,766.				CANCER RES & DEVELP
(6)	UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131-0001	85-0275408	501(C)(3)	7,555.				CANCER RES & DEVELP
(7)	UNIVERSITY OF NORTH CAROLINA CHAPEL HILL, NC 27599-7295	59-1711424	501(C)(3)	80,265.				CANCER RES & DEVELP
(8)	UNIVERSITY OF PITTSBURGH PITTSBURGH, PA 15251-7220	25-0965591	501(C)(3)	36,215.				CANCER RES & DEVELP
(9)	UNIVERSITY OF SOUTHERN CALIFORNIA LOS ANGELES, CA 90074-2095	95-1642394	501(C)(3)	292,285.				CANCER RES & DEVELP
(10)	UNIVERSITY OF TEXAS SW MEDICAL CENTER DALLAS, TX 75284-1765	75-2556007	501(C)(3)	134,454.				CANCER RES & DEVELP
(11)	UNIVERSITY OF VIRGINIA CHARLOTTESVILLE, VA 22908-0724	54-2009312	501(C)(3)	11,076.				CANCER RES & DEVELP
(12)	UNIVERSITY OF WASHINGTON SEATTLE, WA 98195-5872	94-3079432	501(C)(3)	83,016.				CANCER RES & DEVELP

- 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 ▶ -----

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Schedule I (Form 990) (2012)

JSA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

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

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

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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)	VANDERBILT UNIVERSITY MEDICAL CENTER NASHVILLE, TN 37232-8240	62-0476822	501(C)(3)	31,520.				CANCER RES & DEVELP
(2)	WASHINGTON UNIVERSITY ST. LOUIS, MO 63130-4899	43-0653611	501(C)(3)	44,161.				CANCER RES & DEVELP
(3)	WAYNE STATE UNIVERSITY DETROIT, MI 48201	38-3555142	501(C)(3)	23,577.				CANCER RES & DEVELP
(4)	WEILL CORNELL MEDICAL COLLEGE NEW YORK, NY 10021	15-0532082	501(C)(3)	56,108.				CANCER RES & DEVELP
(5)	WHITEHEAD INSTITUTE CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	602,587.				CANCER RES & DEVELP
(6)	YALE UNIVERSITY NEW HAVEN, CT 06520-8070	06-0646973	501(C)(3)	427,425.				CANCER RES & DEVELP
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 67.
- 3 Enter total number of other organizations listed in the line 1 table 10.

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

Schedule I (Form 990) (2012)

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					
2					
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.

SCHEDULE I, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

DANA-FARBER CANCER INSTITUTE, INC. (DFCI) IS RESPONSIBLE FOR THE

PROGRAMMATIC, ADMINISTRATIVE AND FINANCIAL MONITORING OF ALL AWARDS MADE

TO SUB-RECIPIENTS UNDER FEDERAL AND NON-FEDERAL SPONSORED PROJECTS. DFCI

HAS THE OBLIGATION, THROUGHOUT THE LIFE OF THE AWARD, TO MONITOR THE

ACTIVITIES OF SUB-RECIPIENTS TO MAKE CERTAIN THAT PROJECT OBJECTIVES ARE

COMPLETED AND ALL FUNDS ARE USED FOR AUTHORIZED PURPOSES IN COMPLIANCE

WITH APPLICABLE LAWS, REGULATIONS, AND PROVISIONS OF THE PRIME CONTRACTS

OR GRANT AGREEMENTS.

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					
2					
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.

OFFICE OF RESEARCH ACCOUNTING WILL MONITOR SUB-RECIPIENTS THROUGH OMB
CIRCULAR A-133 REPORTS. ON A SEMI-ANNUAL BASIS, WE WILL REQUEST
CERTIFICATION OF THE OMB A-133 AUDIT REPORT FROM EACH SUB-RECIPIENT.

CIRCULAR A-133 REQUIRES THAT ANNUAL AUDITS BE COMPLETED WITHIN NINE
MONTHS OF THE END OF THE SUB-RECIPIENTS AUDIT PERIOD. TO THIS END
CERTIFICATION LETTERS MUST BE PREPARED AND DISTRIBUTED TO EVERY
SUB-RECIPIENT WORKING ON ANY EXTERNALLY SPONSORED AWARD. THE
CERTIFICATION LETTERS MUST BE PREPARED AND DISTRIBUTED ANNUALLY, BY JUNE

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					
2					
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.

30 OF EACH YEAR, REQUESTING INFORMATION ABOUT THE SUB-RECIPIENTS' MOST RECENT COMPLETED FISCAL YEAR. THE CERTIFICATION LETTERS REQUIRE THE SUB-RECIPIENT ORGANIZATION TO STATE THAT THE INFORMATION THEY ARE PROVIDING FAIRLY PRESENTS THE STANDING OF THE ORGANIZATION IN ALL MATERIAL ASPECTS AND THAT THEY STATE ONE OF THE FOLLOWING [SEE ATTACHMENT A, PAGE 1]:

-THEY ARE SUBJECT TO THE REQUIREMENTS OF A-133, THE AUDIT HAS BEEN COMPLETED AND THERE WERE NO MATERIAL CONDITIONS OF NON-COMPLIANCE WITH FEDERAL REGULATIONS.

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					
2					
3					
4					
5					
6					
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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.

-THEY ARE SUBJECT TO THE REQUIREMENTS OF A-133, THE AUDIT HAS BEEN COMPLETED, EXCEPTIONS WERE NOTED AND A COPY OF THE AUDIT REPORT IS PROVIDED.

-THEY ARE SUBJECT TO THE REQUIREMENTS OF A-133 BUT THE AUDIT HAS NOT BEEN COMPLETED.

-THEY ARE NOT SUBJECT TO THE REQUIREMENTS OF A-133 BECAUSE THE ORGANIZATION DID NOT RECEIVE \$500,000 OR MORE IN FEDERAL AWARDS DURING

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					
2					
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.

THE FISCAL YEAR, IS A FOR-PROFIT CORPORATION, OR IS A NON-U.S. BASED
ENTITY.

FOLLOW UP REQUESTS WILL BE MADE TO ENSURE THAT SUB-RECIPIENTS SEND
REPORTS:

-SHOULD NO RESPONSE TO THE CERTIFICATION LETTER BE RECEIVED WITHIN 60
DAYS, A SECOND CERTIFICATION LETTER WILL BE SENT. SHOULD NO RESPONSE TO
THE SECOND LETTER BE RECEIVED WITHIN 30 DAYS, THE SUB-RECIPIENT WILL BE
CONTACTED BY TELEPHONE.

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					
2					
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.

-IF REPORTS ARE NOT RECEIVED, THE FEDERAL AUDIT CLEARINGHOUSE (FAC)
INTERNET DATA DISSEMINATION SYSTEM WILL BE USED TO RETRIEVE AUDIT REPORT
INFORMATION FROM THE FAC DATABASE. THIS INFORMATION WILL BE REVIEWED TO
DETERMINE IF AN ORGANIZATION HAS ANY REPORTABLE CONDITIONS AND/OR AUDIT
FINDINGS REQUIRED TO BE REPORTED UNDER OMB CIRCULAR A-133, SUBPART E,
SECTION .510(A).

-SHOULD ATTEMPTS CONTINUE TO BE UNSUCCESSFUL, THE DIRECTOR OF RESEARCH
ADMINISTRATION, IN CONJUNCTION WITH DIRECTOR OF THE RESEARCH ACCOUNTING

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					
2					
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.

WILL CONSIDER SANCTIONS AGAINST THE SUB-RECIPIENT, INCLUDING TERMINATION
OF THE SUBCONTRACT.

RESEARCH ACCOUNTING WILL REVIEW ALL AVAILABLE INFORMATION FOR COMPLIANCE
ISSUES PERTAINING TO FUNDS FROM A-133 REPORTS. THE DIRECTOR OF RESEARCH
ACCOUNTING WILL BE NOTIFIED OF ANY COMPLIANCE ISSUES THAT PERTAIN TO
FUNDS PASSED THROUGH THE INSTITUTE AND WILL REQUEST CORRECTIVE ACTION
PLANS FROM THE MANAGEMENT OF THE ORGANIZATION TO DETERMINE IF PROPER
ACTION HAS BEEN IMPLEMENTED.

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					
2					
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.

MANAGEMENT WILL DETERMINE CORRECTIVE ACTION ON DEFICIENCIES IDENTIFIED IN

AUDITS AND SUB-RECIPIENT MONITORING.

THE MONITORING OF SUB-RECIPIENTS, NOT SUBJECT TO CIRCULAR A-133, WILL BE

BASED UPON THE JUDGMENT OF MANAGEMENT AND WILL INCLUDE SUCH FACTORS AS

THE SIZE OF THE AWARD, PERCENTAGE OF THE TOTAL PROGRAM'S FUNDS AWARDED TO

THE SUB-RECIPIENT, BUDGET ADHERENCE, ANY ISSUES IDENTIFIED IN THE

PRE-AWARD REVIEW, AND OTHER MATTERS AS DEEMED NECESSARY. THE COMPLETE

SUB-RECIPIENT POLICY IS AVAILABLE UPON REQUEST.

