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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2019 , and ending 08-31-2020

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

C Name of organization
Howard Hughes Medical Institute

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4000 JONES BRIDGE ROAD

City or town, state or province, country, and ZIP or foreign postal code
CHEVY CHASE, MD 208156789

F Name and address of principal officer:
Erin O'Shea
4000 JONES BRIDGE ROAD
CHEVY CHASE, MD 208156789

D Employer identification number

59-0735717

E Telephone number

(301) 215-8500

G Gross receipts \$ 66,258,851,056

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HHMI.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

L Year of formation: 1953

M State of legal domicile: DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE HOWARD HUGHES MEDICAL INSTITUTE IS A PHILANTHROPY THAT SERVES SOCIETY THROUGH THE DIRECT CONDUCT OF BIOMEDICAL RESEARCH AND SUPPORT FOR PROGRAMS IN SCIENCE EDUCATION.

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)	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	11
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2,474
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	16,771,155
7b	Net unrelated business taxable income from Form 990-T, line 39	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,857,498	1,998,109
9 Program service revenue (Part VIII, line 2g)	2,653,609	3,771,764
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,307,204,710	1,451,456,638
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,665,366	10,063,170
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,411,381,183	1,467,289,681

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	34,069,870	56,133,715
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	504,827,068	396,520,729
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	542,776,572	494,723,216
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,081,673,510	947,377,660
19 Revenue less expenses. Subtract line 18 from line 12	329,707,673	519,912,021

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	22,544,411,510	23,840,455,852
21 Total liabilities (Part X, line 26)	2,405,125,561	2,608,555,667
22 Net assets or fund balances. Subtract line 21 from line 20	20,139,285,949	21,231,900,185

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

Monique L Marcus Controller
Type or print name and title

2021-03-18
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00755304
Firm's name ▶ PRICEWATERHOUSECOOPERS LLP			Firm's EIN ▶ 13-4008324	
Firm's address ▶ 600 13th Street NW Ste 1000 Washington, DC 20005			Phone no. (202) 414-1000	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE HOWARD HUGHES MEDICAL INSTITUTE ("INSTITUTE" OR "HHMI") IS THE NATION'S LARGEST PRIVATE BIOMEDICAL RESEARCH INSTITUTION, WITH OVER \$21 BILLION IN NET ASSETS AT THE END OF ITS 2020 FISCAL YEAR. THE MISSION OF THE INSTITUTE HAS REMAINED CONSTANT SINCE ITS FOUNDING IN 1953. AS ITS RESTATED ARTICLES OF INCORPORATION STATE "THE PRIMARY PURPOSE AND OBJECTIVE OF THE HOWARD HUGHES MEDICAL INSTITUTE SHALL BE THE PROMOTION OF HUMAN KNOWLEDGE BY CONDUCTING DISCOVERY RESEARCH AND SCIENCE EDUCATION, PRINCIPALLY WITHIN FIELDS ASSOCIATED WITH BASIC BIOMEDICAL SCIENCES, AND THE DISSEMINATION AND APPLICATION OF THAT KNOWLEDGE FOR THE BENEFIT OF HUMANITY."

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 \$ 644,804,995 including grants of \$) (Revenue \$ 2,427,649)
	See Additional Data


4b	(Code:) (Expenses \$ 84,233,055 including grants of \$ 50,279,066) (Revenue \$ 1,344,115)
	See Additional Data

4c	(Code:) (Expenses \$ 5,883,301 including grants of \$ 5,854,649) (Revenue \$)
	See Additional Data

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

4e	Total program service expenses ▶ 734,921,351
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 585	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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 2,474			
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)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
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)?	4a	Yes		
b HK, IN, ID, EI, IT, JA, JE, JO, KS, KV, LU, MY, MT, AS, MP, MX, MJ, NL, NZ, RP, RS, SN, SF, SP, SW, SZ, TW, TU, BE, AE, UK, BD, BR, VI, CA, CJ, DA, FI				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? If "Yes," enter the name of the foreign country: FR, GM, GK	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
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?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
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?	12a			
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	Yes		
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	

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 11		
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		No
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
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA , IL , IN , MA , NY , OR , AZ

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 ☒ 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:
►MONIQUE L MARCUS 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815 (301) 215-8500

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 ☐

a 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.

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								14,989,208	0	1,434,223

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 ▶ 710

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ECHO STREET CAPITAL MGR LLC (VIA HHMI II LLC) 850 THIRD AVENUE NEW YORK, NY 10022	INVESTMENT MGT	20,985,295
MAVERICK CAPITAL (VIA SPRUGOS INVESTMENTS IX LLC) 300 CRESCENT COURT 18TH FLOOR DALLAS, TX 75201	INVESTMENT MGT	7,510,443
ARAMARK HARRISON LODGING 1101 MARKET ST PHILADELPHIA, PA 19107	CONFERENCE CTR MGT	3,845,147
SELECT EQUITY GROUP INC (VIA SPRUGOS INVESTMENTS III LLC) 380 LAFEYETTE STREET NEW YORK, NY 10003	INVESTMENT MGT	3,722,140
JONES LANG LASALLE AMERICAS INC 525 WILLIAM PENN PLACE PITTSBURGH, PA 15259	FACILITIES MGT	3,257,601

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 ▶ 145

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c										
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f		1,998,109								
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f				1,998,109								
Program Service Revenue			Business Code										
	2a RENTAL INCOME		900099		2,427,649		2,427,649						
	b TV & FILM INCOME		900099		1,344,115		1,344,115						
	c												
	d												
	e												
	f All other program service revenue.				0		0		0		0		
	g Total. Add lines 2a-2f.				3,771,764								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				113,783,652				-20,125,595		133,909,247		
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties				10,517,318						10,517,318		
			(i) Real		(ii) Personal								
	6a Gross rents		6a		786,065								
	b Less: rental expenses		6b		1,475,022								
	c Rental income or (loss)		6c		-688,957		0						
	d Net rental income or (loss)				-688,957				-663,427		-25,530		
			(i) Securities		(ii) Other								
	7a Gross amount from sales of assets other than inventory		7a		66,090,186,553		37,572,786						
	b Less: cost or other basis and sales expenses		7b		64,790,086,353								
	c Gain or (loss)		7c		1,300,100,200		37,572,786						
	d Net gain or (loss)				1,337,672,986				37,560,177		1,300,112,809		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances		10a										
	b Less: cost of goods sold		10b										
	c Net income or (loss) from sales of inventory												
Miscellaneous Revenue			Business Code										
11a CAFETERIA INCOME			900099		168,698						168,698		
b INVESTMENT REBATE			900099		-88,808						-88,808		
c CASH DISCOUNTS			900099		132,640						132,640		
d All other revenue					22,279		0		0		22,279		
e Total. Add lines 11a-11d						234,809							
12 Total revenue. See instructions						1,467,289,681		3,771,764		16,771,155		1,444,748,653	

Form 990 (2019)

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	43,347,143	43,347,143		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,931,923	6,931,923		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	5,854,649	5,854,649		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,962,872	3,231,619	10,731,253	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,153,337	1,153,337		
7 Other salaries and wages	294,737,317	255,660,948	39,076,369	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,229,053	18,948,802	3,280,251	
9 Other employee benefits	47,670,907	41,576,275	6,094,632	
10 Payroll taxes	16,767,243	14,474,884	2,292,359	
11 Fees for services (non-employees):				
a Management				
b Legal	3,963,420	1,276,380	2,687,040	
c Accounting	1,964,383	3,372	1,961,011	
d Lobbying	32,500		32,500	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	82,859,112		82,859,112	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	43,252,015	33,362,772	9,889,243	0
12 Advertising and promotion				
13 Office expenses	3,198,806	1,685,244	1,513,562	
14 Information technology	8,579,631	4,121,424	4,458,207	
15 Royalties				
16 Occupancy	72,423,477	65,671,041	6,752,436	
17 Travel	4,797,375	4,034,481	762,894	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,271,652	2,281,295	1,990,357	
20 Interest	22,957,411	16,663,902	6,293,509	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,112,671	76,222,962	9,889,709	
23 Insurance	514,677	136,550	378,127	
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 LAB & OTHER SCIENTIFIC SUPPLIES	100,756,192	100,136,810	619,382	
b MINOR EQUIPMENT & RENOVATIONS	19,776,364	18,266,300	1,510,064	
c EQUIPMENT MAINTENANCE	14,636,246	10,324,420	4,311,826	
d INCOME TAX	123,003	0	123,003	
e All other expenses	24,504,281	9,554,818	14,949,463	0
25 Total functional expenses. Add lines 1 through 24e	947,377,660	734,921,351	212,456,309	0
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 SheetCheck 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			1		
	2	Savings and temporary cash investments		790,226,562	2	1,304,223,022	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0	
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		8,703,365	9	10,887,140	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,937,852,035			
	b	Less: accumulated depreciation	10b	1,174,643,472	749,921,018	10c	763,208,563
	11	Investments—publicly traded securities		5,272,971,863	11	3,935,124,210	
	12	Investments—other securities. See Part IV, line 11		15,420,751,528	12	16,794,781,566	
	13	Investments—program-related. See Part IV, line 11		0	13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		301,837,174	15	1,032,231,351	
16	Total assets. Add lines 1 through 15 (must equal line 34)		22,544,411,510	16	23,840,455,852		
Liabilities	17	Accounts payable and accrued expenses		596,211,961	17	428,640,716	
	18	Grants payable		103,646,545	18	82,362,891	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		768,317,285	20	770,096,096	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	0	
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		39,313,915	24	39,352,107	
	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		897,635,855	25	1,288,103,857	
26	Total liabilities. Add lines 17 through 25		2,405,125,561	26	2,608,555,667		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		20,139,285,949	27	21,231,900,185	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		20,139,285,949	32	21,231,900,185		
33	Total liabilities and net assets/fund balances		22,544,411,510	33	23,840,455,852		

