

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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Dana-Farber Cancer Institute Inc
% MELISSA CHAMMAS
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 or town, state or province, country, and ZIP or foreign postal code
Boston, MA 02215

D Employer identification number
04-2263040

E Telephone number
(617) 632-3000

G Gross receipts \$ 1,990,678,088

F Name and address of principal officer
Laurie H Glimcher MD
450 BROOKLINE AVE
Boston, MA 02215

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.dana-farber.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1951

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF DFCI IS TO PROVIDE EXPERT, COMPASSIONATE CARE TO CHILDR COMPASSIONATE CARE TO CHILDREN AND ADULTS WITH CANCER & ADVANCE THE TREATMENT, CURE, AND PREVENTION OF CANCER & RELATED DISEASES

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

3 Number of voting members of the governing body (Part VI, line 1a)	58
4 Number of independent voting members of the governing body (Part VI, line 1b)	57
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	6,457
6 Total number of volunteers (estimate if necessary)	600
7a Total unrelated business revenue from Part VIII, column (C), line 12	88,157
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	561,378,936	604,363,420
9 Program service revenue (Part VIII, line 2g)	1,151,473,141	1,270,430,919
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,907,335	2,681,916
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,378,704	108,033,389
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,755,138,116	1,985,509,644
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,963,365	5,367,834
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)	537,676,542	608,704,290
16a Professional fundraising fees (Part IX, column (A), line 11e)	3,832,226	4,127,668
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,814,387		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,130,830,256	1,265,093,471
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,681,302,389	1,883,293,263
19 Revenue less expenses Subtract line 18 from line 12	73,835,727	102,216,381
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,890,706,000	3,127,097,000
21 Total liabilities (Part X, line 26)	1,135,834,597	1,182,642,732
22 Net assets or fund balances Subtract line 21 from line 20	1,754,871,403	1,944,454,268

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: 2020-08-04
MICHAEL RENEY CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-07-30
Check if self-employed PTIN: P00916443
Firm's name: ▶ ERNST & YOUNG US LLP Firm's EIN: ▶
Firm's address: ▶ 200 CLARENDON STREET BOSTON, MA 021165072 Phone no: (617) 266-2000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF DANA-FARBER CANCER INSTITUTE IS TO OPERATE, CONDUCT AND SUPPORT AN INSTITUTE FOR RESEARCH INTO THE CAUSES, TREATMENT AND PREVENTION OF CANCER AND OTHER DISEASES IN CHILDREN AND ADULTS AND TO PROVIDE FOR THE CARE, TREATMENT AND NURSING OF PERSONS HAVING SUCH DISEASES, AND IN FURTHERANCE OF THE FOREGOING, TO CONSTRUCT, OPERATE AND MAINTAIN A HOSPITAL OR HOSPITALS, A CANCER CENTER AND OTHER FACILITIES IN BOSTON, MASSACHUSETTS, ANYWHERE IN THE UNITED STATES OF AMERICA OR ELSEWHERE IN THE WORLD TO PROVIDE FOR PERSONS WITH CANCER AND OTHER DISEASES REGARDLESS OF AGE, TO PROMOTE HEALTH CARE IN COMMUNITIES AROUND THE WORLD BY EDUCATING AND SUPPORTING OTHER PROVIDERS IN EFFECTIVE CANCER CARE AND RESEARCH, AND TO CARRY ON ALL ACTIVITIES RELATED OR INCIDENT THERETO INCLUDING, BUT WITHOUT LIMITATION HERETO, RESEARCH, STUDY, TEACHING, CLINICAL INVESTIGATION, CARE OF PATIENTS AND TRAINING OF MEDICAL STUDENTS, SCIENTISTS, NURSES, RESEARCH ASSISTANTS AND PARAMEDICAL PERSONNEL

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 \$ 1,062,386,759 including grants of \$) (Revenue \$ 1,270,430,919)
See Additional Data

4b (Code) (Expenses \$ 592,175,647 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 34,342,333 including grants of \$ 5,367,834) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,688,904,739

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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** 6,457

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)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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)?

b If "Yes," enter the name of the foreign country ▶ CJ

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

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?

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?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

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?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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.
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring 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 **13a**

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? **14a** No

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* **14b**

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N **15** No

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O **16** No

2b	Yes	
3a	Yes	
3b	Yes	
4a	Yes	
5a		No
5b		No
5c		
6a		No
6b		
7a	Yes	
7b	Yes	
7c		No
7d		
7e		No
7f		No
7g		
7h		
8		
9a		
9b		
10a		
10b		
11a		
11b		
12a		
12b		
13a		
13b		
13c		
14a		No
14b		
15		No
16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (1a: 58); 1b Enter the number of voting members included in line 1a, above, who are independent (1b: 57); 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: Yes); 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: No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (4: No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (5: No); 6 Did the organization have members or stockholders? (6: No); 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: No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (7b: No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (8a: Yes); b Each committee with authority to act on behalf of the governing body? (8b: Yes); 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: No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (10a: No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (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: Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990 (11b:); 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (12a: Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (12b: Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (12c: Yes); 13 Did the organization have a written whistleblower policy? (13: Yes); 14 Did the organization have a written document retention and destruction policy? (14: Yes); 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: Yes); b Other officers or key employees of the organization (15b: Yes); 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: No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (16b:)

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, 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, VI, VA, WA, WV, WI, WY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website [] Another's website [x] 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, address, and telephone number of the person who possesses the organization's books and records: MELISSA CHAMMAS 450 BROOKLINE AVE BP418 Boston, MA 02115 (617) 582-8311

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

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

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, or 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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals and totals. 1b Sub-Total, 1c Total from continuation sheets, 1d 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 1,292

Questions 3, 4, and 5 regarding compensation reporting. Question 3: Did the organization list any former officer...? Question 4: For any individual listed on line 1a, is the sum of reportable compensation...? Question 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization...?

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Partners Healthcare System Inc, Brigham and Women's Hospital, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 475

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 202,556			
	b Membership dues	1b			
	c Fundraising events	1c 25,227,354			
	d Related organizations	1d			
	e Government grants (contributions)	1e 149,816,392			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 429,117,118			
	g Noncash contributions included in lines 1a - 1f \$	14,483,117			
	h Total. Add lines 1a-1f		604,363,420		

Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE		621110	1,263,292,503	1,263,292,503		
b NETWORK COLLABORATION		900099	7,138,416	7,138,416			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,270,430,919				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,893,131			2,893,131	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			96,094,866			96,094,866	
	6a Gross rents	(i) Real	(ii) Personal					
		2,405,132						
		b Less rental expenses						
		c Rental income or (loss)	2,405,132	0				
	d Net rental income or (loss)			2,405,132			2,405,132	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			438,561					
		b Less cost or other basis and sales expenses		649,776				
		c Gain or (loss)		-211,215				
	d Net gain or (loss)			-211,215			-211,215	
	8a Gross income from fundraising events (not including \$ 25,227,354 of contributions reported on line 1c) See Part IV, line 18	a		913,163				
		b Less direct expenses	b	4,518,668				
c Net income or (loss) from fundraising events				-3,605,505			-3,605,505	
9a Gross income from gaming activities See Part IV, line 19	a		0					
	b Less direct expenses	b	0					
	c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a		0					
	b Less cost of goods sold	b	0					
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code							
11a PARKING LOT REVENUE	812930		6,073,362			6,073,362		
b FOOD SERVICE REVENUE	722210		4,291,088			4,291,088		
c WCB BOUTIQUE INCOME	446199		1,113,069			1,113,069		
d All other revenue			1,661,377		88,157	1,573,220		
e Total. Add lines 11a-11d			13,138,896					
12 Total revenue. See Instructions			1,985,509,644	1,270,430,919	88,157	110,627,148		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,750,179	2,750,179		
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,617,655	2,617,655		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,902,713	3,279,868	4,854,449	768,396
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,099,838	1,166,798	1,933,040	
7 Other salaries and wages	519,027,848	449,037,032	45,340,459	24,650,357
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,476,037	19,309,033	8,827,814	2,339,190
9 Other employee benefits	13,308,138	8,431,781	3,854,890	1,021,467
10 Payroll taxes	33,889,716	21,471,874	9,816,635	2,601,207
11 Fees for services (non-employees)				
a Management	7,780,709	5,072,833	2,707,649	227
b Legal	19,260,032	12,055,173	7,189,203	15,656
c Accounting	973,650		973,650	
d Lobbying	760,126	760,126		
e Professional fundraising services See Part IV, line 17	4,127,668			4,127,668
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)	149,557,212	128,728,699	20,713,579	114,934
12 Advertising and promotion	10,395,389	8,537,124	845,744	1,012,521
13 Office expenses	40,727,806	34,741,903	4,856,599	1,129,304
14 Information technology	63,864,979	61,432,412	2,393,951	38,616
15 Royalties	0			
16 Occupancy	91,935,054	69,451,448	22,475,390	8,216
17 Travel	11,302,962	10,129,729	1,047,209	126,024
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,466,345	2,094,783	2,048,447	1,323,115
20 Interest	26,769,048	26,577,456	191,592	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	87,761,390	79,735,346	8,026,044	
23 Insurance	5,070,096	38,839	5,031,257	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	605,366,919	605,366,919		
b MISCELLANEOUS	112,830,748	110,846,723	1,446,536	537,489
c OTHER PATIENT CARE EXPENSE	25,271,006	25,271,006		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,883,293,263	1,688,904,739	154,574,137	39,814,387
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	178,566,040	2	142,105,787
	3 Pledges and grants receivable, net	63,138,970	3	98,133,091
	4 Accounts receivable, net	139,003,733	4	171,535,599
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	509,319	5	689,516
	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	29,714,527	8	35,392,500
	9 Prepaid expenses and deferred charges	45,380,890	9	47,670,159
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,922,917,252		
	b Less accumulated depreciation	10b 909,588,711	955,688,990	10c 1,013,328,541
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	7,894,580	14	7,894,580
	15 Other assets See Part IV, line 11	1,470,808,951	15	1,610,347,227
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,890,706,000	16	3,127,097,000	
Liabilities	17 Accounts payable and accrued expenses	135,803,630	17	160,016,271
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	534,438,729	20	516,834,887
	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	72,968,294	23	80,497,845
	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	392,623,944	25	425,293,729
	26 Total liabilities. Add lines 17 through 25	1,135,834,597	26	1,182,642,732
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	846,457,749	27	968,782,968
	28 Temporarily restricted net assets	703,139,823	28	759,256,969
	29 Permanently restricted net assets	205,273,831	29	216,414,331
	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	1,754,871,403	33	1,944,454,268	
34 Total liabilities and net assets/fund balances	2,890,706,000	34	3,127,097,000	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,985,509,644
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,883,293,263
3	Revenue less expenses Subtract line 2 from line 1	3	102,216,381
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,754,871,403
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	87,366,484
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,944,454,268