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" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

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 in 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 checked="" 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 officers, directors, trustees, and 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 in 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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 in 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" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in 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

1b		X
2	X	
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) 2012

Schedule J (Form 990) 2012

Page **2****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 in 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BARTEL, SYLVIA VP OF PHARMACY SERVICES	(i)	212,460.	15,836.	-5,762.	0	41,587.	264,121.	0
	(ii)	0	0	0	0	0	0	0
2 BENZ, EDWARD J. JR., MD TRUSTEE, PRES & CEO	(i)	740,117.	229,321.	98,388.	175,868.	45,899.	1,289,593.	0
	(ii)	130,609.	0	0	0	0	130,609.	0
3 BOSKEY, RICHARD S., ESQ ASST SEC & GENERAL COUNSEL	(i)	439,227.	57,836.	18,468.	0	50,426.	565,957.	0
	(ii)	0	0	0	0	0	0	0
4 CONSTANTINE, MICHAEL, M MILFORD MED DIR-HEMATOL ONC	(i)	554,506.	269,943.	36,089.	0	39,857.	900,395.	0
	(ii)	0	0	0	0	0	0	0
5 GRIFFIN, JAMES D., MD CHAIR OF MED ONCOLOGY	(i)	526,406.	71,389.	477,431.	0	44,462.	1,119,688.	299,415.
	(ii)	0	0	0	0	0	0	0
6 HERRING, THOMAS FORMER KEY EMPLOYEE	(i)	149,990.	0	-4,533.	0	15,366.	160,823.	0
	(ii)	0	0	0	0	0	0	0
7 KADDIS, MONA, MD MEDICAL ONCOLOGIST, MILFORD	(i)	499,055.	176,282.	38,552.	0	28,042.	741,931.	0
	(ii)	0	0	0	0	0	0	0
8 NADLER, LEE, MD SR. VP FOR EXPERIMENTAL MED.	(i)	523,280.	71,355.	35,470.	0	45,475.	675,580.	0
	(ii)	0	0	0	0	0	0	0
9 NATHAN, DAVID G., MD TRUSTEE & PHYSICIAN	(i)	223,871.	0	6,134.	0	29,056.	259,061.	0
	(ii)	0	0	0	0	0	0	0
10 PAPOLA, MARIA SVP OF INTITUTE OPERATIONS	(i)	283,824.	19,699.	-917.	0	35,568.	338,174.	0
	(ii)	0	0	0	0	0	0	0
11 PARESKY, SUSAN SENIOR VP OF DEVELOPMENT	(i)	488,941.	64,385.	25,956.	0	44,281.	623,563.	0
	(ii)	0	0	0	0	0	0	0
12 PORTER, JANET FORMER OFFICER	(i)	136,189.	67,125.	10,375.	0	20,139.	233,828.	0
	(ii)	0	0	0	0	0	0	0
13 PUHY, DOROTHY COO & EVP	(i)	552,350.	117,125.	36,733.	0	36,324.	742,532.	0
	(ii)	0	0	0	0	0	0	0
14 REID PONTE, PATRICIA FORMER KEY EMPLOYEE	(i)	337,318.	43,176.	7,027.	0	43,049.	430,570.	0
	(ii)	0	0	0	0	0	0	0
15 ROLLINS, BARRETT J., MD CHIEF SCIENTIFIC OFFICER	(i)	499,344.	65,755.	30,498.	0	39,091.	634,688.	0
	(ii)	0	0	0	0	0	0	0
16 SALLAN, STEPHEN E., MD CHIEF OF STAFF	(i)	409,464.	53,921.	28,258.	0	39,091.	530,734.	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page **2****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 in 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHULMAN, LAWRENCE N., M FORMER KEY EMPLOYEE	(i)	524,344.	76,940.	35,972.	0	0	637,256.	0
	(ii)	0	0	0	0	0	0	0
2 BIRD, KAREN CFO AND ASST. TREASURER	(i)	352,318.	43,176.	4,508.	0	50,664.	450,666.	0
	(ii)	0	0	0	0	0	0	0
3 BUNNELL, CRAIG CHIEF MEDICAL OFFICER	(i)	359,135.	38,300.	12,178.	0	35,406.	445,019.	0
	(ii)	0	0	0	0	0	0	0
4 GETTLEMAN, WENDY VP OF FACILITIES MANAGEMENT	(i)	180,202.	0	-6,126.	0	30,075.	204,151.	0
	(ii)	0	0	0	0	0	0	0
5 KANTOFF, PHILIP CHIEF CLINICAL RESEARCH OFFICE	(i)	477,817.	68,712.	29,039.	0	48,685.	624,253.	0
	(ii)	0	0	0	0	0	0	0
6 WINER, ERIC CHIEF OF DIV OF WOMEN'S CANCER	(i)	445,416.	16,853.	135,947.	0	48,453.	646,669.	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)							

Schedule J (Form 990) 2012

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.

PART I, LINES 1A

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

THE FOLLOWING INDIVIDUALS RECEIVED TAX GROSS-UP PAYMENTS DURING THE YEAR

THAT WERE ASSOCIATED WITH DFCI'S 457(F) PLAN AND WERE TREATED AS TAXABLE

COMPENSATION:

BENZ, EDWARD J. JR., MD

BOSKEY, RICHARD S., ESQ

PUHY, DOROTHY

BIRD, KAREN

BUNNELL, CRAIG A., MD

GRIFFIN, JAMES D., MD

PAPOLA, MARIA

PARESKY, SUSAN

REID PONTE, PARTICIA, RN

ROLLINS, BARRETT, MD, PHD

SALLAN, STEPHEN E., MD

SHULMAN, LAWRENCE N., MD

CONSTANTINE, MICHAEL, MD

KADDIS, MONA, MD

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.

NADLER, LEE, MD

KANTOFF, PHILIP, MD

WINER, ERIC, MD

MEMBERSHIP DUES DFCI PAID MEMBERSHIP DUES ON BEHALF OF THE SR. VP OF DEVELOPMENT, AT THE HARVARD CLUB IN BOSTON, MA. THE CLUB MEMBERSHIP IS USED FOR A VARIETY OF REASONS AS THIS POSITION'S RESPONSIBILITIES ARE THOSE OF FUNDRAISING. THIS MEMBERSHIP PROVIDES USE OF SPACE AS WELL AS IMPORTANT NETWORKING OPPORTUNITIES. DFCI ALSO PAID FOR A MEMBERSHIP FOR A FORMER PRESIDENT OF DFCI (TRUSTEE), FOR NETWORKING PURPOSES. BOTH MEMBERSHIPS WERE UTILIZED FOR BUSINESS PURPOSES, AND THEREFORE NEITHER WAS INCLUDED IN TAXABLE INCOME.

PART I, LINE 1B

IN GENERAL, DFCI DOES NOT PAY FOR MEMBERSHIP DUES FOR ITS TRUSTEES, OFFICERS, EMPLOYEES, ETC. HOWEVER, UNDER THESE 2 PARTICULAR CIRCUMSTANCES IT WAS DETERMINED BY THE PRESIDENT THAT THESE WERE APPROPRIATE EXPENDITURES AND IN THE BEST INTEREST OF DFCI.

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	52,955
BOSKEY, RICHARD S., ESQ	16,143
PUHY, DOROTHY	25,794
BIRD, KAREN	8,729
BUNNELL, CRAIG A., MD	9,310
GRIFFIN, JAMES D., MD	23,580
PAPOLA, MARIA	2,886
PARESKY, SUSAN	20,384
REID PONTE, PARTICIA, RN	7,449
ROLLINS, BARRETT, MD, PHD	21,272
SALLAN, STEPHEN E., MD	13,604
SHULMAN, LAWRENCE N., MD	23,405
CONSTANTINE, MICHAEL, MD	25,978
KADDIS, MONA, MD	21,247
NADLER, LEE, MD	23,313

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.

WINER, ERIC, MD	16,671
-----------------	--------

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► **Attach to Form 990.**

► **See separate instructions.**

OMB No. 1545-0047

2012

**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 MASS HEALTH AND EDUCATIONAL FACILITIES	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											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	57,500,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	301,784,408.		57,500,000.					
4 Gross proceeds in reserve funds	8,131,608.							
5 Capitalized interest from proceeds	4,119,476.							
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	2,015,100.							
8 Credit enhancement from proceeds	116,494.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	90,335,422.							
11 Other spent proceeds	197,066,309.		57,500,000.					
12 Other unspent proceeds								
13 Year of substantial completion	2011		2012					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

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

Schedule K (Form 990) 2012

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					
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					
c Are there any research agreements that may result in private business use of bond-financed property?	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					
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				
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				
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					

Part IV Arbitrage

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

Part IV **Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b Name of provider	TRINITY FUNDING							
c Term of GIC	2.800							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V	Procedures To Undertake Corrective Action
---------------	--

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI **Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

[illegible]

Part VI **Supplemental Information.** Complete this part to 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
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 5/22/2008.

PART IV (ARBITRAGE):

A2(C) DID THE FOLLOWING APPLY "NO REBATE DUE" - REBATE CALCULATION WAS
PERFORMED IN OCTOBER 2013

B2(C) DID THE FOLLOWING APPLY "NO REBATE DUE" - REBATE CALCULATION WAS
PERFORMED IN OCTOBER 2013

A4(B) NAME OF PROVIDER: MORGAN STANLEY CAPITAL SERVICES, INC.

B4(B) NAME OF PROVIDER: MORGAN STANLEY CAPITAL SERVICES, INC.

A5(B) NAME OF PROVIDER: TRINITY FUNDING COMPANY, LLC

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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 ▶ \$						1,136,762.						

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)				

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

Schedule L (Form 990 or 990-EZ) 2012

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) BAIN CAPITAL	SEE PART V		SEE PART V		
(2) NEW ENGLAND PATRIOTS	SEE PART V		SEE PART V		
(3) BERKSHIRE PARTNERS	SEE PART V		SEE PART V		
(4) ONCOPEP	SEE PART V		SEE PART V		
(5) ACETYLON	SEE PART V		SEE PART V		
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART IV

NONE OF THE TRUSTEES LISTED BELOW VOTE ON TRANSACTIONS THAT MAY BE PERCEIVED AS A CONFLICT.

BAIN CAPITAL

DANA-FARBER, INC. (DFI), AN ORGANIZATION RELATED TO DFCI, HOLDS INTERESTS, THROUGH AN INVESTMENT POOL, IN ALTERNATIVE INVESTMENTS MANAGED BY BAIN CAPITAL. DURING FY 13, DFI TRANSFERRED APPROXIMATELY \$1,575,000 INTO THESE INVESTMENTS. JOSHUA BEKENSTEIN OWNS >5% OF BAIN CAPITAL.