Part XI Reconciliation of Net AssetsCheck 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	1,467,289,681
2	Total expenses (must equal Part IX, column (A), line 25)	2	947,377,660
3	Revenue less expenses. Subtract line 2 from line 1	3	519,912,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,139,285,949
5	Net unrealized gains (losses) on investments	5	404,908,895
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	167,793,320
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,231,900,185

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?		No
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.		

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0735717
Name: Howard Hughes Medical Institute

Form 990 (2019)

Form 990, Part III, Line 4a:

MEDICAL RESEARCH ORGANIZATION ACTIVITIES (A) THE HHMI INVESTIGATOR PROGRAM (B) JANELIA RESEARCH CAMPUS (A) The HHMI Investigator Program The Howard Hughes Medical Institute's approach to biomedical research can be summarized in three words: people, not projects. By employing scientists as HHMI Investigators - rather than awarding research grants - the Institute provides long-term, flexible funding that enables its researchers to pursue their scientific interests wherever they lead. HHMI believes that scientists of exceptional talent and imagination will make fundamental discoveries of lasting scientific value and benefit to humanity if they are given the resources, time, and freedom to pursue challenging questions. HHMI Investigators receive a seven-year appointment, which is renewable pending favorable scientific review. The Institute nurtures the creativity and intellectual daring of scientists who are willing to set aside conventional wisdom or the "easy" question for a fundamental problem that may take many years to solve. Among the characteristics that distinguish this group of scientists are qualities such as creativity, a penchant for risk-taking, and a commitment to discovery, productivity, and perseverance. This unique research model is an imaginative and powerful alternative to funding biomedical research through grants. The HHMI Investigator Program employs more than 250 HHMI researchers, among them 14 Nobel laureates and more than 150 members of the National Academy of Sciences. HHMI Investigators direct Institute research laboratories on the campuses of 55 universities and other research organizations throughout the United States. Since the early 1990s, Investigators have been selected through rigorous national competitions. The Institute solicits applications directly from scientists at medical schools and other research institutions in the United States, with the aim of identifying those who have the potential to make significant contributions to science. HHMI employs an open application process to ensure that it is selecting its researchers from a broad and deep pool of scientific talent. In October 2019, the Institute announced that it is seeking to appoint approximately 20 new Investigators through a national open competition. HHMI anticipates selecting the new Investigators in Summer 2021. (B) Janelia Research Campus HHMI's Janelia Research Campus in Ashburn, Virginia, helps open scientific fields by breaking through technical and intellectual barriers. At Janelia, integrated teams of lab scientists and tool-builders pursue a small number of scientific questions with potential for transformative impact. To drive science forward, methods, results, and tools are shared with the scientific community. In late 2017, Janelia moved to a 15-year research model. Under this new model, Janelia plans to develop a given research area for roughly 15 years to gain traction and attract outside interest, at which point it will cycle to a new area of focus. This approach enables Janelia to stay at the frontier of science, advancing one to three research areas at any point in time. Janelia's first research area is Mechanistic Cognitive Neuroscience. Janelia intends to announce its second research area in the next fiscal year. In January 2020, Ron Vale became Janelia's second Executive Director. Vale had been an HHMI investigator at the University of California, San Francisco. He succeeded Janelia's Founding Executive Director, Gerry Rubin, who remains at Janelia to continue his scientific work. In the current fiscal year, there were 36 group leaders, four fellows, and 11 senior fellows at Janelia, in addition to graduate students, other scientific trainees, and visiting scientists. Janelia also operates a vibrant scientific conference program, bringing many scientists to its campus each year for educational meetings.

Form 990, Part III, Line 4b:

SCIENCE EDUCATION AND RESEARCH GRANT PROGRAMS (A) SCIENCE EDUCATION GRANT AND RESEARCH PROGRAMS (B) EDUCATIONAL MEDIA GROUP (C) TANGLED
BANK STUDIOS (D) HANNA H GRAY FELLOWS (E) FACULTY SCHOLARS (F) E-LIFE OPEN ACCESS JOURNAL (CONTINUED ON SCHEDULE O)

Form 990, Part III, Line 4c:

SUPPORT FOR INTERNATIONAL SCIENCE 4c: Support for International Science International Research Scholars Program HHMI continues to support forty-one scientists from 16 countries who were selected in 2017 as International Research Scholars, exceptional early-career scientists poised to advance biomedical research across the globe. HHMI teamed up with the Bill & Melinda Gates Foundation, the Wellcome Trust, and the Calouste Gulbenkian Foundation to develop scientific talent around the world, and with these partners awarded a total of over \$29.3 million to this group of scholars. Each researcher receives a five-year award of \$715,000, including indirect costs. The award is a major boost for scientists early in their careers and offers the freedom to pursue new research directions and creative projects that could develop into top-notch scientific programs.

Africa Health Research Institute in South Africa In 2009, HHMI helped launch the KwaZulu-Natal Research Institute for TB-HIV (K-RITH) in collaboration with the University of KwaZulu-Natal (UKZN) and has provided significant funding to support its research efforts. In 2016, in a move to improve the health of people locally and globally, K-RITH joined forces with the Africa Centre for Population Health to form a groundbreaking new interdisciplinary institute to fight tuberculosis (TB), HIV and related diseases. The new organization, the Africa Health Research Institute (AHRI), is located at the heart of South Africa's TB and HIV co-epidemic in KwaZulu-Natal Province. The effort brings together the Africa Centre's detailed population data from over 100,000 participants, with K-RITH's expertise in basic science and its world-class laboratory facilities. HHMI, together with the Wellcome Trust, continues to provide grant support to AHRI, with the University College London and UKZN serving as significant academic partners. AHRI is committed to working towards the elimination of HIV and TB. To achieve this, the institute will bring together leading researchers from different fields, use cutting-edge science to improve people's health, and will help to train the next generation of African scientists.

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			
ALISON F RICHARD PHD TRUSTEE, CHAIR EDUCATION COMM	4.0 0.0	X						50,000	0	0
ANNE M TATLOCK TRUSTEE, CHAIR NOM & GOV COMM	4.0 0.0	X						60,000	0	0
CHARLENE BARSHEFSKY ESQ TRUSTEE	2.0 0.0	X						40,000	0	0
CLAYTON S ROSE PHD TRUSTEE, CHAIR (AS OF 5/20); CHAIR AUDIT & COMP (UNTIL 5/20)	6.0 0.0	X						50,000	0	0
DEBORA L SPAR PHD TRUSTEE, CHAIR AUDIT & COMP (AS OF 5/20)	4.0 0.0	X						40,000	0	0
FRED R LUMMIS TRUSTEE, CHAIR FINANCE COMM	4.0 0.0	X						50,000	0	0
JAMES A BAKER III ESQ TRUSTEE	2.0 0.0	X						40,000	0	0
JOSEPH L GOLDSTEIN MD TRUSTEE, RESEARCH COMM	4.0 0.0	X						50,000	0	0
KURT L SCHMOKE ESQ TRUSTEE, CHAIR (UNTIL 5/20)	6.0 0.0	X						60,000	0	0
MARGARET D TUTWILER TRUSTEE	2.0 0.0	X						33,333	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			
PAUL M NURSE PHD	2.0	X						40,000	0	0
TRUSTEE	0.0									
BODO STERN PHD	40.0			X				380,156	0	42,604
CHIEF OF STRATEGIC INITIATIVES	0.0									
DANIEL A CRONIN MBA PHD	40.0			X				0	0	0
VP & CHIEF FINANCIAL & OPERATING OFFICER (AS OF 7/20)	0.0									
DAVID CLAPHAM PHD	40.0			X				819,882	0	68,129
VP & CHIEF SCIENTIFIC OFFICER	0.0									
ERIN H O'SHEA PHD	40.0			X				1,392,624	0	57,747
PRESIDENT	0.0									
GERALD M RUBIN PHD	40.0			X				849,941	0	117,423
VP&EXEC DIR, JRC (UNTIL 1/20); SENIOR GROUP LEADER (AS OF 2/20)	0.0									
HEIDI E HENNING ESQ	40.0			X				683,985	0	66,374
VP & GENERAL COUNSEL & SECRETARY	0.0									
JEREMY COMPTON	40.0			X				171,487	0	27,475
ASSISTANT CONTROLLER	0.0									
LANDIS ZIMMERMAN	40.0			X				1,068,101	0	62,004
VP & CHIEF INVESTMENT OFFICER	0.0									
LAUREN T SPILIOTES ESQ	40.0			X				465,218	0	54,435
DEPUTY GENERAL COUNSEL & ASSISTANT SECRETARY	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			
RANDY W SCHEKMAN PHD INVESTIGATOR	40.0 0.0					X		681,056	0	56,792
RICHARD AXEL MD INVESTIGATOR	40.0 0.0					X		700,343	0	59,995
TOM CECH PHD INVESTIGATOR	40.0 0.0					X		690,494	0	63,537
DENNIS MCKEARIN PHD SENIOR SCIENTIFIC OFFICER/FORMER VP OF OPERATIONS	40.0 0.0						X	468,787	0	61,497
JOHN PALMISANO CHIEF OF BUSINESS SOLUTIONS/FORMER VP FOR INFORMATION TECHNOLOGY	40.0 0.0						X	310,991	0	44,525
ROBERT TJIAN PHD INVESTIGATOR/FORMER PRESIDENT	40.0 0.0						X	594,895	0	72,742