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 04-2263040

Name: Dana-Farber Cancer Institute Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

CLINICAL CARE AS ONE OF THE LEADING CANCER CENTERS IN THE WORLD, DANA-FARBER CANCER INSTITUTE (DFCI) PROVIDES COMPASSIONATE, COMPREHENSIVE, AND PERSONALIZED CARE TO ADULTS AND CHILDREN WITH CANCER, BLOOD DISORDERS, AND RELATED DISEASES IN FISCAL YEAR 2019, OUR EXPERT CLINICIANS AND CAREGIVERS AT OUR SPECIALIZED TREATMENT CENTERS WORKED TOGETHER TO DELIVER THE LATEST THERAPIES TO OUR PATIENTS THROUGH 1,568 INPATIENT ADMISSIONS, 359,519 OUTPATIENT MD VISITS, AND 187,664 INFUSION TREATMENTS SINCE ITS FOUNDING IN 1947 BY SIDNEY FARBER, MD, DANA-FARBER HAS FOLLOWED HIS VISION FOR A CANCER CENTER THAT IS JUST AS DEDICATED TO DISCOVERIES IN CANCER RESEARCH AS IT IS TO DELIVERING EXPERT, COMPASSIONATE CARE DANA-FARBER IS A FOUNDING MEMBER OF DANA-FARBER/HARVARD CANCER CENTER AND ONE OF 51 NCI-DESIGNATED COMPREHENSIVE CANCER CENTERS IN THE U S DANA-FARBER IS THE ONLY HOSPITAL RANKED IN THE TOP FOUR NATIONALLY BY U S NEWS AND WORLD REPORT IN BOTH ADULT AND PEDIATRIC CANCER CARE IN 2019, WE OFFERED MORE THAN 1,100 CLINICAL TRIALS

Form 990, Part III, Line 4b:

RESEARCH SCIENTIFIC WORK AT DANA-FARBER IS BASED ON THE PREMISE THAT BASIC AND CLINICAL INVESTIGATION ARE COMPLEMENTARY AND REINFORCING ACTIVITIES TO ENCOURAGE THIS CROSS-POLLINATION OF IDEAS, THE INSTITUTE HAS DEVELOPED AN ORGANIZATIONAL FRAMEWORK THAT FOSTERS COLLABORATIONS AMONG INVESTIGATORS FROM DIFFERENT DISCIPLINES THE RESULT IS AN INTENSE SCIENTIFIC IMPACT ON A GROUP OF DISEASES THAT CONTINUE TO REPRESENT ONE OF HUMANITY'S GREATEST HEALTH CHALLENGES SOME RECENT ADVANCES INCLUDE OVERCOMING RESISTANCE TO IMMUNOTHERAPY A TEAM OF RESEARCHERS AT DANA-FARBER AND THE BROAD INSTITUTE OF MIT AND HARVARD IDENTIFIED A PATTERN OF GENE ACTIVITY IN HUMAN MELANOMA CELLS THAT ENABLES THEM TO RESIST IMMUNOTHERAPY THE RESEARCHERS DEMONSTRATED THAT A COMBINATION OF THERAPIES COULD OVERCOME THIS RESISTANCE PARP INHIBITORS OPEN TWO-FRONT ATTACK ON CANCER DANA-FARBER RESEARCHERS SHOWED THAT PARP INHIBITORS DRUGS DESIGNED TO KILL CANCER CELLS BY HINDERING THE REPAIR OF DNA CAN ALSO SPARK AN IMMUNE SYSTEM ATTACK ON SUCH CELLS PREVENTIVE SURGERY AND QUALITY OF LIFE AS MORE YOUNG WOMEN WITH BREAST CANCER OPT TO HAVE MASTECTOMIES, MANY EXPERIENCE A PERSISTENT DECLINE IN THEIR SEXUAL AND PSYCHOSOCIAL WELL-BEING, DANA-FARBER INVESTIGATORS REPORTED THE FINDINGS UNDERScoreD THE IMPORTANCE OF COUNSELING PATIENTS ABOUT THE POTENTIAL LONG-TERM PHYSICAL AND EMOTIONAL CONSEQUENCES OF THE PROCEDURE BLOOD TEST FOR CANCER IN TESTS LED BY DANA-FARBER RESEARCHERS, A NEW BLOOD TEST SCREENED FOR NUMEROUS TYPES OF CANCER WITH A HIGH DEGREE OF ACCURACY THE TEST USES NEXT-GENERATION TECHNOLOGY TO PROBE DNA WITHIN BLOOD FOR CHEMICAL TAGS CALLED METHYL GROUPS THAT INFLUENCE GENE ACTIVITY ONE-TIME EDUCATION CLASS FOR CHRONIC INSOMNIA DANA-FARBER INVESTIGATORS REPORTED THAT A SINGLE-SESSION SLEEP EDUCATION PROGRAM COULD OFTEN CURE CANCER SURVIVORS OF CHRONIC INSOMNIA A COMMON PROBLEM AMONG SURVIVORS AND THAT THOSE WHO DIDN'T BENEFIT WERE OFTEN HELPED BY A MORE EXTENSIVE, BUT STILL MODEST, THREE-SESSION PROGRAM EXPOSURE TO SECOND-HAND VAPOR FROM E-CIGARETTES A GROWING NUMBER OF MIDDLE- AND HIGH-SCHOOL STUDENTS ARE BEING EXPOSED TO SECOND-HAND AEROSOLS FROM E-CIGARETTES BY LIVING WITH OR BEING AROUND INDIVIDUALS WHO ARE VAPING, ACCORDING TO A DANA-FARBER ANALYSIS OF NATIONAL SURVEY DATA EXERCISE BENEFITS PATIENTS WITH ADVANCED COLORECTAL CANCER PATIENTS WITH METASTATIC COLORECTAL CANCER WHO ENGAGED IN MODERATE EXERCISE WHILE UNDERGOING CHEMOTHERAPY TENDED TO HAVE DELAYED PROGRESSION OF THEIR DISEASE AND FEWER SIDE EFFECTS FROM TREATMENT, A STUDY BY DANA-FARBER AND BRIGHAM AND WOMENS HOSPITAL RESEARCHERS FOUND ARTIFICIAL INTELLIGENCE TOOL SHOWS PROMISE SCIENTISTS AT DANA-FARBER DEMONSTRATED THAT AN ARTIFICIAL INTELLIGENCE TOOL COULD PERFORM AS WELL AS HUMAN REVIEWERS AND MUCH MORE RAPIDLY IN EXTRACTING CLINICAL INFORMATION ON CHANGES IN TUMORS FROM UNSTRUCTURED RADIOLOGY REPORTS FOR PATIENTS WITH LUNG CANCER THE TOOL PERFORMED COMPARABLY TO TRAINED HUMAN CURATORS IN DETECTING THE PRESENCE OF CANCER AND ITS RESPONSE TO TREATMENT IMMUNOTHERAPY AND SECOND DRUG SHOW EFFECTIVENESS IN OVARIAN CANCER A COMBINATION OF AN IMMUNOTHERAPY DRUG AND A DNA REPAIR-BLOCKING AGENT CAN BE SIGNIFICANTLY MORE EFFECTIVE THAN EITHER DRUG ALONE IN WOMEN WITH HARD-TO-TREAT OVARIAN CANCER, A CLINICAL TRIAL LED BY DANA-FARBER RESEARCHERS INDICATED THE TRIAL OFFERED EVIDENCE THAT IMMUNOTHERAPIES, WHICH RARELY HAVE AN IMPACT AGAINST OVARIAN CANCER AS SINGLE AGENTS, COULD PRODUCE A POWERFUL ANTI-CANCER RESPONSE IN TANDEM WITH OTHER DRUGS WALKING SPEED AND OUTCOMES IN OLDER PATIENTS RESEARCHERS AT DANA-FARBER AND THE VA BOSTON HEALTHCARE SYSTEM UNCOVERED A NEW VITAL SIGN FOR GAUGING SURVIVAL AND LIKELIHOOD OF HAVING AN UNPLANNED HOSPITALIZATION IN OLDER PATIENTS WITH BLOOD CANCERS THE SPEED AT WHICH THEY CAN WALK THE RESEARCHERS REPORTED THAT FOR EVERY 0.1 METER PER SECOND DECREASE IN HOW FAST PATIENTS WALK FOUR METERS, THE RISK OF DYING, UNEXPECTEDLY GOING TO THE HOSPITAL, OR USING THE EMERGENCY ROOM ROSE COMBINATION THERAPY FOR KIDNEY CANCER APPROVED BASED ON A CLINICAL TRIAL CO-LED BY DANA-FARBER INVESTIGATORS, AN IMMUNOTHERAPY DRUG COMBINATION WON APPROVAL AS A STANDARD FIRST-LINE THERAPY FOR PATIENTS WITH ADVANCED CLEAR CELL RENAL CELL CARCINOMA, THE MOST COMMON FORM OF KIDNEY CANCER BENEFITS OF HIGH-DOSE VITAMIN D SUPPLEMENTING CHEMOTHERAPY WITH HIGH DOSES OF VITAMIN D MAY BENEFIT PATIENTS WITH METASTATIC COLORECTAL CANCER BY DELAYING PROGRESSION OF THE DISEASE, A SMALL CLINICAL TRIAL LED BY DANA-FARBER INVESTIGATORS SUGGESTED LONG-TERM MARIJUANA SMOKING AND PULMONARY DISEASE HIV-INFECTED MEN WHO SMOKE MARIJUANA FOR SEVERAL YEARS ARE AT HEIGHTENED RISK OF DEVELOPING BOTH INFECTIOUS AND NON-INFECTIOUS LUNG DISEASES, REGARDLESS OF WHETHER THEY ALSO SMOKE TOBACCO PRODUCTS, RESEARCHERS AT DANA-FARBER REPORTED THE FINDINGS SUGGESTED THAT HEALTHCARE PROVIDERS CAN HAVE AN IMPORTANT ROLE IN REDUCING THE RISK OF CERTAIN LUNG DISEASES IN HIV-POSITIVE PATIENTS BY COUNSELING THEM ABOUT THE POTENTIAL HARM OF MARIJUANA SMOKING ON LUNG HEALTH