BERKSHIRE PARTNERS

DANA-FARBER, INC. (DFI), AN ORGANIZATION RELATED TO DFCI, HOLDS INTERESTS IN ALTERNATIVE INVESTMENTS MANAGED BY BERKSHIRE PARTNERS. DURING FY 13, DFI TRANSFERRED APPROXIMATELY \$1,345,000 INTO THESE INVESTMENTS. RICHARD LUBIN OWNS >5% OF BERKSHIRE PARTNERS LLC.

BRISTOL MYERS SQUIBB

FRAN HELLER IS A SENIOR VICE PRESIDENT AT BRISTOL MYERS SQUIBB (BMS). DURING FY 13, BMS TRANSFERRED TO DFCI \$817,500 UNDER SPONSORED RESEARCH

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

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

AGREEMENTS AND \$596,000 IN CONNECTION WITH CLINICAL TRIALS.

NEW ENGLAND PATRIOTS

ROBERT KRAFT IS THE OWNER OF THE NEW ENGLAND PATRIOTS. THE PATRIOTS' PRACTICE FIELD IS NAMED FOR DFCI (AT NO COST TO DFCI). ALTHOUGH THE VALUE OF GOODS AND SERVICES EXCHANGED BETWEEN DFCI AND THE NEW ENGLAND PATRIOTS IS UNDER THE REPORTING THRESHOLD, DFCI REPORTED THE RELATIONSHIP IN ANY EVENT.

ONCOPEP

MARC COHEN IS ON THE BOARD OF AND OWNS STOCK IN ONCOPEP. DANA-FARBER LICENSED TECHNOLOGY TO ONCOPEP AND RECEIVED SHARES IN ONCOPEP IN EXCHANGE FOR THE LICENSE. EVENTUALLY DFCI COULD RECEIVE ROYALTY PAYMENTS FROM ONCOPEP.

ACETYLON

MARC COHEN IS THE CHAIRMAN OF THE BOARD OF ACETYLON PHARMACEUTICALS. MARC COHEN, SEAN DOBSON, ROBERT KRAFT, AND REBECCA SANDERS OWN DIRECTLY OR

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

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

INDIRECTLY INTERESTS IN ACETYLON PHARMACEUTICALS. DFCI LICENSED

TECHNOLOGY TO ACETYLON. DFCI HAS THE RIGHT TO RECEIVE STOCK IN ACETYLON.

DFCI HAS NOT YET RECEIVED ANY PAYMENTS RELATED TO THE LICENSE. IN

FY13, ACETYLON DID MAKE PAYMENTS FOR SPONSORED RESEARCH TO DANA

FARBER/PARTNERS CANCER CARE TOTALING \$331,250. IT IS LIKELY DFCI WAS

ALLOCATED A PORTION FOR THIS AMOUNT FOR CLINICAL TRIALS CONDUCTED AT

DFCI.

ALLOCATED A PORTION FOR THIS AMOUNT FOR CLINICAL TRIALS CONDUCTED AT

DFCI.

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

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

ATTACHMENT 1SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE	DUE	Y	N	Y	N	Y	N
PATRICIA PONTE,		TUITION ASSISTANCE	X		117,395.	27,495.		X	X			X	
STEPHEN SALLAN,		TUITION ASSISTANCE	X		262,081.	108,575.		X	X			X	
DOROTHY PUHY,		TUITION ASSISTANCE	X		197,953.	4,045.		X	X			X	
LEE NADLER,		TUITION ASSISTANCE	X		403,153.	61,029.		X	X			X	
EDWARD BENZ,		HOUSING LOAN	X		600,000.	341,666.		X	X			X	
ERIC WINER,		TUITION ASSISTANCE	X		401,067.	335,227.		X	X			X	
PHILLIP KANTOFF,		TUITION ASSISTANCE	X		258,669.	218,728.		X	X			X	
KAREN BIRD,		TUITION ASSISTANCE	X		49,550.	39,997.		X	X			X	

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

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		1,051,774.	LETTER FROM DONOR
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	26.	276,252.	LETTER FROM DONOR
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ATCH 1)		30.	3,395,616.	
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
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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	
32 a 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) (2012)

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.

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
AIRLINE & HOTEL STAY	X	3.	27,025.	LETTER FROM DONOR
ADVERTISING	X	12.	3,234,489.	LETTER FROM DONOR
MEMORABILIA/SP TIX	X	3.	7,561.	LETTER FROM DONOR
MISCELLANEOUS	X	12.	126,541.	LETTER FROM DONOR
TOTALS		<u>30.</u>	<u>3,395,616.</u>	

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

2012

**Open to Public
Inspection**

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

PART VI, QUESTION 2

BUSINESS & FAMILY RELATIONSHIPS

FAMILY RELATIONSHIP: DAVID PERINI, EILEEN PERINI, AND DAUGHTER JENNIFER

PERINI

FAMILY RELATIONSHIP: RICHARD SMITH, SUSAN SMITH, AND DAUGHTER AMY

BERYLSON

BUSINESS RELATIONSHIP: RICHARD LUBIN AND CHRISTOPHER HADLEY (BERSHIRE

PARTNERS)

BUSINESS RELATIONSHIP: CHARLES DANA III AND ED ROVER (DANA FOUNDATION)

PART VI, QUESTION 4

THE BYLAWS OF DFCI WERE AMENDED AND ADOPTED BY THE BOARD OF TRUSTEES

TWICE SINCE THE LAST 990 WAS FILED, ONCE IN JANUARY OF 2013 AND ONCE IN

APRIL OF 2013. THE BYLAWS WERE AMENDED FOR THE FOLLOWING REASONS:

- TO INCREASE THE NUMBER OF MAXIMUM GOVERNING (VOTING) TRUSTEES FROM 75

TO 85

- TO INSTITUTE TWO THREE YEAR TERMS FOR THE COMMITTEE CHAIRS

- TO ELIMINATE THE REQUIREMENT FOR THE SECRETARY OF THE BOARD TO SERVE AS

THE CHAIR OF THE GOVERNANCE COMMITTEE.

- TO ADD THE PRESIDENT AS AN EX OFFICIO MEMBER OF THE INVESTMENT

COMMITTEE AND FINANCE COMMITTEE AND PROVIDE THAT THE PRESIDENT COUNTS FOR

PURPOSES OF THE QUORUM ONLY IF HE ATTENDS.

- TO ALLOW THE PRESIDENT TO NOMINATE UP TO TWO EXECUTIVE LEADERS EX

OFFICIO TRUSTEES IF THEY SERVE POSITIONS SIMILAR TO OTHER EX OFFICIO

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

TRUSTEES.

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

PART VI, QUESTION 12C

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

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 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 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

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

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 OF OTHER THE ORGANIZATION 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

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

PER DFCI'S EXECUTIVE 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 25, 2013.

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

Name of the organization

DANA-FARBER CANCER INSTITUTE, INC.

Employer identification number

04-2263040

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
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 GOVERNING DOCUMENTS - GOVERNING
DOCUMENTS - 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

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

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.

PART XI LINE 5 OTHER CHANGES IN NET ASSETS

CHANGE IN INTEREST IN ASSETS HELD BY AFFILIATE \$86,769,000

CHANGE IN VALUE OF SWAP AGREEMENT \$18,764,301

PENSION ADJUSTMENT \$6,217,000

OTHER CHANGES IN NET ASSETS 1,351,669

ATTACHMENT 1

FORM 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

Name of the organization DANA-FARBER CANCER INSTITUTE, INC.	Employer identification number 04-2263040
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WALSH BROTHERS INC 210 COMMERCIAL STREET BOSTON, MA 02109	CONSTRUCTION SERVICE	17,075,026.
PARTNERS HEALTHCARE SYSTEM, INC. PO BOX 3715 BOSTON, MA 02241	INFORMATION SYSTEMS	67,968,641.
BRIGHAM AND WOMEN'S PHYSICIANS ORG 111 CYPRESS STREET BROOKLINE, MA 02445	MEDICAL SERVICES	11,881,413.
HARVARD UNIVERSITY 1350 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	RESEARCH SERVICES	9,825,874.
THE BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	MEDICAL SERVICES	41,002,527.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**► **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**► **Attach to Form 990.**► **See separate instructions.**

OMB No. 1545-0047

2012**Open to Public
Inspection**

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" to 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" to 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		11A, TYPE 1	DFCI	X	
(2) DANA-FARBER TRUST, INC. 30-0195757 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	DFCI RE MGMT	MA		11A	DFCI	X	
(3) DANA-FARBER/PARTNERS CANCER CARE, INC. 04-3320640 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	ONCOL SUP ORG	MA		11C FI	DFCI		X
(4) RMSA TRUST 56-2656539 450 BROOKLINE AVENUE, BP418 BOSTON, MA 02215	RETRMT TRUST	MA			DFCI	X	
(5) FRIENDS OF DANA-FARBER CANCER INSTITUTE 37-1613621 450 BROOKLINE AVE., BP418 BOSTON, MA 02215	FUNDRAISING	MA		11A, TYPE 1	DFCI	X	
(6) DANA-FARBER/CHILDREN'S HOSPITAL CANCER C 04-3554536 450 BROOKLINE AVE., BP418 BOSTON, MA 02215	PEDIATRIC ONC	MA		TYPE 1	N/A		X
(7) DANA-FARBER MASTER TR. FOR RETIREMENT PL 46-6487094 450 BROOKLINE AVE., BP418 BOSTON, MA 02215	RETRMT TRUST				DFCI	X	

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

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) DANA-FARBER/PARTNERS CANCER CA 450 BROOKLINE AVENUE, BP418	ONCOLOGY PTNR	MA	N/A	RELATED	44,867,872.			X	0			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" to 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) Percen- tage 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" to 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	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DANA-FARBER / PARTNERS CANCER CARE, INC.	O	130,609.	CASH
(2) DANA-FARBER / PARTNERS CANCER CARE, INC.	R	353,990.	CASH
(3) DANA-FARBER / PARTNERS CANCER CARE, INC.	L	25,300,268.	CASH
(4) DANA-FARBER, INC.	R	39,802,376.	CASH
(5) DANA-FARBER, INC.	S	174,929,701.	CASH
(6) FRIENDS OF DANA-FARBER CANCER INSTITUTE, INC.	O	167,909.	ACTUAL EXPENSE

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RMSA TRUST	R	146,771.	CASH
(2) FRIENDS OF DANA-FARBER CANCER INSTITUTE, INC.	B	50,000.	CASH
(3) FRIENDS OF DANA-FARBER CANCER INSTITUTE, INC	C	693,466.	CASH
(4)			
(5)			
(6)			

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 section 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).