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Howard Hughes Medical Institute

Employer identification number

59-0735717

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:
BRIGHAM & WOMEN'S HOSPITAL BOSTON MA
- 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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
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). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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>		
11a		
11b		
11c		

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>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.			
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>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0735717
Name: Howard Hughes Medical Institute

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

2019

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 Howard Hughes Medical Institute	Employer identification number 59-0735717
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		32,500
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,278
j	Total. Add lines 1c through 1i			36,778
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	OTHER ACTIVITIES, SCHEDULE C, PART II-B, LINE 1g (OTHER ACTIVITIES) AMOUNTS PAID TO LOBBYING FIRM FOR DIRECT CONTACT WITH FEDERAL AND STATE LEGISLATORS AND THEIR STAFFS ON PENDING LEGISLATIVE MATTERS. OTHER ACTIVITIES, SCHEDULE C, PART II-B, LINE 1i (OTHER ACTIVITIES) DURING THE FISCAL YEAR, HHMI WAS A MEMBER OF A NUMBER OF NON-PROFIT ORGANIZATIONS THAT ENGAGED IN LOBBYING ACTIVITIES ON BEHALF OF THEIR MEMBERSHIPS. HHMI IS REPORTING AS LOBBYING EXPENDITURES A PORTION OF THE MEMBERSHIP DUES THAT HHMI PAID TO THESE ORGANIZATIONS.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Howard Hughes Medical Institute

Employer identification number
59-0735717

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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

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	807,737	90,410,181		91,217,918
b Buildings	10,248,413	756,574,696	377,255,249	389,567,860
c Leasehold improvements		351,020,735	335,954,807	15,065,928
d Equipment		574,213,544	440,768,064	133,445,480
e Other	921,448	153,655,281	20,665,352	133,911,377
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				763,208,563

Schedule D (Form 990) 2019

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) PRIVATE EQUITY & REAL ESTATE	5,841,084,282	F
(B) DISTRESSED & CREDIT SENSITIVE	2,206,190,654	F
(C) HEDGED EQUITY	2,307,393,966	F
(D) MARKET NEUTRAL	2,077,656,400	F
(E) EQUITY COMMINGLED	4,362,456,264	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	16,794,781,566	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

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 See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,288,103,857

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: 19010655
Software Version: 2019v5.0
EIN: 59-0735717
Name: Howard Hughes Medical Institute

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
SHORT POSITIONS	120,898,890
INVESTMENT PURCH PENDING SALES	37,783,336
CURRENCY EXCH CONTRACTS PAY	9,285,353
DEFERRED COMPENSATION LIAB	59,629,260
SWAP UNREALIZED LOSS	237,564,713
INVESTMENT MANAGEMENT FEES PAYABLE	3,400,673
DEFERRED INCOME	1,508,585
INTEREST & DIVIDENDS ON SHORT STOCKS & BONDS	412,283
CONTRACT FOR DIFFERENCES LIABILITY	1,263,700
FUTURE CONTRACTS LIABILITY POSITION	9,121,632

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
REPURCHASE OBLIGATIONS	604,997,573
LEASE OBLIGATIONS	157,498,335
EQUITY SWAPS - LIABILITIES	344,412
OBLIGATION TO RETURN SECURITIES LENDING COLLATERAL	44,395,112

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	In accordance with the guidance on accounting for uncertainty in income taxes, management regularly evaluates its tax positions and does not believe the Institute has any uncertain tax positions that result in a material impact on the Institute's consolidated financial position or change in total net assets. The Institute is subject to routine audits by taxing jurisdictions. The Institute believes it is no longer subject to income tax examinations for fiscal years prior to August 31, 2016.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Howard Hughes Medical Institute

Employer identification number
59-0735717

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			9,238,106,826
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			9,238,106,826

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe (Including Iceland and Greenland)	Medical Research	3,648,950	WIRE			
			Europe (Including Iceland and Greenland)	Open Access	121,715	WIRE			
			Europe (Including Iceland and Greenland)	Open Access	83,984	WIRE			
			Sub-Saharan Africa	Science Education	2,000,000	WIRE			

- 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 4
- 3 Enter total number of other organizations or entities 0

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

Part III can be duplicated if additional space is needed.

[illegible]

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	DURING ITS 2020 FISCAL YEAR, HHMI CONTINUED TO SUPPORT INTERNATIONAL RESEARCH SCHOLARS SELECTED THROUGH ONE OR MORE COMPETITIONS OPEN TO ALL ELIGIBLE APPLICANTS. THE PROCEDURES DESCRIBED IN THIS SECTION ARE RELATED TO GRANTS THAT WERE ACCRUED IN A PREVIOUS FISCAL YEAR. ELIGIBILITY REQUIREMENTS INCLUDED, BUT WERE NOT LIMITED TO, A FULL-TIME APPOINTMENT AT A NONPROFIT SCIENTIFIC RESEARCH ORGANIZATION IN A COUNTRY OTHER THAN THE UNITED STATES, AND A RESEARCH FOCUS ON BASIC BIOLOGICAL PROCESSES OR DISEASE MECHANISMS. QUALIFIED APPLICANTS WERE EVALUATED BY A PANEL OF SCIENTIFIC EXPERTS WITH FINAL SELECTIONS MADE BY HHMI LEADERSHIP. A SMALL NUMBER OF GRANTS ARE AWARDED BASED ON DIRECT APPLICATION TO HHMI FOR SPECIFIC INITIATIVES DIRECTLY RELATED TO SCIENCE EDUCATION. THE DISBURSEMENT OF GRANT FUNDS TO SUPPORT THE WORK OF INTERNATIONAL EARLY CAREER SCIENTISTS AND SENIOR INTERNATIONAL RESEARCH SCHOLARS IS MADE IN ACCORDANCE WITH ALL APPLICABLE U.S. LAWS. FUNDS ARE PAID TO AN INSTITUTIONAL ACCOUNT. IN ORDER TO MONITOR THE ACTIVITIES AND PRODUCTIVITY OF THE GRANTS, EACH SCIENTIST IS REQUIRED TO SUBMIT AN ANNUAL PROGRESS REPORT CONCERNING HIS OR HER RESEARCH AND EACH GRANTEE INSTITUTION IS REQUIRED TO SUBMIT ANNUAL FINANCIAL REPORTS. THESE REPORTS ARE REVIEWED BY HHMI STAFF. SITE VISITS AND AUDITS ARE CONDUCTED IF WARRANTED AND GRANTEES ATTEND SCIENTIFIC MEETINGS OF HHMI US-BASED SCIENTISTS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>DURING ITS 2020 FISCAL YEAR, HHMI CONTINUED TO SUPPORT INTERNATIONAL RESEARCH SCHOLARS SELECTED THROUGH ONE OR MORE COMPETITIONS OPEN TO ALL ELIGIBLE APPLICANTS. THE PROCEDURES DESCRIBED IN THIS SECTION ARE RELATED TO GRANTS THAT WERE ACCRUED IN A PREVIOUS FISCAL YEAR. ELIGIBILITY REQUIREMENTS INCLUDED, BUT WERE NOT LIMITED TO, A FULL-TIME APPOINTMENT AT A NONPROFIT SCIENTIFIC RESEARCH ORGANIZATION IN A COUNTRY OTHER THAN THE UNITED STATES, AND A RESEARCH FOCUS ON BASIC BIOLOGICAL PROCESSES OR DISEASE MECHANISMS. QUALIFIED APPLICANTS WERE EVALUATED BY A PANEL OF SCIENTIFIC EXPERTS WITH FINAL SELECTIONS MADE BY HHMI LEADERSHIP. A SMALL NUMBER OF GRANTS ARE AWARDED BASED ON DIRECT APPLICATION TO HHMI FOR SPECIFIC INITIATIVES DIRECTLY RELATED TO SCIENCE EDUCATION. THE DISBURSEMENT OF GRANT FUNDS TO SUPPORT THE WORK OF INTERNATIONAL EARLY CAREER SCIENTISTS AND SENIOR INTERNATIONAL RESEARCH SCHOLARS IS MADE IN ACCORDANCE WITH ALL APPLICABLE U.S. LAWS. FUNDS ARE PAID TO AN INSTITUTIONAL ACCOUNT. IN ORDER TO MONITOR THE ACTIVITIES AND PRODUCTIVITY OF THE GRANTS, EACH SCIENTIST IS REQUIRED TO SUBMIT AN ANNUAL PROGRESS REPORT CONCERNING HIS OR HER RESEARCH AND EACH GRANTEE INSTITUTION IS REQUIRED TO SUBMIT ANNUAL FINANCIAL REPORTS. THESE REPORTS ARE REVIEWED BY HHMI STAFF. SITE VISITS AND AUDITS ARE CONDUCTED IF WARRANTED AND GRANTEES ATTEND SCIENTIFIC MEETINGS OF HHMI US-BASED SCIENTISTS.</p>