Form 990, Part III, Line 4c:

COMMUNITY BENEFITS THE ROLE OF DANA-FARBER'S COMMUNITY BENEFITS OFFICE IS TO SUPPORT THE INSTITUTE'S GOAL TO REDUCE CANCER RISK AMONG MEDICALLY UNDERSERVED POPULATIONS TO THAT END, WE WORK WITH CITY AND STATE HEALTH DEPARTMENTS, COMMUNITY PARTNERS, AND BOSTON-BASED COALITIONS TO ASSESS AND MONITOR THE NEEDS OF LOCAL RESIDENTS WITH RESPECT TO CANCER CONTROL WE ARE ON THE FRONT LINES OF SUPPORTING AND COLLABORATING ON PROGRAMS DESIGNED TO ELIMINATE DISPARITIES IN BREAST, COLON, SKIN, AND PROSTATE CANCER, EDUCATE DIVERSE POPULATIONS ABOUT TOBACCO CESSATION, HUMAN PAPILLOMAVIRUS (HPV) PREVENTION AND SCREENING, AND CLINICAL TRIALS, AND STRENGTHEN THE SUPPORT SYSTEM FOR MEDICALLY UNDERSERVED POPULATIONS IN SHORT, WE ARE COMMITTED TO MAKING DANA-FARBER'S CARE AND RESEARCH FINDINGS ARE MORE ACCESSIBLE TO EVERYONE WITHIN AND OUTSIDE ITS WALLS IN FY 2019 DANA-FARBERS MAMMOGRAPHY SERVICES PROVIDED CLOSE TO 2,400 MAMMOGRAMS ON THE VAN AND AT THE MAMMOGRAPHY SUITE IN ROXBURY 1,086 INDIVIDUALS RECEIVED BREAST HEALTH EDUCATION ON THE MAMMOGRAPHY VAN OR AT A COMMUNITY OUTREACH EVENT A TOTAL OF 61 COMMUNITY MEMBERS HAVE BEEN TRAINED AS LAY HEALTH ADVISORS IN BREAST CANCER, SCREENING GUIDELINES, AND HEALTH PROMOTION AND OUTREACH STRATEGIES 1,659 COMMUNITY MEMBERS WERE REACHED THROUGH SUN SAFETY EDUCATION AND SCREENING EVENTS, WITH AN AVERAGE OF 59 PARTICIPANTS PER EVENT A TOTAL OF 3,354 INDIVIDUALS WERE REACHED THROUGH 146 COMMUNITY EDUCATION, OUTREACH AND SCREENING EVENTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Alexander Susan Esq Trustee	1 0 0 0	X						0	0	0
Beale Jeffrey Trustee (TERM ENDED 5/4/19)	1 0 0 0	X						0	0	0
Bekenstein Joshua Trustee & Chairman	2 0 0 0	X		X				0	0	0
Berger Harvey MD Trustee	1 0 0 0	X						0	0	0
Berkowitz Roger Trustee	1 0 0 0	X						0	0	0
Berylson Amy Trustee	1 0 0 0	X						0	0	0
Beschloss Afsaneh Trustee	1 0 0 0	X						0	0	0
Blum Betty Ann Trustee	1 0 0 0	X						0	0	0
Brock-Wilson Jane Trustee	1 0 0 0	X						0	0	0
Chandra Monica Trustee	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Cox Howard Trustee	1 0 0 0	X						0	0	0
Curtin Neal Esq Trustee & Secretary	2 0 0 0	X		X				0	0	0
DALEY KAREN PHD MPH RN FANN Trustee	1 0 0 0	X						0	0	0
DaSilva Kevin Trustee	1 0 0 0	X						0	0	0
Dobson Sean Trustee	1 0 0 0	X						0	0	0
Farrington Thomas Trustee (TERM ENDED 1/28/19)	1 0 0 0	X						0	0	0
Fine Stephen Trustee	1 0 0 0	X						0	0	0
Gibson Nancy Trustee	1 0 0 0	X						0	0	0
Glimcher Laurie MD Trustee, President and CEO	44 0 6 0	X		X				1,440,948	35,655	290,345
Greenthal Jill Trustee	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gross Phillip Trustee	1 0 0 0	X						0	0	0
Hadley Christopher Trustee	1 0 0 0	X						0	0	0
Jaffe Alison Trustee	1 0 0 0	X						0	0	0
Jamieson Jane Trustee	1 0 0 0	X						0	0	0
Janower Andrew Trustee	1 0 0 0	X						0	0	0
Kaplan Andrew Trustee (AS OF 1/28/19)	1 0 0 0	X						0	0	0
Knez Brian Trustee	1 0 0 0	X						0	0	0
Koppel Steven Trustee	1 0 0 0	X						0	0	0
Koster Stephen Esq Trustee	1 0 0 0	X						0	0	0
Kyle Amy Esq Trustee	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LaTorre James Trustee (TERM ENDED 9/20/19)	1 0 0 0	X						0	0	0
Lubin Richard Trustee & Vice-Chairman	2 0 0 0	X		X				0	0	0
Lucas Bradley Trustee	1 0 0 0	X						0	0	0
Lucchino Lawrence Trustee	1 0 0 0	X						0	0	0
Marcus Paul Trustee	1 0 0 0	X						0	0	0
Martin Demond Trustee	1 0 0 0	X						0	0	0
McCain Tracey Esq Trustee	1 0 0 0	X						0	0	0
Medel Roger MD Trustee	1 0 0 0	X						0	0	0
Miller Eric PHD Trustee (AS OF 1/28/19)	1 0 0 0	X						0	0	0
Norberg Joseph Trustee	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
O'Connor John Trustee & Treasurer	2 0 0 0	X		X				0	0	0
Packman Karen Linde Trustee	1 0 0 0	X						0	0	0
Palandjian Peter Trustee	1 0 0 0	X						0	0	0
Pasquarello Theodore Trustee	1 0 0 0	X						0	0	0
Perini Jennifer Trustee	1 0 0 0	X						0	0	0
Perlmutter Steven Esq Trustee	1 0 0 0	X						0	0	0
Poduska Susan Trustee	1 0 0 0	X						0	0	0
Reynolds Robert Trustee	1 0 0 0	X						0	0	0
Sachs Robert Esq Trustee	1 0 0 0	X						0	0	0
Schlager Eric Trustee	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sen Laura Trustee	1 0 0 0	X						0	0	0
Stansky Robert Trustee	1 0 0 0	X						0	0	0
Stratford Sandra MD MSc Trustee	1 0 0 0	X						0	0	0
Stecher Esta Trustee	1 0 0 0	X						0	0	0
Sullivan Ronald Trustee	1 0 0 0	X						0	0	0
Terrana Beth Trustee	1 0 0 0	X						0	0	0
Ting David Trustee (TERM ENDED 1/28/19)	1 0 0 0	X						0	0	0
Tocio Mary Ann Trustee	1 0 0 0	X						0	0	0
Tuli Sushil Trustee (AS OF 1/28/19)	1 0 0 0	X						0	0	0
Whelan Lori Trustee	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Williams Frederica Trustee	1 0 0 0	X						0	0	0
Yeshwant Krishna Trustee	1 0 0 0	X						0	0	0
Boskey Richard S ESQ Asst Sec & general counsel	45 0 5 0			X				593,401	0	68,586
Puhy Dorothy COO & EVP (UNTIL 3/2/19)	47 0 3 0			X				848,026	0	45,426
Reney Michael CFO and Asst Treasurer	46 0 4 0			X				787,393	0	45,392
Terwilliger James COO & EVP (AS OF 2/18/19)	48 0 2 0			X				0	0	0
Bartel Sylvia RPh MHP VP of Pharmacy Services	50 0 0 0				X			266,504	0	72,770
Bunnell Craig A MD Chief Medical Officer	50 0 0 0				X			714,776	0	45,599
DUVAL MELANY SVP OF DEV (AS OF 12/1/18)	50 0 0 0				X			50,000	0	0
Ebert Benjamin MD PHD Chair of Medical Oncology	50 0 0 0				X			685,392	0	66,180