CONSOLIDATED FINANCIAL STATEMENTS

Dana-Farber Cancer Institute, Inc. and Subsidiaries
Years Ended September 30, 2013 and 2012
With Report of Independent Auditors

Ernst & Young LLP



Dana-Farber Cancer Institute, Inc. and Subsidiaries

Consolidated Financial Statements

Years Ended September 30, 2013 and 2012

Contents

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Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows.....	6
Notes to Consolidated Financial Statements.....	7

Report of Independent Auditors

The Boards of Trustees
Dana-Farber Cancer Institute, Inc. and Subsidiaries

We have audited the accompanying consolidated financial statements of Dana-Farber Cancer Institute, Inc. and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Dana-Farber Cancer Institute, Inc. and Subsidiaries at September 30, 2013 and 2012, and the consolidated results of their operations and changes in net assets, and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Adoption of ASU No. 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities

As discussed in Note 2 to the accompanying consolidated financial statements, in 2013 the Institute adopted the provisions of Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which resulted in a change to the presentation of the provision for bad debts on the statements of operations and changes in net assets, effective October 1, 2012. Our opinion is not modified with respect to this matter.

Ernst + Young LLP

January 16, 2014

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Consolidated Balance Sheets

	September 30			September 30	
	2013	2012		2013	2012
	(In Thousands)			(In Thousands)	
Assets			Liabilities and net assets		
Current assets:			Current liabilities:		
Cash and cash equivalents	\$ 84,912	\$ 58,064	Accounts payable and accrued expenses	\$ 69,805	\$ 63,460
Patient accounts receivable, less allowances of \$14,226 in 2013 and \$12,703 in 2012	85,059	87,031	Accrued payroll, payroll taxes, and amounts withheld from employee compensation	17,313	16,229
Contributions receivable, current portion	23,267	32,652	Amounts due to third-party payors	66,564	59,714
Assets whose use is limited, current portion	55,236	4,214	Research advances	34,677	30,135
Research receivables	23,180	26,075	Current portion of long-term debt	4,947	4,717
Prepaid expenses and other current assets	39,883	40,447	Total current liabilities	193,306	174,255
Total current assets	311,537	248,483			
Investments	747,048	621,266	Other liabilities:		
			Long-term debt, less current portion	359,550	314,010
Assets whose use is limited by indenture agreement, or other, less current portion	12,544	13,209	Other	55,189	80,620
Property, plant, and equipment, net	646,077	644,775		414,739	394,630
Contributions receivable, less current portion	49,432	55,786	Net assets:		
Other assets	23,790	21,529	Unrestricted	556,219	477,225
Total assets	\$ 1,790,428	\$ 1,605,048	Temporarily restricted	467,303	406,939
			Permanently restricted	158,861	151,999
				1,182,383	1,036,163
			Total liabilities and net assets	\$ 1,790,428	\$ 1,605,048

See accompanying notes.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Operating revenues:		
Patient service revenue, net of contractual allowances and discounts	\$ 639,633	\$ 602,928
Provision for bad debts	4,175	6,294
Net patient service revenue, less provision for bad debts	635,458	596,634
Research revenues	318,815	316,347
Unrestricted contributions and bequests	60,255	57,067
Other operating revenues	19,255	16,709
Total operating revenues	1,033,783	986,757
Operating expenses:		
Direct research expenditures	272,968	271,767
Direct patient care	417,026	388,003
General, administrative, and plant	253,928	244,075
Depreciation and amortization	63,873	60,615
Interest	6,957	6,986
Total operating expenses	1,014,752	971,446
Operating income	19,031	15,311
Investment gains, net	23,951	18,928
Interest rate swap agreement:		
Net interest paid	(5,569)	(5,518)
Change in fair value	18,764	(4,965)
Other	—	(349)
Excess of revenues over expenses	\$ 56,177	\$ 23,407

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets
(continued)

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Unrestricted net assets:		
Excess of revenues over expenses	\$ 56,177	\$ 23,407
Net unrealized gains on endowment	65	87
Net assets released for capital	12,921	11,148
Pension adjustment	6,217	(3,042)
Other	3,614	—
Increase in unrestricted net assets	<u>78,994</u>	<u>31,600</u>
Temporarily restricted net assets:		
Contributions revenue, net	69,189	71,399
Provision for uncollectible pledges	—	980
Interest and dividend income, net	2,987	2,685
Realized and unrealized gains on investments	59,766	45,209
Restricted royalty revenue	6,989	5,132
Net assets released for capital	(12,921)	(11,148)
Net assets released from restrictions for operations	(64,153)	(56,105)
Transfers to other institutions	(83)	(83)
Other	(1,410)	(2,668)
Increase in temporarily restricted net assets	<u>60,364</u>	<u>55,401</u>
Permanently restricted net assets:		
Contributions revenue, net	9,214	9,879
Transfers to Harvard University	(1,500)	(1,800)
Other	(852)	—
Increase in permanently restricted net assets	<u>6,862</u>	<u>8,079</u>
Increase in net assets	146,220	95,080
Net assets at beginning of year	1,036,163	941,083
Net assets at end of year	<u>\$ 1,182,383</u>	<u>\$ 1,036,163</u>

See accompanying notes.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Operating activities		
Increase in net assets	\$ 146,220	\$ 95,080
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	63,873	60,615
Net realized and unrealized gains on investments	(83,141)	(63,628)
Pension adjustment	(6,217)	3,042
Restricted contributions and investment income, net of restriction releases for operations	(20,838)	(32,799)
Transfers to other institutions	1,583	1,883
Changes in other assets and liabilities	(21,552)	4,642
Changes in certain elements of working capital:		
Accounts receivable	1,972	(16,997)
Research receivables and research advances	7,437	4,880
Prepaid expenses and other assets	564	(10,232)
Sales of investments, net	(42,641)	(8,241)
Accounts payable and accrued expenses, including employee compensation	7,429	(3,163)
Estimated final settlements due to patient care third-party payors	6,850	8,862
Net cash provided by operating activities	61,539	43,944
Investing activities		
Additions to property, plant, and equipment	(65,471)	(48,826)
Changes in assets whose use is limited	(50,357)	(4,097)
Net cash used in investing activities	(115,828)	(52,923)
Financing activities		
Payments on long-term debt	(3,095)	(95,475)
Proceeds from conversion of long-term debt	—	92,500
Proceeds from issuance of long-term debt	50,860	—
Payments on capital lease obligation	(1,622)	(1,516)
Restricted contributions and investment income, net of restriction releases for operations	20,838	32,799
Change in contributions receivable	15,739	4,608
Transfers to other institutions	(1,583)	(1,883)
Net cash provided by financing activities	81,137	31,033
Increase in cash and cash equivalents during the year	26,848	22,054
Cash and cash equivalents at beginning of year	58,064	36,010
Cash and cash equivalents at end of year	\$ 84,912	\$ 58,064

See accompanying notes.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

(Dollar Amounts in Thousands)

September 30, 2013

1. Corporate Organization

Dana-Farber Cancer Institute, Inc. (the Institute) is a comprehensive cancer center dedicated to basic and clinical cancer research and treatment. The Institute primarily serves patients in the New England region. Dana-Farber, Inc. is a controlled affiliate of the Institute, and is responsible for its investment management activities. In August 2003, the Institute formed the Dana-Farber Trust, Inc. for the purpose of acquiring, holding, developing, managing, maintaining, or disposing of real and personal property for the benefit of the Institute and its affiliated organizations.

Under an agreement to coordinate adult oncology services with Partners HealthCare System, Inc. (Partners), the Brigham & Women's Hospital, Inc. (BWH), and The General Hospital Corporation (the General), the Institute maintains its inpatient beds at BWH, and reimburses BWH for related patient care expenses. Net patient service revenue earned on these beds approximated \$34,559 and \$39,701 in 2013 and 2012, respectively.

In an effort to continually improve the overall quality and delivery of cancer services, the Institute, BWH, the General, and Partners also formed Dana-Farber/Partners CancerCare, Inc. (DF/PCC), a not-for-profit corporation whose mission is to establish guidelines and protocols for adult oncology services. The Institute, BWH, and the General provide DF/PCC with funds to meet its annual operating and capital needs. At present, the Institute's portion of these funds is not material to the consolidated financial statements.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements include the accounts of Dana-Farber Cancer Institute, Inc., Dana-Farber, Inc., and Dana-Farber Trust, Inc. Intercompany transactions have been eliminated in consolidation. The consolidated financial statements have been prepared in accordance with U.S. generally accepted accounting principles (GAAP) applied on a basis consistent with that of the 2012 audited consolidated financial statements of the Institute, except for the required adoption of Accounting Standards Update (ASU) 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, as disclosed further in this Note.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

Cash Equivalents

Cash equivalents consist of short-term, highly liquid investments that are both (a) readily convertible to known amounts of cash, and (b) so near their maturity that they present insignificant risk of changes in value because of changes in interest rates.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. All of this portion of the portfolio is classified as trading with investment gain or loss (including realized and unrealized gains and losses on investments, interest, and dividends) included in the excess of revenues over expenses, unless restricted by donor or law.