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 59-0735717

Name: Howard Hughes Medical Institute

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			Investments		7,724,488,361
North America (Canada & Mexico only)			Investments		133,517,973

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
Europe (Including Iceland and Greenland)			Investments		1,178,072,896
East Asia and the Pacific			Investments		170,303,390

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			Investments		1,678,612
Central America and the Caribbean			,Investment Management Fees		8,806,397

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 (Canada & Mexico only)			,Investment Management Fees		402,826
Europe (Including Iceland and Greenland)			,Investment Management Fees		14,981,722

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
Europe (Including Iceland and Greenland)			Grantmaking		3,854,649
Sub-Saharan Africa			Grantmaking		2,000,000

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
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.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Howard Hughes Medical Institute

Employer identification number
59-0735717

Part I General Information on Grants and Assistance

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

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

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 81

3 Enter total number of other organizations listed in the line 1 table 0

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) GILLIAM FELLOWSHIPS	87	6,931,923			
(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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	HHMI AWARDS INSTITUTIONAL GRANTS IN SUPPORT OF PRECOLLEGE, UNDERGRADUATE, AND GRADUATE EDUCATION IN THE US THROUGH PERIODIC NATIONAL COMPETITIONS FOR WHICH SELECT INSTITUTIONS ARE ELIGIBLE TO APPLY. EACH PROGRAM SETS OUT SPECIFIC CRITERIA AND OBJECTIVES, PROPOSALS ARE EVALUATED BY A PANEL OF EXPERTS WITH THE FINAL SELECTION MADE BY HHMI LEADERSHIP. THE INSTITUTE ALSO AWARDS FELLOWSHIPS TO DOCTORAL STUDENTS (THE GILLIAM FELLOWS). THESE GRANTS ARE ALSO AWARDED ON A COMPETITIVE BASIS. A SMALL NUMBER OF GRANTS ARE AWARDED BASED ON DIRECT APPLICATION TO HHMI FOR SPECIFIC INITIATIVES DIRECTLY RELATED TO SCIENCE EDUCATION. THE DISBURSEMENT OF FUNDS OCCURS PRINCIPALLY THROUGH BIOMEDICAL RESEARCH INSTITUTIONS, UNIVERSITIES, AND COLLEGES. HHMI GRANTEES ARE REQUIRED TO FILE ANNUAL PROGRESS REPORTS THAT DETAIL EXPENDITURES IN ACCORDANCE WITH THE TERMS OF THE GRANT, AS WELL AS FULL DESCRIPTION OF PROGRAM ACTIVITIES UNDERTAKEN WITH THE FUNDS. THESE ARE SUBJECT TO CAREFUL REVIEW AND ANALYSIS BY HHMI STAFF WITH MORE DETAILED REVIEW BY THE INSTITUTE AUDITORS AS WARRANTED. THE INSTITUTE CONTINUES TO ASSESS REPORTING REQUIREMENTS TO ENSURE THE QUALITY AND TIMELINESS OF BOTH FINANCIAL AND PROGRAMMATIC REPORTS. IN ADDITION TO SITE VISITS MADE BY HHMI STAFF, PROGRAM DIRECTORS MEET ON A REGULAR BASIS TO DISCUSS THEIR ACTIVITIES AND SHARE INFORMATION ABOUT BEST EDUCATIONAL PRACTICES.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0735717
Name: Howard Hughes Medical Institute

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
Cold Spg Hbr Lab Cold Spg Hbr Lab Cold Spg Hbr, NY 11724	11-2013303	501 (C) (3)	1,500,000				Advanced Courses
Jackson Lab Jackson Lab Bar Harbor, ME 04609	01-0211513	501 (C) (3)	900,000				Advanced Courses

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
Marine Bio Lab Marine Bio Lab Woods Hole, MA 02543	04-2014690	501 (C) (3)	1,950,000				Advanced Courses
Brown Univ Brown Univ Providence, RI 02912	05-0258809	501 (C) (3)	10,927				Hanna Gray Scholars

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
CA Inst of Technology CA Inst of Technology Pasadena, CA 91125	95-1643307	501 (C) (3)	394,627				Hanna Gray Scholars
CA Inst of Technology CA Inst of Technology Pasadena, CA 91125	95-1643307	501 (C) (3)	10,000				Hanna Gray Scholars

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
Columbia University Columbia University New York, NY 10032	13-5598093	501 (C) (3)	372,773				Hanna Gray Scholars
Danforth Plant Science Ctr Danforth Plant Science Ctr St Louis, MO 63132	31-1584621	501 (C) (3)	372,773				Hanna Gray Scholars

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
FHutchinson Cncr Ctr FHutchinson Cncr Ctr Seattle, WA 98109	23-7156071	501 (C) (3)	10,000				Hanna Gray Scholars
FHutchinson Cncr Ctr FHutchinson Cncr Ctr Seattle, WA 98109	23-7156071	501 (C) (3)	21,536				Hanna Gray Scholars

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 Medical Sch Harvard Medical Sch Cambridge, MA 02138	04-2103580	501 (C) (3)	469,844				Hanna Gray Scholars
Memorial Sloan - Kettering Cancer Ctr Memorial Sloan Kettering Cancer Ctr New York, NY 10017	13-1924236	501 (C) (3)	10,927				Hanna Gray Scholars

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
MIT MIT Cambridge, MA 02139	04-2103594	501 (C) (3)	43,072				Hanna Gray Scholars
Northwestern Univ Northwestern Univ Evanston, IL 602081112	36-2167817	501 (C) (3)	10,000				Hanna Gray Scholars

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
President & Fellows Of Harvard Coll President Fellows Of Harvard Coll Cambridge, MA 02138	04-2103580	501 (C) (3)	10,000				Hanna Gray Scholars
President & Fellows Of Harvard Coll President Fellows Of Harvard Coll Cambridge, MA 02138	04-2103580	501 (C) (3)	10,000				Hanna Gray Scholars

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
President & Fellows-Harvard Coll President Fellows-Harvard Coll Cambridge, MA 02138	04-2103580	501 (C) (3)	10,927				Hanna Gray Scholars
Princeton Univ Princeton Univ Princeton, NJ 08540	21-0634501	501 (C) (3)	394,309				Hanna Gray Scholars

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
Princeton Univ Princeton Univ Princeton, NJ 08544	52-1231801	501 (C) (3)	10,000				Hanna Gray Scholars
Purdue University Purdue University West Lafayette, IN 47907	35-6002041	501 (C) (3)	372,773				Hanna Gray Scholars

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
Regents Of The Univ Of CA Regents Of The Univ Of CA Berkeley, CA 947201103	94-6002123	California	372,773				Hanna Gray Scholars
Rockefeller Univ Rockefeller Univ New York, NY 10065	13-1624158	501 (C) (3)	21,536				Hanna Gray Scholars

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
Rockefeller Univ Rockefeller Univ New York, NY 10065	13-1624158	501 (C) (3)	10,000				Hanna Gray Scholars
Salk Institute Salk Institute LA Jolla, CA 92037	95-2160097	501 (C) (3)	10,000				Hanna Gray Scholars