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gettleman Wendy VP of Facilities Management	50 0 0 0				X			291,148	0	72,829
Johnson Bruce MD Chief Clinical Research Office	50 0 0 0				X			624,131	0	59,114
Liebow Elizabeth CHIEF STRATEGY OFFICER	50 0 0 0				X			341,986	0	66,041
Megdal Maria SVP of Institute Operations	50 0 0 0				X			438,333	0	57,922
Memmott Drew SVP Research Administration	50 0 0 0				X			419,545	0	66,104
Paresky Susan SVP OF DEV (UNTIL 1/1/19)	50 0 0 0				X			718,396	0	60,245
Rollins Barrett J MD PHD Chief Scientific Officer	50 0 0 0				X			647,079	0	61,263
Constantine Michael MD Milford Med Dir-Hematol Onc	50 0 0 0					X		711,035	0	57,634
Armstrong Scott MD Chair of Pediatric Oncology	50 0 0 0					X		683,486	0	68,069
Benz Edward J JR MD President and CEO Emeritus	42 0 8 0					X		1,526,785	0	56,454

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
WINER ERIC MD SVP CHF CLINICAL STRAT OFFICER	50 0 0 0					X		722,984	0	53,627	
GRIFFIN JAMES D MD PROFESSOR OF MEDICINE	50 0 0 0					X		686,369	0	63,652	
Bird Karen Finance Consultant	50 0 0 0						X	406,255	0	33,678	
Stone Richard M MD PROFESSOR OF MEDICINE	50 0 0 0						X	480,429	0	68,640	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	427,883,303	453,735,920	511,844,582	561,378,936	604,363,420	2,559,206,161
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	427,883,303	453,735,920	511,844,582	561,378,936	604,363,420	2,559,206,161
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						2,559,206,161

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	427,883,303	453,735,920	511,844,582	561,378,936	604,363,420	2,559,206,161
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,299,053	13,734,456	9,251,603	9,629,978	101,324,433	151,239,523
9 Net income from unrelated business activities, whether or not the business is regularly carried on					68,696	68,696
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,345,239	15,146,613	17,212,855	23,432,437	14,052,058	84,189,202
11 Total support. Add lines 7 through 10						2,794,703,582
12 Gross receipts from related activities, etc (see instructions)					12	5,094,697,555

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** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	91.573 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	92.166 %

16a 33 1/3% support test—2018. 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 ▶

b 33 1/3% support test—2017. 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 ▶

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

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 ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 04-2263040

Name: Dana-Farber Cancer Institute Inc

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

Name of the organization Dana-Farber Cancer Institute Inc	Employer identification number 04-2263040
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- 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

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?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		627,154
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		132,972
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			760,126
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C Part II-B	VAN SCOYOC & ASSOCIATES - PROVIDED FEDERAL LEGISLATIVE CONSULTING FOR DFCI MCDERMOTT, QUILTY & MILLER LLP - PROVIDED STATE LEGISLATIVE AND GOVERNMENT RELATIONS CONSULTING ON HEALTH INTERESTS TO DFCI CONFERENCE OF BOSTON HOSPITALS PROVIDED STATE AND FEDERAL LOBBYING SUPPORT TO DFCI ALLIANCE OF DEDICATED CANCER CENTERS REPRESENTS THE NATION'S TEN FREESTANDING CANCER CENTERS WE WORK TOGETHER ON FEDERAL REGULATORY, LEGISLATIVE AND REIMBURSEMENT ISSUES UNIQUE TO DEDICATED CANCER CENTERS DFCI IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE MASSACHUSETTS HOSPITAL ASSOCIATION, NOT-FOR-PROFIT ORGANIZATIONS THAT REPRESENT AND ADVOCATE FOR THE COLLECTIVE INTERESTS OF THEIR MEMBER HOSPITALS AND HEALTH SYSTEMS THROUGH LEADERSHIP IN PUBLIC ADVOCACY, EDUCATION, AND INFORMATION A PORTION OF THE MEMBERSHIP DUES TO THESE ORGANIZATIONS ARE USED FOR LOBBYING ACTIVITIES ON OCCASION, DFCI EXECUTIVE LEADERSHIP MEET WITH STATE AND FEDERAL ELECTED OFFICIALS TO ADVOCATE FOR THE PASSAGE OF LEGISLATION AND FUNDING TO ADVANCE CANCER RESEARCH AND TREATMENT, AND LEGISLATION TO SUPPORT SERVICES FOR CANCER PATIENTS AND CANCER SURVIVORS IN ADDITION, DFCI SUBMITS LETTERS AND/OR TESTIMONY TO ELECTED OFFICIALS AND POLICY MAKERS on these issues

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value 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? Yes 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? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ► _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	301,578,000	276,248,000	252,162,000	238,449,000	250,650,000
b Contributions	11,140,000	12,288,000	9,815,000	10,151,000	7,603,000
c Net investment earnings, gains, and losses	18,454,000	30,131,000	32,600,000	20,243,000	-4,102,000
d Grants or scholarships					
e Other expenditures for facilities and programs	18,152,000	17,089,000	18,329,000	16,681,000	15,702,000
f Administrative expenses					
g End of year balance	313,020,000	301,578,000	276,248,000	252,162,000	238,449,000

- 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 ▶ 69 140 %
 - c** Temporarily restricted endowment ▶ 30 860 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,640,445		7,640,445
b Buildings		1,233,156,412	513,422,293	719,734,120
c Leasehold improvements		167,078,138	92,760,235	74,317,902
d Equipment		413,200,418	303,406,183	109,794,235
e Other		101,841,839		101,841,839
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,013,328,541

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

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

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

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

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

(a) Description	(b) Book value
(1) INTEREST IN DANA-FARBER, INC	1,433,066,609
(2) MISCELLANEOUS ASSETS	134,062,618
(3) INTEREST IN DFCCN	43,218,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶ 1,610,347,227

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
AMOUNTS DUE 3RD PARTY PAYOR	49,158,582
RESEARCH ADVANCES	119,683,000
PROV FOR MED MALPRACTICE CLAIM	1,399,000
SWAP VALUATION LIABILITY	61,650,000
MISCELLANEOUS LIABILITIES	193,403,147
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 425,293,729

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-2263040

Name: Dana-Farber Cancer Institute Inc

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	DANA-FARBER, INC (DFI) A RELATED ORGANIZATION OF DANA-FARBER CANCER INSTITUTE, INC (THE INSTITUTE) HOLDS THE ENDOWMENTS FOR DFCI AND THEREFORE REPORTS THE ENDOWMENT FUNDS ON DFI'S FORM 990 ACCORDINGLY AS DESCRIBED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS, THE INSTITUTE'S ENDOWMENTS CONSIST SOLELY OF DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR PURPOSES DIRECTLY RELATED TO THE INSTITUTE'S EXEMPT MISSION AND PURPOSES AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NEW 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 IN FURTHERANCE OF TO THE INSTITUTE'S EXEMPT MISSION AND PURPOSES

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
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
See Add'l Data					
3a Sub-total	0	0			9,964,951
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			9,964,951

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.

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)

- 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)

Part IV Foreign Forms

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

Part V Supplemental Information

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).

ReturnReference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-2263040

Name: Dana-Farber Cancer Institute Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America and the Caribbean	0	0	Program Services	Jointly owned for insu	3,352,984
Central America and the Caribbean	0	0	Program Services	Subcontracted Research	146,442

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Sub-Saharan Africa	0	0	Program Services	Subcontracted Research	1,496,136
Europe (Including Iceland and Greenland)	0	0	Program Services	Subcontracted Research	1,114,326

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
East Asia and the Pacific	0	0	Program Services	Subcontracted Research	1,148,429
South Asia	0	0	Program Services	Subcontracted Research	306,359

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Middle East and North Africa	0	0	Program Services	Subcontracted Research	172,106
South America	0	0	Program Services	Subcontracted Research	36,690

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
North America	0	0	Program Services	Subcontracted Research	996,970
East Asia and the Pacific	0	0	Program Services	Research and Education	647,208

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
South America	0	0	Program Services	Research and Education	547,301

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Dana-Farber Cancer Institute Inc

Employer identification number
04-2263040

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> 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			
TRUESENSE MARKETING	Direct Mail		No	15,485,355	3,798,309	11,687,046
Grenzebach Glier Assoc Inc	Consulting		No		311,109	
Turnkey	Consulting		No		18,250	
Total				15,485,355	4,127,668	11,687,046

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

.....
All States
.....

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		BMJF Walk (event type)	DFMC (event type)	14 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9,036,972	6,920,664	10,182,881	26,140,517
	2 Less Contributions	8,863,775	6,710,564	9,653,015	25,227,354
	3 Gross income (line 1 minus line 2)	173,197	210,100	529,866	913,163
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	257,650	74,580	605,618	937,848
	7 Food and beverages	37,437	16,022	65,159	118,618
	8 Entertainment	3,300		481,753	485,053
	9 Other direct expenses	1,272,061	382,702	1,322,387	2,977,150
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				4,518,669
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-3,605,506	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			23,110,408	-8,916,172	14,194,236	0 750 %
b Medicaid (from Worksheet 3, column a)			78,350,110	-54,326,263	24,023,848	1 280 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			101,460,518	-63,242,435	38,218,084	2 030 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,644,272		5,644,272	0 300 %
f Health professions education (from Worksheet 5)			5,863,397	-683,208	5,180,189	0 280 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			671,390,900	-543,655,638	127,735,261	6 780 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,551,007		2,551,007	0 130 %
j Total. Other Benefits			685,449,576	-544,338,846	141,110,729	7 490 %
k Total. Add lines 7d and 7j			786,910,094	-607,581,281	179,328,813	9 520 %

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			510,469		510,469	0.030 %
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			412,000		412,000	0.020 %
9 Other						
10 Total			922,469		922,469	0.050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	297,261,630
6 Enter Medicare allowable costs of care relating to payments on line 5	6	334,328,986
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-37,067,356
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

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

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)
 DANA-FARBER CANCER INSTITUTE INC

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>dana-farber org</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>dana-farber org</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

DANA-FARBER CANCER INSTITUTE INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance?	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>dana-farber org/PFA</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>dana-farber org/PFA</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>dana-farber org/PFA</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