Alternative investments consist of investments in limited partnerships and limited liability companies, and are measured at fair value or estimates of fair value if no readily determinable fair value exists. These estimates are determined based upon information from the funds' General Partners. The General Partners' estimates and assumptions of fair values of nonmarketable investments may differ significantly from the values that would have been used had a ready market existed, and may also differ significantly from the values at which such investments may be sold, and the differences could be material. The Institute accounts for these investments (hedge funds, private equity funds, etc.) using the equity method of accounting, except for investments held by the defined benefit pension plan, and reports its share of the increase or decrease in the fund's value as investment gain or loss. Alternative investments held by the defined benefit pension plan are held at fair value as estimated in an unquoted market.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Unrestricted investment income (including realized and unrealized gains and losses on investments, interest, and dividends from all other investments) is reported as nonoperating gains (losses), except for investment income equal to the Institute's spending policy, which is reported as operating income.

Assets Whose Use is Limited

Assets whose use is limited represent proceeds from bonds and operations which are invested and restricted under bond indenture agreements for construction, debt repayment, investment deposit requirement under a certain bond purchase agreement, and investments placed in trust for payment of self-insured claims.

Temporarily and Permanently Restricted Net Assets

Contributions are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of donated assets.

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as revenues (for noncapital-related items), or as a direct increase to unrestricted net assets (for capital-related items).

Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Income earned on permanently restricted net assets is included in the consolidated statements of operations and changes in net assets as unrestricted resources, or as a change in temporarily or permanently restricted net assets in accordance with donor intentions. Realized and unrealized gains and losses on permanently restricted net assets are recorded as changes in temporarily restricted net assets, unless permanently restricted by the donor or by the terms of the endowment, in which case, they are reported as changes in permanently restricted net assets. These investment gains are available for general use by the Institute, subject to guidelines established by the Commonwealth of Massachusetts for spending the appreciation on permanently restricted net assets.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Contributions Receivable

Unconditional contributions receivable, received in writing in amounts of \$1,000 or more and payable in regular installments, are recorded at net present value as direct additions to temporarily or permanently restricted net assets, net of any allowances for uncollectible amounts.

Property, Plant, and Equipment

Property, plant, and equipment are stated at cost, less accumulated depreciation. Donated equipment is recorded at fair value, determined as of the date of donation. Depreciation is computed using the straight-line method at rates intended to amortize the costs of the related assets over their estimated useful lives. Amortization of assets recorded under capital leases is included in depreciation. Equipment purchased under the terms of research grants is charged as a direct research expenditure.

Interest Rate Swap Agreements

The Institute utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. The Institute is exposed to credit loss in the event of nonperformance by the counterparties to its interest rate swap agreements. The Institute is also exposed to the risk that the swap receipts may not offset its variable rate debt service. To the extent these variable interest swap receipts do not equal variable interest payment on the bonds, there will be a net loss or net benefit to the Institute.

Operating Revenues and Expenses

Income from operations includes revenues generated from direct patient care activities, research activities from grantors and donors, unrestricted contributions, royalties, trademark income, and sundry revenues related to the operation of the Institute's facilities, and all related expenses. The Institute has a spending policy allowing approximately 7% of the average market value of certain donor-restricted investments over the past nine quarters to be spent annually to fund operating and capital needs. Investment income equal to the annual spending policy amount on donor-restricted investments whose income is unrestricted is reported in other operating revenue.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Net Patient Service Revenue

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered, and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known, or as years are no longer subject to such audits, reviews, and investigations.

Provision for Bad Debts

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Institute analyzes its historical and expected net collections, considering historical business and economic conditions, trends in health care coverage, and other collection indicators for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Institute analyzes contractually due amounts and records a provision for bad debts if deemed necessary (for example, for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and co-payment balances due, for which third-party coverage exists for part of the bill, the Institute records a provision for bad debt in the period when services are rendered on the basis of its past experience. This is necessary when patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The Institute follows established guidelines for placing certain past due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Institute. The difference between discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Overall, the total of self-pay discounts and write-offs has not changed significantly for the year ended September 30, 2013 in comparison to the prior year. The Institute has not experienced significant changes in write-off trends and has not changed its charity care policy for the year ended September 30, 2013. The Institute does not

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Patient service revenue for the years ended September 30, 2013 and 2012, net of contractual allowances and discounts (but before the provision for bad debts), was approximately \$639,600 and \$602,900 from third-party payors and self-pay, respectively.

Charity Care

The Institute provides care to patients who meet certain criteria under its charity care policy without charge, or at amounts less than its established rates. Because the Institute does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Excess of Revenues Over Expenses

The consolidated statements of operations and changes in net assets include the excess of revenues over expenses as the performance indicator. Changes in unrestricted net assets which are excluded from the excess of revenues over expenses include changes in net assets related to the pension adjustment, net assets released from restrictions for capital, and net unrealized gains or losses on endowment funds.

Income Taxes

The Internal Revenue Service has ruled that the Institute and its subsidiaries qualify as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code (IRC), and are exempt from federal income taxes on related income. The Institute is considered a nonprivate foundation established under IRC Section 170(b)(1)(A)(vi), an organization that receives substantial support from grants, governmental units, and the public. Dana-Farber Trust, Inc. and Dana-Farber, Inc. are both considered nonprivate foundations under IRC Section 509(a)(3), as Type 1 supporting organizations. The Institute is considered a hospital facility as defined under The Affordable Care Act (ACA), because it is subject to hospital licensure requirements in Massachusetts. As a result, the Institute monitors its compliance with the new requirements under Section 501(r) of the Internal Revenue Code for tax-exempt hospitals.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

New Accounting Standards

In July 2011, the Financial Accounting Standards Board (FASB) issued ASU 2011-07. In accordance with ASU 2011-7, the Institute is required to present its provision for bad debts related to certain patient service revenue as a deduction from revenue, similar to contractual discounts. Accordingly, the Institute's revenues are required to be reported net of both contractual discounts as well as its provision for bad debts related to patient service revenues. Additionally, ASU 2011-07 requires the Institute to make certain additional disclosures designed to help users understand how contractual discounts and bad debts affect recorded revenue in both interim and annual financial statements. ASU 2011-07 is required to be applied retrospectively and is effective for fiscal years beginning after December 15, 2011. The Institute adopted this guidance for the fiscal year beginning October 1, 2012. As a result of the adoption of this standard, the Institute reclassified the provision for bad debts of approximately \$4,200 and \$6,300 for the years ended September 30, 2013 and 2012, respectively, from an operating expense to a deduction from net patient service revenues in the consolidated statements of operations and changes in net assets.

Subsequent Events

The Institute evaluates the impact of subsequent events, which are events that occur after the consolidated balance sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the balance sheet date. For the year ended September 30, 2013, the Institute evaluated the impact of subsequent events through January 16, 2014, representing the date at which the consolidated financial statements were issued.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Investments

Investments, which are reported at fair value, consisted of the following at September 30 (in thousands):

	2013	2012
Donor-restricted for research and capital	\$ 304,858	\$ 243,789
Donor-restricted endowment corpus	154,581	147,878
Accumulated realized and unrealized appreciation on endowment funds	72,259	56,041
Board-designated for various purposes	215,350	173,558
	<u>\$ 747,048</u>	<u>\$ 621,266</u>
U.S. securities money market fund	\$ —	\$ 19,711
U.S. government money market fund	29,251	—
U.S. government securities	32,391	32,601
U.S. equity securities	49,894	33,399
U.S. equity mutual funds	87,091	75,735
International equity securities	16,459	4,168
International equity mutual funds	141,951	97,879
Alternative investments	390,011	357,773
	<u>\$ 747,048</u>	<u>\$ 621,266</u>

Investment return consisted of the following for the year ended September 30 (in thousands):

	2013	2012
Investment income, net	\$ 3,628	\$ 3,281
Realized and unrealized gains	83,141	63,628
	<u>\$ 86,769</u>	<u>\$ 66,909</u>

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Investments (continued)

Investment return was reported as follows in the consolidated statements of operations and changes in net assets for the year ended September 30 (in thousands):

	<u>2013</u>	<u>2012</u>
Excess of revenues over expenses:		
Investment gains (nonoperating)	\$ 23,951	\$ 18,928
Changes in unrestricted net assets:		
Net unrealized gains on endowment	65	87
Changes in temporarily restricted net assets:		
Interest and dividend income, net realized and unrealized gains	62,753	47,894
	<u>\$ 86,769</u>	<u>\$ 66,909</u>

4. Fair Value Measurements

Fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, the Institute has implemented a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Fair Value Measurements (continued)

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Institute utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. The Institute also considers counterparty credit risk in its assessment of fair value.