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
Stanford Univ Stanford Univ San Francisco, CA 941444253	94-1156365	501 (C) (3)	2,560,000				Hanna Gray Scholars
Stanford Univ Stanford Univ San Francisco, CA 941444253	94-1156365	501 (C) (3)	405,236				Hanna Gray Scholars

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
Stanford University Stanford University Redwood City, CA 94063	94-1156365	501 (C) (3)	10,000				Hanna Gray Scholars
Stanford University Stanford University Redwood City, CA 94063	94-1156365	501 (C) (3)	10,000				Hanna Gray Scholars

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
Stanford University Stanford University Redwood City, CA 94063	94-1156365	501 (C) (3)	10,000				Hanna Gray Scholars
Stanford University Stanford University Redwood City, CA 94063	94-1156365	501 (C) (3)	10,000				Hanna Gray Scholars

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 Broad Institute Inc The Broad Institute Inc Cambridge, MA 02142	26-3428781	501 (C) (3)	10,000				Hanna Gray Scholars
UC - Los Angeles UC - Los Angeles Los Angeles, CA 90024	95-6006143	California	1,280,000				Hanna Gray Scholars

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
UC - Los Angeles UC - Los Angeles Los Angeles, CA 900246505	95-6006143	California	372,773				Hanna Gray Scholars
UC - Berkeley UC - Berkeley New York, NY 947205940	94-6002123	California	32,463				Hanna Gray Scholars

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
UC - Irvine Foundation UC - Irvine Foundation Irvine, CA 92617	95-2540117	501 (C) (3)	10,000				Hanna Gray Scholars
UC - San Francisco UC - San Francisco San Francisco, CA 94143	94-6036493	California	10,927				Hanna Gray Scholars

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
UC - San Francisco UC - San Francisco San Francisco, CA 94143	94-6036493	California	756,473				Hanna Gray Scholars
UC - San Francisco UC - San Francisco San Francisco, CA 941430724	94-6036493	California	10,000				Hanna Gray Scholars

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
Univ Of Colorado Foundation Univ Of Colorado Foundation Denver, CO 80203	84-6049811	501 (C) (3)	10,000				Hanna Gray Scholars
Univ Of Minnesota Univ Of Minnesota Minneapolis, MN 55455	41-6007513	Minnesota	21,536				Hanna Gray Scholars

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
Univ Of Pennsylvania Univ Of Pennsylvania Philadelphia, PA 191046205	23-1352685	501 (C) (3)	10,927				Hanna Gray Scholars
Univ of Southern CA Univ of Southern CA Los Angeles, CA 900898001	95-1642394	501 (C) (3)	21,536				Hanna Gray Scholars

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
Univ Of Washington Univ Of Washington Seattle, WA 981959472	91-6001537	Washington	372,773				Hanna Gray Scholars
University of Utah University of Utah Salt Lake City, UT 84112	87-6000525	Utah	10,000				Hanna Gray Scholars

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
UT Southwestern Medical Ctr UT Southwestern Medical Ctr Dallas, TX 75390	74-6000203	Texas	32,463				Hanna Gray Scholars
Weill Cornell Medical College Weill Cornell Medical College New York, NY 10022	13-1623978	501 (C) (3)	372,773				Hanna Gray Scholars

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
Weill Cornell Medical College Weill Cornell Medical College New York, NY 10065	15-0532082	501 (C) (3)	5,966				Hanna Gray Scholars
Whitehead Institute for Biomedical Research Whitehead Inst for Biomedical Res Cambridge, MA 021421479	06-1043412	501 (C) (3)	21,536				Hanna Gray Scholars

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
Yale University Yale University New Haven, CT 065081873	06-0646973	501 (C) (3)	756,473				Hanna Gray Scholars
Audubon Naturalist Soc Audubon Naturalist Soc Chevy Chase, MD 20815	53-0233715	501 (C) (3)	300,000				Local Initiative

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
Chesapeake Bay Foundation Inc Chesapeake Bay Foundation Inc Annapolis, MD 21403	52-6065757	501 (C) (3)	150,000				Local Initiative
ELEANOR ROOSEVELT HIGH SCHOOL ELEANOR ROOSEVELT HIGH SCHOOL GREENBELT, MD 20770	44-4444444	501 (C) (3)	120,000				Local Initiative

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
Montgomery County Public Schools Education Fdn Inc MoCo Public Schools Edu Fdn Rockville, MD 20850	52-1804509	501 (C) (3)	1,500,000				Local Initiative
CA Institute of Tech CA Institute of Tech Pasadena, CA 91125	95-1643307	501 (C) (3)	500,000				Medical Research

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
Columbia University Columbia University New York, NY 10032	13-5598093	501 (C) (3)	500,000				Medical Research
Dana-Farber Cancer Inst Dana-Farber Cancer Inst Boston, MA 02115	04-2263040	501 (C) (3)	242,291				Medical Research

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
Duke Univ School Of Med Duke Univ School Of Med Durham, NC 27710	56-0532129	501 (C) (3)	500,000				Medical Research
Harvard Medical School Harvard Medical School Cambridge, MA 02138	04-2103580	501 (C) (3)	1,941,707				Medical Research

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
MIT MIT Cambridge, MA 02139	04-2103594	501 (C) (3)	1,368,915				Medical Research
Oregon Health & Sci Foundation Oregon Health Sci Foundation Portland, OR 97205	23-7083114	501 (C) (3)	1,645,681				Medical Research

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
Princeton Univ Princeton Univ Princeton, NJ 08540	21-0634501	501 (C) (3)	2,225,412				Medical Research
Salk Institute Salk Institute LA Jolla, CA 92037	95-2160097	501 (C) (3)	683,326				Medical Research

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
St Jude Childrens Res Hos St Jude Childrens Res Hos Memphis, TN 38148	62-0646012	501 (C) (3)	917,448				Medical Research
Stanford Univ Sch Of Med Stanford Univ Sch Of Med Stanford, CA 943055119	94-1156365	501 (C) (3)	1,377,386				Medical Research

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
Stanford University Stanford University San Francisco, CA 94139	94-1156365	501 (C) (3)	40,867				Medical Research
UC - Los Angeles UC - Los Angeles Los Angeles, CA 900246505	95-6006143	California	132,565				Medical Research

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
UC - San Francisco Foundation UC - San Francisco Foundation San Francisco, CA 94104	94-2829914	501 (C) (3)	1,483,004				Medical Research
UC-San Diego UC-San Diego La Jolla, CA 92093	95-6006144	California	60,353				Medical Research

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
Washington University Washington University St Louis, MO 63130	43-0653611	501 (C) (3)	912,488				Medical Research
Yale University Yale University New Haven, CT 065081873	06-0646973	501 (C) (3)	961,749				Medical Research

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
Univ Of MD Baltimore County Univ Of MD Baltimore County Baltimore, MD 21250	52-6002033	Maryland	750,000				Science Education
iBiology Inc iBiology Inc San Francisco, CA 94143	47-2404616	501 (C) (3)	3,300,000				Open Access

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
Brigham Young Univ Brigham Young Univ Provo, UT 846021231	87-0217280	501 (C) (3)	111,000				Science Education
Research America Research America Arlington, VA 22202	52-1609875	501 (C) (3)	35,000				Program Assessment

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
Amer SocCell Biology Amer SocCell Biology Bethesda, MD 20814	39-6054285	501 (C) (3)	112,155				Science Education
Iup Research Institute Iup Research Institute Indiana, PA 15701	57-1175778	501 (C) (3)	1,000,000				Science Education Alliance

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
James Madison Univ James Madison Univ Harrisonburg, VA 228070001	54-6001756	Virginia	250,000				Science Education Alliance
University Of Pittsburgh University Of Pittsburgh Pittsburgh, PA 152517220	25-0965591	501 (C) (3)	3,325,000				Science Education Alliance

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
New Venture Fund dba SPARC New Venture Fund dba SPARC Washington, DC 20036	20-5806345	501 (C) (3)	250,000				Science Philanthropy Alliance
Iowa State Univ Iowa State Univ Ames, IA 50011	42-6004224	501 (C) (3)	74,584				UNDERGRAD SCIENCE ED

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 Academy Of Sciences National Academy Of Sciences Washington, DC 20001	53-0196932	501 (C) (3)	228,000				UNDERGRAD SCIENCE ED

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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.	
Name of the organization Howard Hughes Medical Institute		Employer identification number 59-0735717

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 checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
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 on 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"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
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?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 Yes	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9 Yes	

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

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

[illegible]