DANA-FARBER CANCER INSTITUTE INC

Name of hospital facility or letter of facility reporting group

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

DANA-FARBER CANCER INSTITUTE INC

Name of hospital facility or letter of facility reporting group _____

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

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	In addition to determining eligibility for discounted care based on family income, DFCI offers assistance to patients who have excessive medical bills (exceeding 30-40% of family income) Part I, Line 6a The community benefit report was completed by DFCI and is annually provided to the Massachusetts Attorney General's office, where it is then made public on its website Part I, Line 7 DFCI's State Cost Report was used to develop the institute's cost to charge ratio that was applied to charity care charges to determine the cost of financial assistance (Line 7A) Line 7B reflects the specific loss incurred for the institute's Medicaid activity The Institution is a preeminent provider of health training to health professionals who desire training in the skills necessary to treat cancer patients The institution trains physicians, scientists, medical students and individuals looking to create a career in the field of cancer The amount reported as Health Training represent costs in excess of amounts reimbursed by third party payers such as training grant revenues and direct medical education payments from the Medicare Program Department leaders submit expenditures to Community Benefits along with a description of the services provided to medically underserved populations Line 7f expenditures are reviewed by leadership and in partnership with DFCI's Office of Finance, the expenditures are approved The amounts are captured in three buckets - CB expenditures (all programs), leveraged fund (those funds supported in full or part through grants/donations) and Community Sponsorships

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Line 1	<p>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 II, Line 8 To encourage underrepresented students of color to explore and pursue careers in health and science, Dana-Farber maintains educational partnerships with Boston area high schools and colleges During academic year 2018-2019, 22 students participated in a college and career readiness training program An additional 62 students were enrolled during the 2019 summer jobs program at Dana-Farber Eligible students either attended or graduated from Boston public schools During the 7-week summer program, students interned 30 hours per week and participated in college tours and career readiness workshops</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, LINE 8	The Medicare cost on line 6 comes from the Medicare Cost Report and is based on Medicare's cost finding principles and methodologies. We strongly believe that the entire amount of the shortfall of \$37,067,356 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 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part V, Section A	DFCI main campus is at 450 Brookline Ave , Boston, MA DFCI's satellite locations (below) each operate under the same hospital license Dana-Farber/Brigham and Women's Cancer Center at Milford Hospital 20 Prospect Street, Milford, MA 01757 Dana-Farber/Brigham and Women's Cancer Center at South Shore Hospital 101 Columbian Street, South Weymouth, MA 02190 Dana-Farber at St Elizabeth's Medical Center 736 Cambridge Street, Cushing Pavilion, 5th Floor, Brighton MA 02135

Form and Line Reference	Explanation
Part VI, Line 2	<p>Dana-Farber Cancer Institute continuously assesses the community needs through our participation in community coalitions, task forces, working groups and direct communication with the community residents that serve on our external advisory committee and in our patient and family advisory board. A full description of our community engagement process can be found on our website both in the Community Health Needs Assessment Report and in the Community Health Implementation Plan. Part VI, Line 3 DFCI is committed to offering financial assistance to eligible Patients who do not have the ability to pay for their medical services in whole or in part. In order to accomplish this charitable goal, DFCI widely publicizes its Patient Financial Assistance (PFA) Policy within its facilities, in direct communications with Patients and in the communities that it services, particularly in the communities with the greatest unmet health needs. The PFA Policy, a plain language PFA summary and the PFA application are posted on DFCI's website in English and Spanish. In addition, information about the PFA is provided to all patients at Registration and/or Admission, and is available upon request, without charge, through a DFCI Financial Counselor, Customer Service Representative, or by mail. Following care, all billing statements sent to a patient indicate how the patient can obtain information about the PFA Policy. In collaboration with DFCI's community partners, information about the PFA is shared with residents of DFCI's priority neighborhoods. Efforts to notify community members most likely to require assistance include distributing plain language summaries of this Policy to local community health centers and other non-profit organizations. Part VI, Line 4 DFCI serves the community of Eastern Massachusetts and New England, including the communities surrounding its primary location in Boston and its satellite locations in Milford, Massachusetts, Weymouth, Massachusetts, Brighton, Massachusetts and Londonderry, New Hampshire. DFCI's community includes adults and children with cancer or at risk of developing cancer, and their families. DFCI focuses its community outreach efforts on its priority Boston neighborhoods of Roxbury, Mission Hill, Dorchester, Mattapan and Jamaica Plain (which collectively comprise 39% of Boston's overall population). Two of Boston's most populated neighborhoods are DFCI's priority neighborhoods-Dorchester with 122,598 residents, followed by Roxbury with 49,028. White residents now make up less than half of the city's racial and ethnic composition (46%). Black or African American residents were the second largest racial and ethnic group (23%), followed by Hispanics (18%) and Asians (9%). There is substantial variation in the racial and ethnic diversity by DFCI priority neighborhood, with nearly three-quarters of Mattapan residents and half of Roxbury residents identifying as Black or African American. Among DFCI priority neighborhoods, Roxbury and Jamaica Plain have the largest Hispanic populations with 29% and 24% respectively, while Mission Hill and Dorchester have the largest Asian populations among the priority neighborhoods with 14% and 10% respectively. The median incomes of DFCI's priority communities are generally much lower than Boston overall, with Roxbury at a median income of \$25,254, Mission Hill at \$35,020, and Mattapan at \$42,206. Many of DFCI's priority neighborhoods, Roxbury and Mattapan, are more likely to have a greater population at the lower end of the income spectrum. Residents in DFCI's priority neighborhoods appear to experience higher rates of poverty than Boston overall. Female-headed households are especially vulnerable, with 45% of Roxbury female-headed households living below the poverty line. Despite its statewide reach and services provided through our satellite operations in Weymouth, Allston/Brighton, and Milford, Dana-Farber's prioritization of these five neighborhoods within its local service area reflects a commitment to reducing disparities in cancer care and improving the health and well-being of neighborhood residents. Through our collaborative approach, the satellite locations have agreed to leverage each other's cancer control expertise to expand and strengthen our programs such as bringing cancer prevention efforts in Spanish to the Weymouth Area. The Allston/Brighton satellites have also mutually agreed to continue to work together to strengthen mammography screening rates through our partnership with the local community health center and to explore other opportunities to have greater impact on the health and well-being of local residents. Dana-Farber also aims to prioritize populations disproportionately impacted by cancer, including diverse racial and ethnic populations, individuals from low socioeconomic backgrounds, and immigrants. Based on the CHNA data, the populations below appear to have disproportionately higher levels of disease risk and burden, warra</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p> drawing increased attention Part VI, Line 5 Dana-Farber's 2020-2023 Community Health Needs Assessment and Implementation Plan provide a robust description of our comprehensive cancer control programs and services The report also provides a summary of accomplishments from our last needs assessment and sets forth our commitment to addressing the new opportunities to reduce the cancer burden in medically underserved communities in Boston The reports can be found at http://www.dana-farber.org/About-Us/Community-Outreach/Community-Health-Needs-Assessment-Reporting.aspx In addition, DFCI furthers its exempt purpose by promoting the health of the community through devoting the vast majority of its surplus funds to institutional supported research (128 million), by providing financial assistance to patients unable to afford care and by maintaining a community board Part VI, Line 7 State Filing of Community Benefit Report Massachusetts State Filing of Community Benefit Report Massachusetts </p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, SUPPLEMENTAL INFORMATION	501(r) Reporting under IRS Revenue Procedure 2015-21 During FY19, DFCI determined that its FAP should be clarified to more clearly address the treatment of deductibles determined and required by the state Health Safety Net program, in order to ensure that FAP-eligible individuals are not charged more than AGB for medically necessary services The amended FAP was adopted and implemented on 9/10/2019 and has been widely publicized within the meaning of Treas Reg 1 501(r)-4(b)(5)

Additional Data**Software ID:****Software Version:****EIN:** 04-2263040**Name:** Dana-Farber Cancer Institute Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVE BOSTON, MA 02215 www.dana-farber.org	X			X		X			D-F/BWH @ Milford, and SOUTH Shore D-F @ st elizabeth's	