Financial assets and liabilities carried at fair value as of September 30, 2013, are classified in the table below in one of the three categories described on the previous page (in thousands):

	Level 1	Level 2	Level 3	Fair Value Investments	Equity Method Investments	Total
Cash and cash equivalents:						
U.S. government money market fund	\$ —	\$ 84,912	\$ —	\$ 84,912	\$ —	\$ 84,912
Investments:						
U.S. government money market fund	—	\$ 29,251	\$ —	\$ 29,251	\$ —	\$ 29,251
U.S. government securities	32,391	—	—	32,391	—	32,391
U.S. equity securities	49,894	—	—	49,894	—	49,894
U.S. equity mutual funds	20,875	66,216	—	87,091	—	87,091
International equity securities	16,459	—	—	16,459	—	16,459
International equity mutual funds	48,154	93,797	—	141,951	—	141,951
Alternative investments	—	—	—	—	390,011	390,011
Total investments	\$ 167,773	\$ 189,264	\$ —	\$ 357,037	\$ 390,011	\$ 747,048
Assets whose use is limited by indenture agreement or other:						
U.S. government securities	\$ 8,132	\$ —	\$ —	\$ 8,132	\$ —	\$ 8,132
U.S. government money market funds	—	55,648	—	55,648	—	55,648
Bank deposit account	1,000	—	—	1,000	—	1,000
U.S. corporate bond mutual fund	3,000	—	—	3,000	—	3,000
	\$ 12,132	\$ 55,648	\$ —	\$ 67,780	\$ —	\$ 67,780
Defined benefit plan assets:						
U.S. securities money market fund	\$ —	\$ 443	\$ —	\$ 443	\$ —	\$ 443
U.S. government mutual funds	4,260	—	—	4,260	—	4,260
U.S. corporate bond mutual fund	2,720	—	—	2,720	—	2,720
U.S. equity mutual funds	3,761	6,358	—	10,119	—	10,119
International equity mutual funds	540	5,229	—	5,769	—	5,769
Alternative investments	—	—	11,583	11,583	—	11,583
	\$ 11,281	\$ 12,030	\$ 11,583	\$ 34,894	\$ —	\$ 34,894
Liabilities:						
Interest rate swap agreements	\$ —	\$ 31,563	\$ —	\$ 31,563	\$ —	\$ 31,563

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Fair Value Measurements (continued)

Financial assets and liabilities carried at fair value as of September 30, 2012, are classified in the table below in one of the three categories described on page 15 (in thousands):

	Level 1	Level 2	Level 3	Fair Value Investments	Equity Method Investments	Total
Cash and cash equivalents:						
U.S. government money market fund	\$ —	\$ 58,064	\$ —	\$ 58,064	\$ —	\$ 58,064
Investments:						
U.S. securities money market fund	\$ —	\$ 19,711	\$ —	\$ 19,711	\$ —	\$ 19,711
U.S. government securities	32,601	—	—	32,601	—	32,601
U.S. equity securities	33,399	—	—	33,399	—	33,399
U.S. equity mutual funds	15,905	59,830	—	75,735	—	75,735
International equity securities	4,168	—	—	4,168	—	4,168
International equity mutual funds	25,429	72,450	—	97,879	—	97,879
Alternative investments	—	—	—	—	357,773	357,773
Total investments	\$ 111,502	\$ 151,991	\$ —	\$ 263,493	\$ 357,773	\$ 621,266
Assets whose use is limited by indenture agreement or other:						
U.S. government securities	\$ 8,113	\$ —	\$ —	\$ 8,113	\$ —	\$ 8,113
U.S. government money market funds	—	5,310	—	5,310	—	5,310
Bank deposit account	1,000	—	—	1,000	—	1,000
U.S. corporate bond mutual fund	3,000	—	—	3,000	—	3,000
	\$ 12,113	\$ 5,310	\$ —	\$ 17,423	\$ —	\$ 17,423
Defined benefit plan assets:						
U.S. securities money market fund	\$ —	\$ 596	\$ —	\$ 596	\$ —	\$ 596
U.S. government mutual funds	5,384	—	—	5,384	—	5,384
U.S. corporate bond mutual fund	2,741	—	—	2,741	—	2,741
U.S. equity mutual funds	3,078	5,129	—	8,207	—	8,207
International equity mutual funds	541	4,029	—	4,570	—	4,570
Alternative investments	—	—	10,651	10,651	—	10,651
	\$ 11,744	\$ 9,754	\$ 10,651	\$ 32,149	\$ —	\$ 32,149
Liabilities:						
Interest rate swap agreements	\$ —	\$ 50,327	\$ —	\$ 50,327	\$ —	\$ 50,327

The Institute's alternative investments, excluding alternative investments in the defined benefit plan, are reported using the equity method of accounting (see Note 2).

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Fair Value Measurements (continued)

The following is a description of the Institute's valuation methodologies for assets measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical, or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market, or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers, and brokers. Level 3 assets consist of alternative investments held by the defined benefit plan, the valuation for which is described in Note 12. Many of the investments classified in Levels 2 and 3 in the above tables consist of shares or units in investment funds, as opposed to direct interests in the funds' underlying holdings, which may be marketable. As the net asset value reported by each fund is used as a practical expedient to estimate the fair value of the Institute's interest therein, its classification in Level 2 or 3 is based on the Institute's ability to redeem its interest at or near the measurement date. If the interest can be redeemed in the near term, the investment is classified in Level 2. The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Institute believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following table is a rollforward of the consolidated balance sheet amounts for financial instruments classified by the Institute in Level 3 of the valuation hierarchy defined above (in thousands):

Fair value at September 30, 2011	\$ 10,154
Net realized and unrealized gains	497
Investment income, net	—
Purchases of investments	—
Proceeds from sales of investments	—
Fair value at September 30, 2012	<u>10,651</u>
Net realized and unrealized gains	1,603
Investment income, net	—
Purchases of investments	—
Proceeds from sales of investments	(671)
Fair value at September 30, 2013	<u><u>\$ 11,583</u></u>

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Fair Value Measurements (continued)

There were no significant transfers between Levels 1 and 2 during the years ended September 30, 2013 and 2012, respectively.

The carrying values and fair values of the Institute's financial instruments that are not required to be carried at fair value are as follows at September 30 (in thousands):

	2013		2012	
	Fair Value	Carrying Value	Fair Value	Carrying Value
Long-term debt	\$ 370,448	\$ 364,497	\$ 329,170	\$ 318,727

The fair value of the Institute's long-term debt is based on discounted cash flow analyses, using current borrowing rates for similar types of debt, and is classified by the Institute in Level 2 of the valuation hierarchy.

5. Property, Plant, and Equipment

Property, plant, and equipment consisted of the following at September 30 (in thousands):

	2013	2012
Land	\$ 7,640	\$ 7,640
Buildings and improvements	874,164	823,095
Equipment	269,040	261,328
Construction-in-progress	32,429	35,582
	1,183,273	1,127,645
Less allowance for depreciation	537,196	482,870
	\$ 646,077	\$ 644,775

Included within buildings and improvements are assets recorded under capital leases of \$40,056 for both September 30, 2013 and 2012, and accumulated depreciation of \$8,224 and \$6,221 as of September 30, 2013 and 2012, respectively (see Note 7). During the year ended September 30, 2013, a mass retirement of fully depreciated equipment assets was undertaken, representing

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Property, Plant, and Equipment (continued)

\$7,963 of equipment cost and associated accumulated depreciation. Included in construction-in-progress and reported as other changes in unrestricted net assets on the consolidated statements of operations and changes in net assets is \$2,454 from the Massachusetts Life Science Center, an agency of the Commonwealth of Massachusetts. The agency awarded the Institute \$10,000, payable as incurred, for purposes of purchasing a cyclotron for use within Molecular Cancer Imaging Facility.

6. Contributions

Unrestricted contributions and restricted contributions used on a current basis for research are recorded as operating revenues. Other restricted contributions are recorded as additions to temporarily restricted or permanently restricted net assets. Contributions received and pledged (at net discounted value) were as follows for the years ended September 30 (in thousands):

	2013		
	Cash	Pledges	Total
Unrestricted contributions and bequests	\$ 60,255	\$ —	\$ 60,255
Research gifts for current use	6,166	—	6,166
Temporarily restricted	45,669	23,520	69,189
Permanently restricted	2,451	6,763	9,214
	<u>\$ 114,541</u>	<u>\$ 30,283</u>	<u>\$ 144,824</u>
	2012		
	Cash	Pledges	Total
Unrestricted contributions and bequests	\$ 57,067	\$ —	\$ 57,067
Research gifts for current use	5,647	—	5,647
Temporarily restricted	36,453	34,946	71,399
Permanently restricted	5,793	4,086	9,879
	<u>\$ 104,960</u>	<u>\$ 39,032</u>	<u>\$ 143,992</u>

Of the total contributions raised during the years ended September 30, 2013 and 2012, the Jimmy Fund raised \$72,866 and \$67,116, respectively, in restricted and unrestricted contributions.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Contributions (continued)

In addition, the Institute was awarded a total of \$36,960 and \$31,447 in foundation grants for the years ended September 30, 2013 and 2012, respectively.

Gifts in kind totaling \$4,724 and \$4,492 were recorded by the Institute as both revenue and expense for the years ended September 30, 2013 and 2012, respectively.

Direct fundraising expenses were \$20,781 and \$19,270 for the years ended September 30, 2013 and 2012, respectively, and were included as a component of general, administrative, and plant expenses on the consolidated statements of operations and changes in net assets.