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 1a First-class or charter travel	Under HHMI policies, HHMI reimburses its Trustees for the reasonable cost of airfare one class above coach for domestic or international flights, and its President, Vice Presidents, and certain advisory group members for the reasonable cost of airfare at one class above coach for domestic or international flights of three hours or more. If a particular aircraft does not have a business class section, one class above coach may be first class. As an alternative, HHMI may reimburse for the cost of coach airfare plus the cost of an upgrade to travel at one level above coach for a flight of three hours or more. Such travel reimbursements are excluded from taxable compensation in accordance with HHMI's accountable plan. During fiscal year 2020, one officer, one trustee and one key employee flew first class.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	In fiscal year 2020, HHMI's President resides in an HHMI-owned house on the headquarters campus, for which she pays HHMI at a fair market rental rate. Because HHMI's President was also required to spend time at HHMI's Janelia campus, where she runs a research laboratory as well as attends meetings and participates in conferences, HHMI made an apartment available to her at that location. HHMI's Vice President and Executive Director, Janelia Research Campus, is required as a condition of employment to reside on the Janelia campus in housing built for that purpose. HHMI's Vice President and Chief Scientific Officer currently resides in an HHMI-owned apartment on the headquarters campus, for which he pays HHMI at a fair market rental rate. The Institute provides a housing assistance program for one individual who relocated to take a position with HHMI, which may be used to cover the individual's mortgage or rent payments. The housing assistance program is treated as additional taxable compensation.
Schedule J, Part I, Line 7 Non-fixed payments	HHMI has an incentive compensation plan for its senior investment staff under which a portion of their compensation is determined based on performance of HHMI's portfolio against market benchmarks. HHMI also makes one-time payments to some of its other employees, including but not limited to officers, in recognition of exceptional performance.
Schedule J, Part I, Line 8 Payments on contract that is subject to the initial contract exception	When recruiting individuals for high-level positions, HHMI typically enters into initial contracts. HHMI has entered into initial contracts with a number of Vice Presidents. HHMI's standard practice is to have independent compensation consultants regularly review and confirm the reasonableness of compensation of HHMI's officers and key employees, regardless of whether the initial contract exception applies.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0735717
Name: Howard Hughes Medical Institute

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				
1ERIN H O'SHEA PHD PRESIDENT	(i)	1,370,202	0	22,422	28,000	29,747	1,450,371	0
	(ii)	0	0	0	0	0	0	0
1SEAN B CARROLL PHD VP FOR SCIENCE EDUCATION	(i)	739,693	0	22,468	28,000	27,923	818,084	0
	(ii)	0	0	0	0	0	0	0
2DAVID CLAPHAM PHD VP & CHIEF SCIENTIFIC OFFICER	(i)	669,434	0	150,448	28,000	40,129	888,011	0
	(ii)	0	0	0	0	0	0	0
3HEIDI E HENNING ESQ VP & GENERAL COUNSEL & SECRETARY	(i)	661,865	0	22,120	28,000	38,374	750,359	0
	(ii)	0	0	0	0	0	0	0
4GERALD M RUBIN PHD VP&EXEC DIR, JRC (UNTIL 1/20); SENIOR GROUP LEADER (AS OF 2/20)	(i)	771,767	15,000	63,174	28,000	89,423	967,364	0
	(ii)	0	0	0	0	0	0	0
5RONALD VALE PHD VP & EXEC DIR, JANELIA RESEARCH CAMPUS (AS OF 2/20)	(i)	464,995	45,000	3,216	28,000	33,448	574,659	0
	(ii)	0	0	0	0	0	0	0
6LANDIS ZIMMERMAN VP & CHIEF INVESTMENT OFFICER	(i)	1,041,595	0	26,506	28,000	34,004	1,130,105	0
	(ii)	0	0	0	0	0	0	0
7BODO STERN PHD CHIEF OF STRATEGIC INITIATIVES	(i)	360,258	0	19,898	28,000	14,604	422,760	0
	(ii)	0	0	0	0	0	0	0
8STEPHEN JASKO CHIEF FINANCIAL OFFICER & TREASURER (UNTIL 10/19)	(i)	370,153	33,000	52,094	28,000	12,865	496,112	0
	(ii)	0	0	0	0	0	0	0
9SUSAN S PLOTNICK DIRECTOR OF FINANCE & ASSISTANT TREASURER	(i)	247,301	0	1,653	25,783	35,820	310,557	0
	(ii)	0	0	0	0	0	0	0
10MONIQUE L MARCUS CONTROLLER	(i)	212,715	0	1,346	22,225	32,558	268,844	0
	(ii)	0	0	0	0	0	0	0
11JEREMY COMPTON ASSISTANT CONTROLLER	(i)	164,278	7,000	209	16,526	10,949	198,962	0
	(ii)	0	0	0	0	0	0	0
12LAUREN T SPILOTES ESQ DEPUTY GENERAL COUNSEL & ASSISTANT SECRETARY	(i)	438,958	4,100	22,160	28,000	26,435	519,653	0
	(ii)	0	0	0	0	0	0	0
13GREGORY DENINNO MANAGING DIRECTOR, PRIVATE INVESTMENTS	(i)	450,475	0	20,142	28,000	23,971	522,588	0
	(ii)	0	0	0	0	0	0	0
14ROBERT J KOLYER JR MANAGING DIRECTOR, DIVERSIFYING ASSETS	(i)	540,417	0	22,912	28,000	31,417	622,746	0
	(ii)	0	0	0	0	0	0	0
15RICHARD A PENDER MANAGING DIRECTOR, GLOBAL EQUITIES	(i)	531,662	0	22,820	28,000	32,795	615,277	0
	(ii)	0	0	0	0	0	0	0
16ERIC KANDEL MD INVESTIGATOR	(i)	689,385	0	31,675	28,000	38,630	787,690	0
	(ii)	0	0	0	0	0	0	0
17RICHARD AXEL MD INVESTIGATOR	(i)	685,437	0	14,906	28,000	31,995	760,338	0
	(ii)	0	0	0	0	0	0	0
18GLEN ZWICKER MANAGING DIRECTOR & HEAD OF INVESTMENT OPS	(i)	424,919	250,171	19,703	28,000	37,509	760,302	0
	(ii)	0	0	0	0	0	0	0
19TOM CECZ PHD INVESTIGATOR	(i)	656,810	0	33,684	28,000	35,537	754,031	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				
21RANDY W SCHEKMAN PHD INVESTIGATOR	(i)	647,711	0	33,345	28,000	28,792	737,848	0
	(ii)	0	0	0	0	0	0	0
1ROBERT TJIAN PHD INVESTIGATOR/FORMER PRESIDENT	(i)	565,840	0	29,055	28,000	44,742	667,637	0
	(ii)	0	0	0	0	0	0	0
2DENNIS MCKEARIN PHD SENIOR SCIENTIFIC OFFICER/FORMER VP OF OPERATIONS	(i)	450,383	12,450	5,954	28,000	33,497	530,284	0
	(ii)	0	0	0	0	0	0	0
3JOHN PALMISANO CHIEF OF BUSINESS SOLUTIONS/FORMER VP FOR INFORMATION TECHNOLOGY	(i)	289,919	0	21,072	28,000	16,525	355,516	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)

Department of the Treasury
Internal Revenue Service

Name of the organization
Howard Hughes Medical Institute

Supplemental Information on Tax-Exempt Bonds

► 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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
59-0735717

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 LOUDOUN COUNTY IDA	52-1310230	545910AL5	02-27-2003	500,000,000	FINANCE CONSTRUCTION OF JANELIA RESEARCH CAMPUS		X		X		X
B LOUDOUN COUNTY IDA	52-1310230	545910AP6	10-02-2009	23,000,000	FINANCE CONSTRUCTION OF JANELIA APT		X		X		X
C LOUDOUN COUNTY IDA	52-1310230	545910AQ4	05-15-2013	33,130,000	FINANCE CONSTRUCTION OF JANELIA APT B		X		X		X
D MEDCO	52-1376562	574205FY1	02-15-2008	83,500,000	FINANCE CONSTRUCTION OF HQ EXPANSION		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	534,028,000		23,022,042		33,145,417		84,953,297	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	54,203,000		904,914		1,173,864		5,954,687	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	200,000		0		397,311		631,673	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		43,305		0		0	
10	Capital expenditures from proceeds	479,625,000		22,073,823		31,574,242		78,366,937	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2006		2011		2015		2010	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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		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							
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?								
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
b	Exception to rebate?				X		X		X
c	No rebate due?			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	WELLS FARGO		JPMORGAN CHASE		WELLS FARGO BANK		JP MORGAN	
c	Term of hedge	2000 %		3000 %		3000 %		3000 %	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		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								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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
Schedule K, Part I Part I	The bond issued February 27, 2003 also includes CUSIPS 545910AM3, 545910AG6, 545910AH4, 545910AJ0, and 545910AK7.

Return Reference	Explanation
Schedule K, Part II, Line 3 Part II, Line 3 - Total Proceeds	The bonds issued on 2/27/2003, 10/2/2009, 2/15/2008, 5/15/2013 and 6/6/2019 included investment proceeds that made up the difference between the amount of the bond issue and the total proceeds.