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, SECTION B, Line 5	<p>In September 2019, Dana-Farber's Board of Trustees approved the 2020-2023 Cancer-Focused Community Health Needs Assessment (CHNA) and Implementation Plan to ensure that our collective efforts have the maximum possible impact within the Institute's priority neighborhoods. Dana-Farber's Community Benefits Office retained Health Resources in Action (HRIA), a non-profit public health consultancy organization in Boston, to undertake a comprehensive assessment of the health needs within our priority communities, including how those needs are currently being addressed and where there are opportunities to address these needs in the future. Dana-Farber's 2020-2023 Cancer CHNA builds off of information gathered for Boston's first large-scale collaborative city-wide Community Health Needs Assessment in which target neighborhoods such as Dorchester, Roxbury, Jamaica Plain, Mission Hill, and Mattapan were investigated thoroughly. The purpose of the CHNA is to advance community efforts and priority areas by assessing cancer burden in the community as well as access to and availability of cancer-related services, identifying key areas of significant community need and vulnerable populations, examining the impact and role of social determinants of health, and facilitating the development of multi-year implementation strategies to guide the hospitals' community health initiatives and community investments. In addition to identifying broad health issues facing residents, the 2019 CHNA investigates the full continuum of cancer care, it explores different aspects of care from initial screening, to treatment, and culminates with considerations of survivorship. The Boston CHNA-CHIP Collaborative is a new initiative that was created and launched by a number of stakeholders-community organizations, health centers, community development corporations, hospitals, and the Boston Public Health Commission. It aims to undertake the first large-scale collaborative city-wide Community Health Needs Assessment (Boston CHNA) and Community Health Improvement Planning (Boston CHIP) process. The goals of the Boston CHNA are to systematically identify the health-related needs, strengths, and resources of communities to inform future planning. Understand the current health status of Boston overall and its sub-populations within their social context, and meet regulatory requirements for a number of institutions, organizations, and agencies (e.g. IRS requirements for non-profit hospitals, PHAB for health departments). During the city-wide CHNA. As a member of the steering committee and Co-Chair of the Community Engagement Work Group, Dana-Farber worked closely with members of the Boston CHNA/CHIP Collaborative to conduct a robust data collection and engagement process for the Boston CHNA. Citywide survey administered online and in-person in 7 languages (English, Spanish, Portuguese, Haitian Creole, Chinese, Vietnamese, and Arabic), engaging over 90 organizations and over 2,400 Boston residents.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, SECTION B, Line 5	<p>idents, with a focus on targeting hard to reach populations not typically represented. A total of 13 focus groups were conducted with specific populations, 45 interviews were held with organizational and community leaders across various sectors to gauge their perceptions of community needs, strengths, and opportunities. Sectors represented in these interviews included public health, health care, housing and homelessness, transportation, community development, faith, education, public safety, environmental justice, government, workforce development, social services, food insecurity, and business organizational staff that work with specific population such as youth, seniors, disabled, LGBTQ, and immigrants. During the Cancer CHNA 8 focus groups were conducted with adult cancer patients in active treatment, survivors, and caregivers in English, Spanish, and Chinese. 7 cancer-specific key informant interviews were held with cancer representatives from roles related to primary care, patient navigation and advocacy. Key informants represented a number of sectors including academic research, health care, public health, social service, and city government. Discussions explored participants' perceptions of their communities, priority health concerns, perceptions of cancer and related services across the cancer continuum (prevention, screening, treatment, survivorship), and suggestions for future services and resources to address these issues. The strategies and goals outlined in our 2020-2023 CHNA Implementation Plan are a natural continuation of the efforts identified in our 2016-2019 Plan and are designed to advance and strengthen our existing community-based initiatives while also seeking to address the social determinants of health through collaborative partnerships.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 7A	DFCI's Community Health Needs Assessment Report is available on the DFCI Website http //www dana-farber org/About-Us/Community-Outreach/Community-Health- Needs-Assessment-Reporting.aspx

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 10A	DFCI's implementation strategy is available on the DFCI website http://www.dana-farber.org/uploadedFiles/Library/about-us/community-outreach/chna-implementation-plan.pdf Part V, Line 11 Dana-Farber Cancer Institute addressed all the needs identified in the Community Health Needs Assessment and the accompanying Implementation Plan. A full description of our programs is available on our website both in the Community Health Needs Assessment Report and in the Community Health Implementation Plan. While our expertise as a comprehensive cancer center leads us to focus largely on reducing cancer incidence and mortality among medically underserved populations through our clinical community screening and outreach programs that include mobile mammography and breast health education, skin cancer education and screening, HPV education and vaccination, tobacco cessation and increasing awareness about survivorship in communities of color, we recognize that our priority neighborhoods are also dealing disproportionately with challenging situations related to social and economic factors such as limited employment opportunities, substance abuse and opioid addiction, low education levels, lack of affordable housing, and community violence, among others. We work on these broader issues by advocating and by partnering with local coalitions and community based organizations such as Boston Alliance for Community Health and member organizations.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 22	Depending on a patient's financial situation, FAP-eligible patients were charged between 0% to 30% of billed charges, which was not more than the AGB. In FY19, DFCI determined AGB on an annual basis using the "look-back method," described under Treasury Regulation Section 1.501(r)-5(b)(1). Specifically, DFCI's annual AGB percentage was equal to sum of all gross charges during the prior fiscal year divided by Claims Paid in connection with those charges. For purposes of the AGB calculation, Claims Paid included claims for emergency and medically necessary care paid by both Medicare fee-for-service and all private health insurers as primary payers, together with any associated portions of these claims paid by Medicare beneficiaries or insured individuals in the form of co-payments, co-insurance or deductibles.

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Dana-Farber Cancer Institute Inc

Employer identification number 04-2263040

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
3 Enter total number of other organizations listed in the line 1 table 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Patient Assistance	21	14,197			
(2) Patient Assistance	3241		2,603,458	FMV	ASST LIVING & TRAVEL
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part IV	ALL GRANTS AND DONATIONS WERE GIVEN TO 501(C)(3) ORGANIZATIONS TO FULFILL THEIR MISSIONS

Additional Data

Software ID:
Software Version:
EIN: 04-2263040
Name: Dana-Farber Cancer Institute Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Harvard University 60 Oxford St Cambridge, MA 02138	04-2103580	501(C)(3)	1,241,004				CANCER RES AND DEVLP
City of Boston City Hall Plaxa Boston, MA 02114	04-6001380	115	974,128				Community Prtnrship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Whittier Street Health Center 1125 TREMONT STREET ROXBURY, MA 02120	04-2619517	501(C)(3)	154,270				CANCER RES AND DEVL P
Friends of Dana-Farber 450 Brookline Ave BOSTON, MA 02215	37-1613621	501(C)(3)	50,000				CANCER RES AND DEVL P

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Leukemia & Lymphoma Society Inc 1311 MAMARONECK AV WHITE PLANES, NY 10605	13-5644916	501(C)(3)	40,000				CANCER RES AND DEVL P
PROSTATE HEALTH EDUCATION NETWORK INC 500 Victory Rd 4th FL Quincy, MA 02453	33-1042404	501(C)(3)	30,000				CANCER RES AND DEVL P

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
National Assoc of Corp Directors New England Ch 62 Deep MDW Exeter, NH 03833	04-3370584	501(C)(3)	25,000				Community Support
Fenway High School 174 Ipswich St BOSTON, MA 02215	04-6719813	501(C)(3)	20,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Camp Harbor View 200 Clarendon St 60th FL Boston, MA 02116	75-3235491	501(C)(3)	15,000				Community Support
United Way of Massachusetts Bay 51 Sleeper St Boston, MA 02210	04-2382233	501(C)(3)	13,500				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Boston Public Health Commission 1010 Massachusetts Ave Boston, MA 02118	04-3316655	115	10,000				Community Support
Health Care for All Inc One Federal Street Boston, MA 02110	04-3071598	501(C)(3)	10,000				Community Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
The Colorectal Cancer Alliance 1024 Vermont AV NW 1066 Washington, DC 20005	86-0947831	501(C)(3)	10,000				CANCER RES AND DEVLP
THE BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH ST 8TH FL NEW YORK, NY 10022	13-3727250	501(C)(3)	10,000				CANCER RES AND DEVLP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Name of the organization
Dana-Farber Cancer Institute Inc

Employer identification number

04-2263040

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	No
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
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	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, 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) Armstrong, Scott 35,942 Benz, Edward J Jr , MD 83,992 Boskey, Richard S , ESQ 30,852 Bunnell, Craig A MD 42,593 Constantine, Michael, MD 43,660 Ebert, Benjamin 31,906 Glimcher, Laurie MD 113,218 Griffin, James D , MD 40,070 Johnson, Bruce MD 31,906 Liebow, Elizabeth 5,412 Megdal, Maria 15,313 Memmott, Drew 13,498 Paresky, Susan 43,546 Puhy, Dorothy 53,846 Reney, Michael 95,306 Rollins, Barrett J , MD, PHD 36,242 Stone, Richard M MD 19,188 Winer, Eric, MD 36,459

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	DURING THE YEAR, THE CEO, COO, CFO, GENERAL COUNSEL AND CERTAIN KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES WERE ELIGIBLE TO RECEIVE AN INCENTIVE PAYMENT, A PORTION OF WHICH HAS A NON-FIXED PAYMENT PAYABLE AT THE DISCRETION OF THE CEO AND IN THE CASE OF THE CEO, THE BOARD OF TRUSTEES, IF THE ORGANIZATION MEETS CERTAIN FINANCIAL PERFORMANCE GOALS THE MAXIMUM NON-FIXED PORTION OF THESE INCENTIVE PAYMENTS IS BETWEEN 8% (CEO - 40% MAX, OF THAT 32% TEAM, 8% INDIVIDUAL) AND 4% (SVP - 20% MAX, OF THAT 16% TEAM AND 4% INDIVIDUAL, VP - 10% MAX, OF THAT 6% TEAM AND 4% INDIVIDUAL) OTHER REPORTABLE COMPENSATION INCLUDES CURRENT YEAR VESTING AMOUNTS IN DANA-FARBER INSTITUTE'S SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN COMPENSATION FOR KAREN BIRD, FORMER CHIEF FINANCIAL OFFICER, IS PRIMARILY DERIVED FROM HER WORK AS EXECUTIVE DIRECTOR OF THE ALLIANCE OF DEDICATED CANCER CENTERS (ADCC) THE ADCC FULLY REIMBURSES DANA-FARBER CANCER INSTITUTE, INC FOR HER COMPENSATION AND BENEFITS RELATED TO HER WORK AT ADCC THE REMAINDER OF HER COMPENSATION IS DERIVED FROM HER WORK AS A SENIOR POLICY ADVISOR FOR DANA-FARBER CANCER INSTITUTE, INC