Contributions receivable as of September 30 were as follows (in thousands):

	2013	2012
Amounts due in less than one year for use in operations	\$ 22,797	\$ 31,495
Amounts due in less than one year for capital use	5,970	6,657
Amounts due in one to five years	47,474	57,222
Amounts due in more than five years	4,017	2,094
	80,258	97,468
Less discount to net present value	2,059	3,530
Less allowance for uncollectible pledges	5,500	5,500
	\$ 72,699	\$ 88,438

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt and Capital Lease Obligation

Long-term debt consisted of the following at September 30 (in thousands):

	<u>2013</u>	<u>2012</u>
Massachusetts Health and Educational Facilities Authority (MHEFA) Revenue Bonds:		
Series K	\$ 93,135	\$ 96,230
Series L	185,000	185,000
Massachusetts Development Finance Agency (MDFA) Revenue Bonds:		
Series M	50,860	—
Capital lease obligation (<i>Note 8</i>)	33,656	35,278
	<u>362,651</u>	<u>316,508</u>
Unamortized premium	1,846	2,219
	<u>364,497</u>	<u>318,727</u>
Less current portion	4,947	4,717
	<u>\$ 359,550</u>	<u>\$ 314,010</u>

Bonds Payable

On May 22, 2008, the Institute issued, through MHEFA, successor by merger to MDFA, \$107,320 Revenue Bonds, Dana-Farber Cancer Institute Issue, Series K (2008). The Series K bonds are tax-exempt bonds. The proceeds of the bonds were used to: (i) pay bridge financing incurred by the Institute to refund the MHEFA Revenue Bonds, Dana-Farber Cancer Institute Issue, Periodic Auction Reset Securities Series H (2004), (ii) pay fees in connection with the termination of certain swap agreements, (iii) fund a required Debt Service Reserve Fund and (iv) pay an amount, together with funds provided by the Institute, to fund the cost of issuance of the Series K bonds. The Series K bonds bear interest at fixed rates ranging from 4.00% to 5.25%, and mature in varying annual amounts from 2008 to 2037. The bonds were issued at an original premium of \$4,170, which is amortized over the related terms.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt and Capital Lease Obligation (continued)

On May 22, 2008, the Institute issued, through MHEFA, \$185,000 Variable Rate Revenue Bonds, Dana-Farber Cancer Institute Issue, Series L (2008) (Series L-1 and L-2). The Series L bonds are tax-exempt bonds. The proceeds of the bonds were used to: (i) pay bridge financing incurred by the Institute to refund the MHEFA Revenue Bonds, Dana-Farber Cancer Institute Issue, Periodic Auction Reset Securities Series I (2007), and MHEFA Capital Asset Program Loans Series J, (ii) pay MHEFA Capital Asset Program Loans Pool M and (iii) pay an amount, together with funds provided by the Institute, to fund the cost of issuance of the Series L bonds.

On June 1, 2012, the Institute served a notice of change in mode and mandatory tender to the holders of its Series L-2 bonds. On July 2, 2012, upon such mandatory tender and conversion, the Series L-2 bonds were reissued in two subseries comprised of \$57,500 Series L-2A bonds and \$35,000 Series L-2B bonds which were purchased by Century Subsidiary Investments, Inc. III and TD Bank, N.A., respectively.

The Series L bonds bear interest at an average variable rate (0.76% and 0.32% for the years ended September 30, 2013 and 2012, respectively), and mature in varying annual amounts from 2028 to 2046. The Series L-1 bonds are secured by an irrevocable direct pay letter of credit issued by JPMorgan Chase Bank, N.A. The reissued Series L-2A and L-2B bonds are not required to be secured by an irrevocable direct pay letter of credit. The irrevocable direct pay letter of credit previously issued by Bank of America, N.A. was terminated in connection with the mandatory tender and conversion.

On August 7, 2013, the Institute issued, through MDFA, \$50,860 Revenue Bonds, Dana-Farber Cancer Institute Issue, Series M (2013). The Series M bonds are federally taxable bonds. The proceeds of the bonds will be used to: (i) renovate and fit out approximately 154,100 rentable square feet of leased research space in the Longwood Center, which will be used for high-tech research laboratories, (ii) other corporate purposes, and (iii) pay an amount needed to fund the cost of issuance of the Series M Bonds. The Series M bonds bear interest at a fixed rate of 5.35% and mature December 1, 2028. The bonds were issued at par.

The Series K, Series L, and Series M bonds are equally and ratably secured by a lien on the unrestricted gross receipts of the Institute, and a mortgage granted upon the Yawkey Center for Cancer Care, the Richard A. and Susan F. Smith Research Laboratories, the Dana Building, and the Louis B. Mayer Research Laboratories.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt and Capital Lease Obligation (continued)

Effective July 31, 2013, the Institute entered into a bank line of credit in the amount of \$40,000 for working capital purposes. This line of credit expires on July 31, 2014, and replaces the previous line of credit originally scheduled to expire on July 31, 2013. No amount was outstanding under the current or previous lines as of September 30, 2013.

The Institute is required to comply with certain covenants under its long-term debt agreements. The Institute was in compliance with these requirements at September 30, 2013.

Scheduled maturities and sinking fund requirements for the next five years are as follows (in thousands):

2014	\$	3,240
2015		3,405
2016		3,580
2017		3,765
2018		3,960

Interest cost totaled \$8,243 and \$7,627 for the years ended September 30, 2013 and 2012, respectively. Of this, \$6,957 and \$6,986 was reported as interest expense, and \$1,286 and \$641 was capitalized as part of construction-in-progress for the years ended September 30, 2013 and 2012, respectively. Cash paid for interest amounted to \$8,252 and \$7,966 for the years ended September 30, 2013 and 2012, respectively.

Interest Rate Swaps

In connection with the issuance of the 2008 Series L bonds (refunding the 2007 Series I bonds), the Institute amended two interest rate swap agreements of \$75,000 each with Morgan Stanley Capital Services, Inc. Under these agreements, the Institute effectively converted this variable rate debt to a fixed rate basis of 3.84% for the term of the bonds.

The Institute reported the fair value of interest rate swap agreements as \$31,563 and \$50,327 in other liabilities on the consolidated balance sheets as of September 30, 2013 and 2012, respectively. The Institute reported the change in the fair value of the interest rate swap agreements as a nonoperating gain of \$18,764 and a nonoperating loss of \$4,965 in the accompanying consolidated statements of operations and changes in net assets for the years ended September 30, 2013 and 2012, respectively.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Long-Term Debt and Capital Lease Obligation (continued)

Capital Lease Obligation

The Institute has two capital leases for certain leased spaces in outpatient satellite clinics. The capital lease that expires in 2029 bears interest at an average variable rate of 3.49% and 3.53% for the years ended September 30, 2013 and 2012, respectively. The capital lease that expires in 2027 bears interest at a fixed rate of 4.75% for both years ended September 30, 2013 and 2012, respectively. Interest expense related to the capital leases was \$1,333 and \$1,403 for the years ended September 30, 2013 and 2012, respectively.

8. Leases

The Institute has noncancelable capital and operating leases for certain buildings and equipment. Rental expenses under these operating and other lease contracts approximated \$28,412 in 2013 and \$29,430 in 2012. Minimum future lease commitments under noncancelable leases are as follows (in thousands):

	Capital Leases	Operating Leases
2014	\$ 3,277	\$ 24,657
2015	3,277	21,572
2016	3,277	18,431
2017	3,145	13,638
2018	2,994	7,888
Thereafter	31,408	15,195
Total minimum lease payments	47,378	<u>\$ 101,381</u>
Less amount representing interest	<u>(13,722)</u>	
Capital lease obligation	<u>\$ 33,656</u>	

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are restricted to the following at September 30 (in thousands):

	<u>2013</u>	<u>2012</u>
Research	\$ 366,998	\$ 331,818
Capital	28,046	19,080
Realized and unrealized gains on permanently restricted gifts	72,259	56,041
	<u>\$ 467,303</u>	<u>\$ 406,939</u>

During the years ended September 30, 2013 and 2012, net assets of \$63,393 and \$55,415, respectively, were released from donor restrictions to fund research. In addition, \$760 and \$690, respectively, were released to fund operating needs in accordance with the annual spending policy amount on donor-restricted investments described in Note 2. These amounts are included in operating revenues.

Permanently restricted net assets consisted of the following at September 30 (in thousands):

	<u>2013</u>	<u>2012</u>
Unrestricted as to use of income	\$ 7,518	\$ 7,518
Restricted as to use of income	151,343	144,481
	<u>\$ 158,861</u>	<u>\$ 151,999</u>

Permanently restricted net assets are reported at the original gift amount, with net realized and unrealized gains reported as additions to temporarily restricted net assets.

For the years ended September 30, 2013 and 2012, the Institute transferred \$1,583 and \$1,883, respectively, to Harvard, BWH, and Massachusetts Institute of Technology in accordance with the terms of certain gifts.

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 GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Temporarily and Permanently Restricted Net Assets (continued)

The Institute requires the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Institute classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment funds that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure. The Institute considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund, (b) the purpose of the Institute and the donor-restricted endowment fund, (c) general economic conditions, (d) the possible effect of inflation and deflation, (e) the expected total return from income and the appreciation of investments, (f) the investment policies of the Institute, and (g) other resources of the Institute.

Endowment net asset composition by type of fund as of September 30, 2013, consisted of the following (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ —	\$ 72,259	\$ 158,861	\$ 231,120
Board-designated endowment funds	—	—	—	—
	<u>\$ —</u>	<u>\$ 72,259</u>	<u>\$ 158,861</u>	<u>\$ 231,120</u>

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Temporarily and Permanently Restricted Net Assets (continued)

For the year ended September 30, 2013, the Institute had the following endowment-related activities (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at October 1, 2012	\$ (65)	\$ 56,041	\$ 151,999	\$ 207,975
Investment return:				
Investment income, net	—	1,304	—	1,304
Net realized and unrealized gains on investments	—	26,279	—	26,279
Total investment return	—	27,583	—	27,583
Contributions to perpetual endowment	—	—	9,214	9,214
Net asset reclassifications – net unrealized gain on endowments	65	(65)	—	—
Amounts appropriated for expenditure/transfer	—	(11,300)	(2,352)	(13,652)
Total change in endowment funds	65	16,218	6,862	23,145
Endowment net assets at September 30, 2013	\$ —	\$ 72,259	\$ 158,861	\$ 231,120

Endowment net asset composition by type of fund as of September 30, 2012, consisted of the following (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ —	\$ 56,041	\$ 151,999	\$ 208,040
Board-designated endowment funds	(65)	—	—	(65)
	\$ (65)	\$ 56,041	\$ 151,999	\$ 207,975

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Temporarily and Permanently Restricted Net Assets (continued)

For the year ended September 30, 2012, the Institute had the following endowment-related activities (in thousands):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at				
October 1, 2011	\$ (152)	\$ 43,474	\$ 143,920	\$ 187,242
Investment return:				
Investment income, net	—	1,224	—	1,224
Net realized and unrealized gains on investments	—	20,945	—	20,945
Total investment return	—	22,169	—	22,169
Contributions to perpetual endowment	—	—	9,879	9,879
Net asset reclassifications – net unrealized gain on endowments	87	(87)	—	—
Amounts appropriated for expenditure/transfer	—	(9,515)	(1,800)	(11,315)
Total change in endowment funds	87	12,567	8,079	20,733
Endowment net assets at September 30, 2012	\$ (65)	\$ 56,041	\$ 151,999	\$ 207,975

The overall financial objectives of the Institute are to provide a sustainable and increasingly upward trend in the endowment distribution dollars to support the annual operating budget, to preserve and enhance the real (inflation-adjusted) purchasing power of the Institute, and to provide support for capital investment needs as they arise.