Return Reference	Explanation
Schedule K, Part IV Part IV - Name of Provider	The other counterparties pertaining to the bond issued on 2/27/2003 were Bank of America (30 years), Goldman Sachs (30 years) and JP Morgan (30 years.)

Return Reference	Explanation
Schedule K, Part IV, Line 4a Part IV, Line 4a	Yes, for the bonds issued on 2/27/2003, 10/2/2009, 2/15/2008, 5/15/2008 and 5/15/2013.

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: LOUDOUN COUNTY IDA The calculation for computing no rebate due was performed on 10/07/2019

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name: LOUDOUN COUNTY IDA The calculation for computing no rebate due was performed on 05/09/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name: MEDCO The calculation for computing no rebate due was performed on 02/19/2018

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Howard Hughes Medical Institute

Supplemental Information on Tax-Exempt Bonds

► 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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
59-0735717

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 MEDCO	52-1376562	574205FZ8	05-15-2008	76,500,000	REFUNDING OF ISSUE TO FINANCE HQ CONSTRUCTION ORIGINALLY ISSUED 11/08/1990		X		X		X
B LOUDOUN COUNTY IDA	52-1310230	54601TAA4	06-06-2019	51,773,425	FINANCE CONSTRUCTION OF JANELIA APT C		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	0		0							
2	Amount of bonds legally defeased	0		0							
3	Total proceeds of issue	76,500,000		52,378,424							
4	Gross proceeds in reserve funds	0		0							
5	Capitalized interest from proceeds	0		0							
6	Proceeds in refunding escrows	0		0							
7	Issuance costs from proceeds	0		772,575							
8	Credit enhancement from proceeds	0		0							
9	Working capital expenditures from proceeds	0		0							
10	Capital expenditures from proceeds	0		39,113,585							
11	Other spent proceeds	76,500,000		0							
12	Other unspent proceeds	0		12,494,807							
13	Year of substantial completion	1993									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X						
16	Has the final allocation of proceeds been made?	X			X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?				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					
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					
c	Are there any research agreements that may result in private business use of bond-financed property?				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?								
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 %					
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 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?				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				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?				X				

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?			X					
b	Exception to rebate?	X			X				
c	No rebate due?				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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X				
b	Name of provider	GOLDMAN SACHS							
c	Term of hedge	3000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, 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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Howard Hughes Medical Institute

Employer identification number
59-0735717

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

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
(1) VIKNESH SIVANATHAN	SPOUSE	137,607	SALARY & BENEFITS		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV, Column (d) REPORTABLE BUSINESS TRANSACTIONS	AN OFFICER OF THE CORPORATION IS MARRIED TO A STAFF MEMBER.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Howard Hughes Medical Institute**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