Additional Data

Software ID:
Software Version:
EIN: 04-2263040
Name: Dana-Farber Cancer Institute Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Glimcher Laurie MD Trustee, President and CEO	(i)	1,140,233	173,019	127,696	277,441	12,904	1,731,293	0
	(ii)	35,655	0	0	0	0	35,655	0
Boskey Richard S ESQ Asst Sec & general counsel	(i)	513,146	38,232	42,023	38,955	29,631	661,987	0
	(ii)	0	0	0	0	0	0	0
Puhly Dorothy COO & EVP (UNTIL 3/2/19)	(i)	702,139	77,564	68,323	38,955	6,471	893,452	0
	(ii)	0	0	0	0	0	0	0
Renev Michael CFO and Asst Treasurer	(i)	642,739	46,807	97,847	38,955	6,437	832,785	0
	(ii)	0	0	0	0	0	0	0
Bird Karen Finance Consultant	(i)	401,307	0	4,948	0	33,678	439,933	0
	(ii)	0	0	0	0	0	0	0
Bartel Sylvia RPh MHP VP of Pharmacy Services	(i)	249,806	10,924	5,774	36,819	35,951	339,274	0
	(ii)	0	0	0	0	0	0	0
Bunnell Craig A MD Chief Medical Officer	(i)	612,212	55,461	47,103	38,955	6,644	760,375	0
	(ii)	0	0	0	0	0	0	0
DUVAL MELANY SVP OF DEV (AS OF 12/1/18)	(i)	0	50,000	0	0	0	50,000	0
	(ii)	0	0	0	0	0	0	0
Ebert Benjamin MD PHD Chair of Medical Oncology	(i)	524,143	127,500	33,749	38,955	27,225	751,572	0
	(ii)	0	0	0	0	0	0	0
Gettleman Wendy VP of Facilities Management	(i)	278,098	11,995	1,055	38,652	34,177	363,977	0
	(ii)	0	0	0	0	0	0	0
Johnson Bruce MD Chief Clinical Research Office	(i)	525,454	45,902	52,775	37,314	21,800	683,245	0
	(ii)	0	0	0	0	0	0	0
Liebow Elizabeth CHIEF STRATEGY OFFICER	(i)	312,544	22,866	6,576	38,955	27,086	408,027	0
	(ii)	0	0	0	0	0	0	0
Megdal Maria SVP of Institute Operations	(i)	392,386	29,124	16,823	38,955	18,967	496,255	0
	(ii)	0	0	0	0	0	0	0
Memmott Drew SVP Research Administration	(i)	376,538	28,060	14,947	38,955	27,149	485,649	0
	(ii)	0	0	0	0	0	0	0
Paresky Susan SVP OF DEV (UNTIL 1/1/19)	(i)	616,834	44,582	56,980	38,955	21,290	778,641	0
	(ii)	0	0	0	0	0	0	0
Rollins Barrett J MD PHD Chief Scientific Officer	(i)	557,284	41,391	48,404	38,955	22,308	708,342	0
	(ii)	0	0	0	0	0	0	0
Stone Richard M MD PROFESSOR OF MEDICINE	(i)	419,735	30,905	29,789	38,955	29,685	549,069	0
	(ii)	0	0	0	0	0	0	0
Constantine Michael MD Milford Med Dir-Hematol Onc	(i)	616,340	46,458	48,237	25,205	32,429	768,669	0
	(ii)	0	0	0	0	0	0	0
Armstrong Scott MD Chair of Pediatric Oncology	(i)	555,328	89,116	39,042	38,955	29,114	751,555	0
	(ii)	0	0	0	0	0	0	0
Benz Edward J JR MD President and CEO Emeritus	(i)	944,229	0	582,556	38,955	17,499	1,583,239	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WINER ERIC MD SVP CHF CLINICAL STRAT OFFICER	(i)	560,218	70,532	92,234	38,955	14,672	776,611	0
	(ii)	0	0	0	0	0	0	0
GRIFFIN JAMES D MD PROFESSOR OF MEDICINE	(i)	587,759	43,635	54,975	38,955	24,697	750,021	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Massachusetts Development Finance Agency	04-2456011	57586CZ24	05-22-2008	236,234,840	See Part VI	X			X		X
B	Massachusetts Development Finance Agency	04-3431814		07-02-2012	57,500,000	See Part VI		X		X		X
C	Massachusetts Development Finance Agency	04-3431814		08-03-2015	92,500,000	See Part VI		X		X		X
D	Massachusetts Development Finance Agency	04-3431814		06-23-2016	281,786,480	See Part VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	150,000,000		0		0			0
2	Amount of bonds legally defeased	71,025,000		0		0			0
3	Total proceeds of issue	302,247,871		57,500,000		92,500,000			282,856,392
4	Gross proceeds in reserve funds	11,471		0		0			0
5	Capitalized interest from proceeds	4,119,476		0		0			1,655,104
6	Proceeds in refunding escrows	0		0		0			0
7	Issuance costs from proceeds	2,015,100		0		0			2,486,701
8	Credit enhancement from proceeds	116,494		0		0			0
9	Working capital expenditures from proceeds	0		0		0			0
10	Capital expenditures from proceeds	90,335,422		0		0			282,856,392
11	Other spent proceeds	205,649,908		57,500,000		92,500,000			0
12	Other unspent proceeds	0		0		0			0
13	Year of substantial completion	2011		2012		2015		2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
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 ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b Name of provider	MORGAN STANLEY		MORGAN STANLEY		MORRGAN STANLEY		0	
c Term of hedge	3980 %		3980 %		3980 %			
d Was the hedge superintegrated?		X		X		X		
e Was the hedge terminated?		X		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		X		X
b Name of provider	TRINITY FUNDING		0		0		0	
c Term of GIC	280 %							
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		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		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		X		X	

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

Return Reference	Explanation
Part I (Bond Issues)	A (a) Issuer name Massachusetts Health and Educational Facilities Authority, succeeded by Massachusetts Development Finance Agency A (f) Description of purpose The bond issue was used to refund Pool J-1 issued on June 30, 1993, Pool J-2 issued on June 8, 1995, Pool M-2 issued on May 30, 2002, Series H issued on May 4, 2004, Series I issued on February 8, 2007 and to partially finance the construction of the Yawkey Center for Cancer Care A (g) Defeased Issuance A consisted of Series L and Series K DFCI has refunded the \$71,025,000 outstanding principal amount of Series K bonds, which Bonds were defeased and paid, together with accrued interest thereon, on September 3, 2019 B (f) Description of purpose The bond issue was used to refund part of Series L-2 bonds issued on 5/22/2008 C (f) Description of purpose The bond issue was used to refund Series L-1 bonds issued on 5/22/2008 D (f) Description of purpose The bond issue was used to partially cover the acquisition and fit-out of research space and vivarium at the Longwood Center, to partially cover the replacement of HVAC system at the Smith Building, to cover the relocation to, reconstruction and equipping of the Institute's Cell Manipulation Core Facility, and to cover the costs of bond issuance and interest during the construction period as well as other capital projects E (f) Description of purpose The bond issue was used to refund Series K bonds issued on 5/22/2008

Return Reference	Explanation
Part IV (Arbitrage)	<p>A 2(c) Did the following apply "No rebate due" - rebate calculation was performed in October 2019 B 2(c) Did the following apply "No rebate due" - rebate calculation was performed in October 2019 C 2(c) Did the following apply "No rebate due" - rebate calculation was performed in October 2019 D 2(c) Did the following apply "No rebate due" - rebate calculation was performed in October 2019 E 2(c) Did the following apply "No rebate due" - rebate calculation was performed in October 2019 A 4(b) Name of provider Morgan Stanley Capital Services, Inc B 4(b) Name of provider Morgan Stanley Capital Services, Inc C 4(b) Name of provider Morgan Stanley Capital Services, Inc A 5 (b) Name of provider Trinity Funding Company, LLC</p>

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Dana-Farber Cancer Institute Inc

Employer identification number
04-2263040

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

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

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

2 Enter the amount of tax incurred by 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
(1) Benjamin Ebert	Employee	Housing Loan		X	500,000	433,333		No	Yes		Yes	
(2) Melany Duval	Employee	Housing Loan		X	150,000	138,750		No	Yes		Yes	
(3) Drew Memmott	Employee	Housing Loan		X	75,000	35,625		No	Yes		Yes	
(4) Karen Bird	Employee	Tuition Assistance		X	49,550	11,764		No	Yes		Yes	
Total												

▶ \$ 619,472

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

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

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
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		635,770	Letter from Donor
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	298	13,132,012	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	29	350,656	Letter from Donor
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Miscellaneous)	X	11	364,679	Letter from Donor
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation
Schedule M, Part I, Line 33	DFCI received donations of art, books, and other goods that it displays in its properties. These goods have values that are either nominal or are not readily determinable and are, therefore, not included as revenue.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Dana-Farber Cancer Institute Inc

Employer identification number

04-2263040

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, QUESTION 2	FAMILY RELATIONSHIP JOHN O'CONNOR AND LAURA SEN BUSINESS RELATIONSHIPS RICHARD LUBIN, CHRISTOPHER HADLEY AND JANE BROCK-WILSON, JOSH BEKENSTEIN AND ANDREW KAPLAN