The long-term investment objectives of the Institute are to attain an inflation-adjusted or real total return (net of investment management fees) at least equal to the Institute's spending rate, as measured over a full market cycle (or rolling five- to seven-year periods); achieve annualized returns in excess of the strategic policy portfolio blended benchmark, and measured over a full market cycle; and outperform the median return of a pool of endowment funds with broadly similar investment objectives and policies.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Temporarily and Permanently Restricted Net Assets (continued)

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Institute to retain as a fund of perpetual duration. There were no deficiencies of this nature as of September 30, 2013 and \$65 in deficiencies that were reported in unrestricted net assets as of September 30, 2012. These deficiencies resulted from unfavorable market fluctuations. The individual donor-restricted endowment funds with deficiencies will retain future income and appreciation to restore the required fair value of the assets.

10. Net Patient Service Revenue

The Institute has a reimbursement agreement with Massachusetts Blue Cross, Inc. that provides for product-specific payment rates. The Institute also participates in the Medicare Program. This program provides outpatient reimbursement based on Ambulatory Payment Classifications. Cancer centers were granted a hold harmless exemption that allows for a final settlement based on a percentage of actual costs incurred. Inpatient reimbursement is limited to the lower of cost or a fixed target rate per discharge. The Institute also has an agreement with the Commonwealth of Massachusetts, under the Medicaid program, which provides a fixed amount of reimbursement per discharge, or encounter for inpatient or outpatient, respectively.

Revenues from the Medicare and Medicaid programs accounted for approximately 25.2% and 5.7%, respectively, of the Institute's patient service revenue for the year ended September 30, 2013. Revenues from the Medicare and Medicaid programs accounted for approximately 23.6% and 6.5%, respectively, of the Institute's patient service revenue for the year ended September 30, 2012. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is a possibility that recorded estimates will change by a material amount in the future. The Institute believes that it is in compliance with all applicable laws and regulations, and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Changes in estimates of prior year settlements increased 2013 operating income by \$7,234 and had no effect on operating income in 2012.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

11. Charity Care

Community Benefit

The Institute provides a wide variety of services to the community in order to ensure access to appropriate care for populations in need. The Institute supports services which target not only the general population, but also particular populations with special health care needs, including the poor, the elderly, children, and minority populations. Supported services include various clinics, health screening programs, health education programs, and support area groups operated in the local area. The Institute works actively with other service providers to ensure the development of an effective community health network. The Institute also participates in activities designed to foster a vital local economic and civic environment.

Uncompensated Care

The Commonwealth of Massachusetts operates a “health safety net” to reimburse hospitals for the cost of uncompensated care, defined as charity care, and bad debts associated with emergency services. Amounts are paid to the health safety net based on a percentage of private sector charges. Payments from the health safety net are determined on a per visit or discharge basis according to Medicare reimbursement rates adjusted for overall shortfalls in the statewide funding for the health safety net.

Charity Care

The Institute provides care without charge or at amounts less than established rates to patients who meet certain criteria under the Institute’s charity care policies. Because the Institute does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. During the years ended September 30, 2013 and 2012, the Institute provided \$15,879 and \$10,419, respectively, at standard charges in charity care. The cost of this charity care was \$6,387 and \$4,237, and in addition, the Institute had net payments to the Commonwealth of Massachusetts “health safety net” of \$4,605 and \$6,860, for the years ended September 30, 2013 and 2012, respectively. The equivalent percentage of charity care patients to all patients served was approximately 1% in 2013 and 2012. Such amounts and percentages are determined using charges foregone based on established rates. The cost of charity care is estimated using the cost-to-charge ratio for the Institute.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Pension Plans

Defined Contribution Plan

Substantially all employees are covered by a defined contribution plan to which the Institute contributes a fixed percentage of employees' salaries. The amounts contributed for the years ended September 30, 2013 and 2012, approximated \$21,070 and \$20,790, respectively.

Defined Benefit Pension Plan

Obligations and Funded Status

The Institute has a defined benefit pension plan, which was frozen for years of service credited through June 30, 1992. The Board of Trustees of the Institute adopted a resolution to freeze the salary component of the defined benefit pension plan effective March 31, 2010. On September 30, 2010, as a result of this resolution, the Plan liabilities were remeasured. The elimination of future salary increases was calculated as a prior service credit related to these employees of \$(3,295) and is being amortized over the future working lifetime of the current active population.

Included in unrestricted net assets at September 30, 2013 and 2012, are the following amounts that have not yet been recognized in net periodic pension cost: unrecognized prior service cost (credit) of \$(1,582) and \$(2,003), respectively, and unrecognized actuarial losses of \$15,942 and \$22,580, respectively. The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending September 30, 2014, are \$(421) and \$457, respectively.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Pension Plans (continued)

The following tabulation summarizes information about the funded status of the plan at September 30 (in thousands):

	<u>2013</u>	<u>2012</u>
Projected benefit obligation at beginning of year	\$ 39,006	\$ 35,100
Interest cost	1,495	1,697
Net benefit payments and transfers	(1,743)	(2,020)
Actuarial (gains) losses	(3,902)	4,229
Projected benefit obligation at end of year	<u>34,856</u>	<u>39,006</u>
Fair value of plan assets at beginning of year	32,149	29,988
Actual return on plan assets	4,567	3,818
Employer contributions	—	494
Net benefit payments and expenses	(1,822)	(2,151)
Fair value of plan assets at end of year	<u>34,894</u>	<u>32,149</u>
Funded status of the plan	<u>\$ 38</u>	<u>\$ (6,857)</u>

The measurement date for the Institute's fiscal 2013 financial statements is September 30, 2013.

The accumulated benefit obligation was \$34,856 and \$39,006 at September 30, 2013 and 2012, respectively.

Net Periodic Pension Income

Net periodic pension (income) cost consists of the following for the years ended September 30 (in thousands):

	<u>2013</u>	<u>2012</u>
Interest cost on projected benefit obligation	\$ 1,495	\$ 1,697
Service cost	150	150
Expected return on plan assets	(2,540)	(2,647)
Net amortization and deferral	217	(3)
Net periodic pension income	<u>\$ (678)</u>	<u>\$ (803)</u>

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Pension Plans (continued)

Assumptions

Assumptions used to measure the projected benefit obligation and net periodic pension cost include the following at September 30:

	2013	2012
Discount rate (projected benefit obligation)	4.70%	4.00%
Discount rate (net periodic pension cost)	4.00	5.10
Expected long-term return on plan assets	8.00	8.00
Average increase in compensation levels	N/A	N/A

The expected rate of return on plan assets was determined based on the expected return of each asset class using a model that estimates returns over at least a 20-year period without regard to current market valuations.

Plan Assets

The Institute's pension plan asset allocations at September 30, by asset category, are as follows:

	2013	2012
U.S. securities money market fund	1%	2%
U.S. government mutual funds	12	17
U.S. corporate bond mutual funds	8	8
U.S. equity mutual funds	29	26
International equity mutual funds	17	14
Alternative investments	33	33
	100%	100%

Pension plan assets are managed by outside managers with a long-term outlook. Long-term investment results are measured over rolling periods of three to five years. The investment objective for plan assets is to achieve a total annual return, net of fees, that meaningfully exceeds the returns possible in the index markets by investing passively in index funds.

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Pension Plans (continued)

Assets invested in the defined benefit pension plan are carried at fair value. Debt and equity securities with readily determinable values are carried at fair value as determined based on independent published sources. Alternative investments, as described in Note 2, are stated at fair value as estimated in an unquoted market.

Contributions

The Institute did not make a contribution to its pension plan during the year ended September 30, 2013. It does not expect to contribute to its pension plan in 2014.

Estimated Future Benefit Payments

Benefit payments are expected to approximate the following:

2014	\$	1,743
2015		1,960
2016		2,008
2017		2,062
2018 to 2022		11,962

13. Concentrations of Credit Risk

The Institute grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows at September 30:

	2013	2012
Medicare	26%	26%
Medicaid	4	6
Blue Cross	22	23
Harvard Pilgrim Health	8	10
Commercial and other	39	34
Patients	1	1
	100%	100%

Dana-Farber Cancer Institute, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

14. Medical Malpractice Insurance

The Institute insures its medical malpractice risks under a claims-made policy issued by a multiprovider captive insurance company, of which the Institute is a 10% owner. Premiums are accrued based on the captive insurance company's experience to date. The Institute provides reserves (in addition to those maintained by its affiliated insurance company) for claims incurred but not reported to the insurance company at the consolidated balance sheet date. These reserves have been estimated by consulting actuaries on a discounted basis using an interest rate of 3.0% and 4.0% at September 30, 2013 and 2012, respectively. The discounted liability for unasserted claims at September 30, 2013 and 2012, was \$1,479 and \$1,389, respectively. The Institute adopted ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, on October 1, 2011, and recorded anticipated insurance recoveries and estimated liabilities for asserted medical malpractice claims of \$6,733 and \$6,436 at September 30, 2013 and 2012, respectively.

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