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, QUESTION 11	PROCESS USED TO REVIEW THE FORM 990 THE DANA-FARBER CANCER INSTITUTE TAX DEPARTMENT PROVIDES ALL FINANCIAL ANALYSIS AND OTHER INFORMATION TO BE INCLUDED ON THE TAX RETURN TO ITS EXTERNAL TAX PREPARER, ERNST & YOUNG LLP, WHICH PREPARES THE DRAFT RETURN THE DRAFT RETURN IS THEN REVIEWED BY THE DFCI TAX MANAGER, AS WELL AS THE DFCI OFFICE OF GENERAL COUNSEL AND SENIOR MANAGEMENT, BEFORE IT IS SUBMITTED FOR DFCI AUDIT COMMITTEE REVIEW AFTER THE AUDIT COMMITTEE REVIEWS THE TAX RETURN, AN ELECTRONIC MESSAGE IS SENT TO ALL BOARD MEMBERS WITH A SECURE LINK TO THE TAX RETURN THE BOARD HAS THE OPPORTUNITY TO REVIEW THE RETURN AND BRING ANY ISSUES TO THE ATTENTION OF THE APPROPRIATE EXECUTIVE MANAGEMENT INDIVIDUALS A FINAL VERSION OF THE FORM IS APPROVED BY THE CFO AND FILED ELECTRONICALLY BY ERNST & YOUNG LLP WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, QUESTION 12C	<p>MONITORING & ENFORCEMENT OF CONFLICT OF INTEREST POLICY THE OFFICE OF GENERAL COUNSEL AND THE TAX DEPARTMENT DRAFT A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE EACH YEAR AND REQUIRE THAT ALL TRUSTEES, OFFICERS, AND KEY EMPLOYEES FILL OUT A QUESTIONNAIRE IN ORDER TO IDENTIFY POTENTIAL DISCLOSURES FOR DFCI'S RETURNS THE OFFICE OF GENERAL COUNSEL 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 WILL DISCUSS THE QUESTIONS WITH THE INDIVIDUAL TRUSTEES, OFFICERS AND KEY EMPLOYEES INVOLVED IN ADDITION, THE PROCESS DESCRIBED ABOVE, THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS ANY NEW CONFLICT OF INTEREST DISCLOSURES AND THEY ADDRESS ANY ISSUES THAT MAY ARISE THE GOVERNANCE COMMITTEE IS ALSO RESPONSIBLE TO BRING ANY MAJOR ISSUES RELATED TO THE CONFLICT OF INTEREST POLICY TO THE EXECUTIVE COMMITTEE AND THE ENTIRE BOARD IF DEEMED NECESSARY PER DFCI'S CONFLICT OF INTEREST POLICY, IN ORDER TO AVOID A CONFLICT OF INTEREST OR AN APPEARANCE OF A CONFLICT OF INTEREST 1 A TRUSTEE SHOULD NOT PARTICIPATE IN A VOTE ON A TRANSACTION IN WHICH THE TRUSTEE OR FAMILY MEMBER HAS A FINANCIAL INTEREST AND SHOULD DISCLOSE ANY POTENTIAL CONFLICT BEFORE DFCI ACTS ON THE TRANSACTION 2 A TRUSTEE, A MEMBER OF HIS OR HER FAMILY, OR AN ENTITY WITH WHICH ONE OR MORE OF THEM HAS A MATERIAL INTEREST, MAY NOT DO BUSINESS WITH DFCI UNLESS EXPRESSLY AUTHORIZED BY DFCI AFTER FULL DISCLOSURE 3 A TRUSTEE SHOULD FULLY DISCLOSE HIS OR HER ASSOCIATION (INCLUDING EMPLOYMENT, CONSULTING, OR MEMBERSHIP ON A GOVERNING BOARD BY THE TRUSTEE OR A FAMILY MEMBER) WITH AN ENTITY THAT COMPETES WITH OR HAS INTERESTS CONFLICTING WITH THOSE OF DFCI AND SHOULD REFRAIN FROM PARTICIPATING IN ANY VOTE IF THE VOTE AFFECTS DFCI ONCE A DISCLOSURE HAS BEEN MADE, DFCI'S OFFICE OF GENERAL COUNSEL REVIEWS SUCH CONFLICT WITH THE CHAIR OF THE BOARD WHO DETERMINES IF A CONFLICT EXISTS WHEN A CONFLICT EXISTS, THE APPROPRIATE COMMITTEE OF THE BOARD OF TRUSTEES DETERMINES IF A MORE ADVANTAGEOUS ALTERNATIVE WITHOUT A CONFLICT OF INTEREST EXISTS AND WHETHER ENTERING INTO THE ARRANGEMENT IS IN THE BEST INTEREST OF DANA-FARBER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, QUESTION 15A	PROCESS FOR DETERMINING COMPENSATION OF PRESIDENT 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 ENSURE COMPLIANCE WITH THE PHILOSOPHY, THE COMPENSATION COMMITTEE BI-ANNUALLY COMMISSIONS AN INDEPENDENT REVIEW BY A THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO COMPARE SUCH COMPENSATION WITH THAT OF OTHER SIMILARLY SITUATED INDIVIDUALS IN THE HEALTHCARE FIELD IN AN AREA OUTSIDE OF THE REGION THE DECISION OF THE EXECUTIVE COMMITTEE IS REPORTED TO THE FULL BOARD ANNUALLY, FOLLOWING THE FILING OF FORM 990, 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 MAY 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, QUESTION 15B	PROCESS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES PER DFCI'S EXECUTIVE COMPENSATION PHILOSOPHY, ANNUALLY THE DFCI PRESIDENT REVIEWS THE PERFORMANCE OF OFFICERS AND KEY EMPLOYEES AND MAKES A RECOMMENDATION AS TO THEIR COMPENSATION TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THE COMPENSATION COMMITTEE APPROVES COMPENSATION FOR THOSE INDIVIDUALS BASED ON THAT RECOMMENDATION TO ENSURE COMPLIANCE WITH THE PHILOSOPHY, THE COMPENSATION COMMITTEE BI-ANNUALLY RECEIVES THE REPORT OF AN INDEPENDENT REVIEW BY A THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT TO COMPARE SUCH COMPENSATION WITH THAT OF OTHER SIMILARLY SITUATED INDIVIDUALS IN THE HEALTHCARE FIELD IN AND OUTSIDE OF THE REGION THE APPROVAL 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 THE BOARD COMPLETED THIS PROCESS AS OF MAY 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, QUESTION 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC WE CURRENTLY PROVIDE THE GOVERNING DOCUMENTS UPON REQUEST THE GOVERNING DOCUMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON THE SECRETARY OF THE COMMONWEALTH'S WEBSITE CONFLICT OF INTEREST POLICY - DANA-FARBER CANCER INSTITUTE'S BOARD OF TRUSTEES CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST FINANCIAL STATEMENTS - THE ORGANIZATION USES THE SERVICES OF DIGITAL ASSURANCE CERTIFICATION LLC (DAC) TO REPORT ANNUAL AUDITED FINANCIAL STATEMENTS AND OTHER RELEVANT ORGANIZATIONAL INFORMATION AS REQUIRED BY CERTAIN REGULATORY AND TAX LAWS DAC IS A WEBSITE (WWW.DACBOND.COM) FREE TO THE PUBLIC THAT PUBLISHES TAX-EXEMPT BOND ISSUERS' FINANCIAL AND LEGAL DOCUMENTS SUCH AS THE AUDITED FINANCIAL STATEMENTS FISCAL YEAR 2001 THROUGH THE LATEST ISSUE DATE OF THE AUDITED FINANCIAL STATEMENTS FOR DANA-FARBER CANCER INSTITUTE, INC CAN BE FOUND ON THE DAC WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION B	THE AMOUNT PAID TO BOND BROTHERS AND WALSH BROTHERS, INC INCLUDED COSTS FOR BUILDING SERVICES AND MATERIALS HOWEVER, THE ORGANIZATION WAS UNABLE TO OBTAIN INFORMATION TO BREAKOUT THE EXACT AMOUNT FOR MATERIAL COSTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI LINE 9	<p>OTHER CHANGES IN NET ASSETS CHANGE IN INTEREST IN ASSETS HELD BY AFFILIATE \$ 83,131,936 CH ANGE IN VALUE OF SWAP AGREEMENT \$ (27,193,357) PENSION ADJUSTMENT \$ 2,231,548 CUMMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE \$ 29,196,357 ----- TOTAL OTHER C HANGES IN NET ASSETS \$ 87,366,484</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Dana-Farber Cancer Institute Inc

Employer identification number

04-2263040

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Dana-Farber Global Oncology LLC 450 BROOKLINE AV BP148 BOSTON, MA 02215 85-1914853	Int Oncology	MA	0	0	DFCI

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Dana-Farber Inc 450 Brookline Avenue BP418 Boston, MA 02215 04-3102433	INVEST MGMT	MA	501(c)(3)	12A, TYPE I	DFCI	Yes	
(2) Dana-Farber Trust Inc 450 Brookline Avenue BP418 Boston, MA 02215 30-0195757	DFCI RE HOLDI	MA	501(c)(3)	12a, type 1	DFCI	Yes	
(3) Dana-FarberPartners Cancer Care Inc 450 Brookline Avenue BP418 Boston, MA 02215 04-3320640	ONC RESEARCH	MA	501(c)(3)	12C, type 1	DFCI		No
(4) RMSA Trust 450 Brookline Avenue BP418 Boston, MA 02215 56-2656539	RETRMT TRUST	MA	501(c)(9)		DFCI	Yes	
(5) Friends of Dana-Farber Cancer Institute 450 Brookline Ave BP418 Boston, MA 02215 37-1613621	Fundraising	MA	501(c)(3)	12A, Type I	DFCI	Yes	
(6) Dana-FarberChildren's Hosp Cancer Care 450 Brookline Avenue BP418 Boston, MA 02215 04-3554536	Pediatric Onc	MA	501(c)(3)	12A, type I	NA		
(7) Dana-Farber Cancer Care Network Inc 450 Brookline Avenue BP418 Boston, MA 02215 46-5138314	ONCOLOGY CARE	MA	501(c)(3)	509(A)(2)	DFCI	Yes	

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

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

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

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

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

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

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2263040
Name: Dana-Farber Cancer Institute Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) Dana-Farber Partners Cancer Care Inc	O	35,655	CASH
(1) Dana-Farber Partners Cancer Care Inc	R	260,354	cash
(2) Dana-Farber Partners Cancer Care Inc	L	53,226,263	cash
(3) Dana-Farber Inc	R	70,104,922	CASH
(4) Dana-Farber Inc	s	272,062,587	CASH
(5) Friends of Dana-Farber Cancer Institute Inc	c	667,645	CASH
(6) Friends of Dana-Farber Cancer Institute Inc	o	288,556	Actual Exp
(7) Friends of Dana-Farber Cancer Institute Inc	O	13,113	cost
(8) Friends of Dana-Farber Cancer Institute Inc	B	50,000	CASH
(9) RMSA TRUST	R	228,514	Cash
(10) Dana-Farber Cancer Care Network Inc	M	39,698,182	COST
(11) Dana-Farber Cancer Care Network Inc	R	48,628,480	Cost