2019**Open to Public Inspection****Employer identification number**

59-0735717

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 15 Salaries, other compensation, employee benefits - PY vs CY	Starting in FY20, the Institute reports other components of periodic pension cost outside of operating expenses. These amounts are to be included in "other changes in net assets". The net effect of this change results in a large reduction in salaries and benefits expense on the Form 990, page 1, Part I, line 15, which is attributable to actuarial pension adjustments. The Institute included \$124 million of other components of periodic pension cost on its fiscal year 2019 Form 990 that arose from the postretirement benefit plan. This loss is included on Part I, line 15 of the current year Form 990 in the prior year column. (See ASU 2017-07, Compensation - Retirement Benefits (Topic 715): Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b Program Service Description	<p>Through its Science Education initiatives, HHMI invests in individuals, institutions, initiatives, and media that advance learning. HHMI also nourishes the public understanding of science by bringing important stories of scientific discovery to a wide variety of audiences. (A) Science Education Grant and Research Programs HHMI's Inclusive Excellence initiative aims to help colleges and universities increase their capacity for inclusion in science of all students, especially those students who come to college via non-traditional pathways. These "new majority" students include persons from groups excluded because of their ethnicity or race, first-generation college students, students who transfer from community colleges, and working adults with families. In two earlier rounds of competition, 812 proposals from 594 colleges and universities were submitted from which 57 institutions were selected to receive 5-year grants beginning in 2017 and 2018. In the spring of 2019, HHMI announced the third round of competition for the initiative, with the goal of adding up to 30 more schools to the program in the fall of 2021; 354 proposals were submitted. HHMI completed a pilot project with the University of Maryland, Baltimore County (UMBC), the Pennsylvania State University, and the University of North Carolina at Chapel Hill, in the collaborative Meyerhoff Adaptation Project. The pilot project aims to learn whether elements of UMBC's highly regarded Meyerhoff Scholars Program can be adapted and successfully implemented at other research universities. Building on what is being learned through the Meyerhoff Adaptation Project pilot, in 2019 HHMI announced a new initiative called Driving Change, with plans to make up to six grants to U.S. research universities beginning in the fall of 2021. In response to the call for proposals, 99 universities submitted Letters of Intent. Driving Change grantees will: (i) create and implement their version of UMBC's Meyerhoff Scholars Program; (ii) develop and implement activities aimed at creating a more inclusive STEM learning environment for all students; and (iii) actively participate in a learning community of Driving Change institutions. The HHMI Professors program empowers accomplished science faculty at leading research universities to apply the rigor and creativity that make them successful in research to important challenges in undergraduate science education. HHMI Professors model fundamental reform in the way undergraduate science is taught at research universities through innovative teaching and are encouraged to share ideas and collaborate with their peers to improve science education. In addition to their commitment to student learning, these highly visible scientists have developed new educational resources and implemented novel mentoring programs to support students. To date, 69 scientists have been named HHMI Professors. In 2020, the Science Education Alliance Phage Hunters Advancing Genomics and Evolutionary</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b Program Service Description	<p>y Science (SEA-PHAGES) added 16 colleges and universities to the alliance. SEA-PHAGES is a two-semester course-based research experience designed to replace the traditional introductory biology lab sequence in the undergraduate curriculum. Developed in 2008, the SEA-PHAGES program has been implemented at more than 150 colleges and universities and has produced more than 100 publications, many including SEA-PHAGES students and faculty as co-authors. In the fall of 2019, more than 6,000 students, primarily college freshmen and sophomores, participated in the program. HHMI's Gilliam Fellowships for Advanced Study Program supports PhD students who plan to pursue careers in academic science and who are committed to advancing diversity and inclusion in science. In FY20, HHMI made 45 new awards. Each award provides an annual payment of \$50,000, which includes the fellow's stipend, a research allowance for the fellow, an institutional allowance to offset tuition and fees, and an allowance to support diversity and inclusion activities on the fellow's campus. In addition to supporting the graduate student, the award provides the Fellow's dissertation adviser training in culturally aware mentoring. In 2020, HHMI continued support of three laboratories that provide professional development to scientists. The three grantee institutions are the Cold Spring Harbor Laboratory on Long Island, New York, the Jackson Laboratory in Bar Harbor, Maine, and the Marine Biological Laboratory in Woods Hole, Massachusetts. Together, the three institutions are important resources for the scientific community, annually engaging hundreds of scientists at different levels of professional development-graduate students, postdoctoral scientists, and faculty members-in advanced courses and workshops, mainly during the summer. In 2020, HHMI continued support of K-12 science education activities in Maryland and Virginia. These local grantee organizations include: the Audubon Naturalist Society, the Chesapeake Bay Foundation, Loudoun County (Virginia) Public Schools, Montgomery County (Maryland) Public Schools, and Prince George's (Maryland) Public Schools. HHMI funded programs include: nature-based learning activities for students, parents, teachers, and principals; research internships for high school students; science curriculum development; professional development for middle school and high school teachers; and resource centers that enable teachers to provide authentic laboratory experiences for their students. (B) Educational Media Group HHMI BioInteractive, a resource for general high school biology, AP/IB biology, and college-level introductory biology teachers, has been in existence for nearly two decades and receives 3 million visitors per year through its website. The Educational Media Group produces the science education resources for BioInteractive, including interactive multimedia materials, scientific animations, videos, in-class activities, as well as award-winning, br</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b Program Service Description	<p>roadcast-quality short films. The resources are then made available to educators online, through the BioInteractive.org website and YouTube channel, and at workshops and conventions . In March 2020, the BioInteractive team met the challenge and transitioned its activities to the virtual world due to COVID 19 restrictions. On July 6-7, 2020, approximately 30 high school and higher education educators met virtually for the fourth annual HHMI Educator Professional Development Conference. The two-day conference focused on community building , implicit bias awareness and inclusive learning environments. The featured speaker was Dr . Mays Imad, Professor of Genetics, Biotechnology and Bioethics at Pima Community College. On July 20-21, 2020, BioInteractive convened the approximately 30 educators for a two-day virtual workshop to develop strategies and plans around inclusive teaching. Looking ahead , HHMI BioInteractive announced the selection of 30 educators for the first BioInteractive Ambassador Academy in September 2020. This 2020-2023 cohort will work with BioInteractive to spread inclusive and equitable science teaching practices. The Academy is a research-based professional development pathway focused on building professional learning leadership capacity and will include workshops, coaching, professional networking, and opportunities to participate in and present at science education conferences. In 2020 the Educational Media Group also developed and released two multipart animation series - one exploring the process of cellular respiration and one the biology of SARS-CoV-2 - and a short classroom film on evolution; Out of the Ashes: Dawn of the Age of Mammals.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b Program Service Description (Continued)	<p>(C) Tangled Bank Studios Tangled Bank Studios, LLC, is a mission-driven production company dedicated to crafting compelling, immersive films about science and scientists for broadcast, theatrical, and digital distribution. As an extension of HHMI's longstanding science education mission, the studio aims to produce programs that capture compelling stories of discovery across all branches of scientific inquiry, with particular focus on the life sciences. Together with world class partners, the studio creates innovative outreach initiatives to amplify the reach and deepen the impact around each project. Despite enormous challenges presented by the global pandemic, Tangled Bank was able to move forward with planned productions, launches and events this year. New films released this year: NATURE'S FEAR FACTOR - This film exploring how fear affects animal behavior in different ecosystems debuted in October 2020 on NOVA/PBS and now streams for free on the PBS website. The film features exclusive footage of the reintroduction of wild dogs (or painted wolves) to Gorongosa National Park in Mozambique. Tangled Bank also screened the film at the Jackson Wild film festival, the Nature Environment Wildlife Filmmakers (NEWF) Congress, and the Society for Environmental Journalists virtual conference followed by panel discussions. OLIVER SACKS: HIS OWN LIFE - Scheduled to debut theatrically in the spring of 2020, after debuting at the Telluride Film Festival in 2019, the film ultimately launched theatrically in September. With most theaters closed, the film debuted in the U.S. and Canada mostly virtually through an innovative new platform called Kino Marquis that allowed patrons to watch the film at home. The NY Times selected the film as a "critic's pick" and wrote a glowing review of the film. The NYT review is one of a long list of positive reviews including Variety which called it "a tender and thrilling look at the sacred demons that drove the poetic neurologist of 'Awakenings,'" Science, AARP which listed it as one of the 20 must see films this Fall, and Gold Derby, which listed the film as a serious awards contender. Film Updates: THE SERENGETI RULES - The film, which debuted at the Tribeca film festival in 2018 and then aired on Nature/PBS in 2019 won the Emmy for Best Nature Documentary in 2020. The film continued to be shown at virtual film festivals and in classrooms and is available to stream for free on PBS. INVENTING TOMORROW - The film, which premiered at Sundance in 2018, was featured at film festivals around the world premiered on POV on PBS in July 2019, won the prestigious Peabody award in 2020. The film was screened at the NAAEE virtual conference and will be screened at the NABT virtual conference. SPILLOVER - Due to an increase in demand for information about viruses that spill over from animals to humans, PBS requested an additional broadcast of the film. It was rebroadcast on March 19 with a slate communicating to audiences that the science</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b Program Service Description (Continued)	<p>e explored in the film applied to the coronavirus. OUR GORONGOSA - The film debuted theatrically at the Wild and Scenic Film Festival in January, was broadcast to virtual audiences at the Smithsonian's Earth Optimism Summit in April and the Wildscreen virtual film festival in October followed by panel discussions with scientists and filmmakers. The film won awards from the Portland Eco Film Festival and the Friday Harbor Film Festival and earned an honorable mention for the Inspiring Change award from the Silbersalz Science & Media Awards. The film was also distributed by Impact (Ed) international to more than 1900 learning centers that support school and club learning in Nigeria, Ghana and Kenya. Efforts to screen the film for the 200,000+ people who live in the Park's buffer zone were delayed by COVID but will get underway once it is safe to do so. (D) Hanna H. Gray Fellows Program In June 2016, HHMI announced a new program to recruit and retain early-career scientists who are from gender, racial, ethnic, and other groups underrepresented in the life sciences, including those from disadvantaged backgrounds. Through an open competition, HHMI selects scientists early in their training to become Hanna Gray Fellows. Each fellow will receive funding for up to eight years, with mentoring and active involvement within the HHMI community. In this two-phase program, fellows will be supported from early postdoctoral training through several years of a tenure-track faculty position. Through the current fiscal year, HHMI has selected 45 fellows to support, and will invest a total of up to \$75 million for their support over eight years. A fourth competition is currently underway, with plans to select an additional 15 by the winter of 2020. (E) Faculty Scholars HHMI, together with the Simons Foundation, and the Bill & Melinda Gates Foundation continued to provide grant support to 66 Faculty Scholars during the current fiscal year, early-career scientists who have great potential to make unique contributions to their field. The scientists represent 36 institutions across the United States. Through the Faculty Scholars Program, HHMI and its partner philanthropies will spend up to \$67.5 million over five years to support the scientists selected to receive grants. The range of five-year grant award totals is \$600,000-\$1.8 million, including indirect costs. Faculty Scholars are required to devote at least 50 percent of their total effort to the direct conduct of research. (F) eLife Open Access Journal HHMI, together with the Wellcome Trust and the Max Planck Society, continues to support a top tier scientific journal called eLife. The online journal follows an open access model and is directed by practicing scientists. eLife Sciences Publications, Ltd., is an independent non-profit entity governed by a separate board of directors. eLife began publishing research articles in late 2012 and is publishing articles online on a regular basis.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Howard Hughes Medical Institute's Form 990 is initially prepared by its Tax Compliance Department, in coordination with other HHMI departments as needed. The draft return is reviewed by senior management of HHMI and by attorneys in HHMI's Office of the General Counsel. Following these reviews and the resolution of any questions that have been raised, the draft return is reviewed by HHMI's outside tax preparer. Finally, a copy of the return is provided to the members of HHMI's Board of Trustees so that they have an opportunity to review and comment on the return before it is filed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>In addition to HHMI's code of conduct, which addresses conflicts of interest and applies to all HHMI employees, officers, Trustees, and advisors, HHMI has specific conflict of interest policies for different categories of personnel. Under the HHMI policies that apply to Trustees, officers, and key employees, these individuals must disclose annually interests that could give rise to conflicts of interest, and must certify annually their compliance with the conflict of interest policy that applies to them. Annual disclosures and certifications are reviewed by HHMI's Office of the General Counsel, and by other HHMI managers as needed. The conflict of interest policy covering HHMI's Trustees also requires each Trustee to disclose to the other Trustees any actual or apparent conflict of interest with respect to a proposed HHMI transaction. If the other Trustees decide that there is only the appearance of a conflict of interest, and that it could not reasonably be considered to affect the independent, unbiased judgment of the disclosing Trustee with respect to the transaction at issue, no further action is required to address the apparent conflict. In all other cases, including all actual conflicts of interest, the disclosing Trustee is not permitted to participate in the deliberation or decision regarding the transaction under consideration, and must leave the room during the deliberation and vote. The conflict of interest policies covering HHMI's officers and key employees require each covered individual to obtain supervisory approval up to the level of HHMI's President before entering into an affiliation with or acquiring an interest of 1% or more in any entity that is or may become a recipient of HHMI funds. HHMI's President, in consultation with HHMI's General Counsel, may permit the affiliation or interest if it would not interfere with the covered individual's performance of his or her HHMI responsibilities, would not create the appearance of a conflict of interest, and would be consistent with sound business judgment. HHMI's President may set conditions on approval, for example that there be no remuneration to the covered individual. Proposed affiliations and interests of 1% or more of HHMI's President are subject to the approval of the Chairman of the Trustees.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>THE COMPENSATION FOR HHMI'S PRESIDENT, OTHER OFFICERS, AND KEY EMPLOYEES IS SET USING THE FOLLOWING PROCEDURES: EVERY OTHER YEAR, THE AUDIT AND COMPENSATION COMMITTEE OF HHMI'S BOARD OF TRUSTEES ENGAGES ONE OR MORE INDEPENDENT COMPENSATION CONSULTANTS TO CONDUCT A STUDY OF COMPARABLE MARKET DATA. THE STUDY INCLUDES DATA FOR HHMI'S PRESIDENT, OTHER OFFICERS, AND KEY EMPLOYEES. THE INDEPENDENT COMPENSATION CONSULTANTS ALSO PROVIDE AN OPINION REGARDING THE REASONABLENESS OF THE COMPENSATION ARRANGEMENTS FOR THE POSITIONS INCLUDED IN THE STUDY. THE STUDY INCLUDES COMPARABLE MARKET DATA FOR ALL COMPONENTS OF COMPENSATION FOR EACH PERSON COVERED BY THE STUDY, INCLUDING BASE SALARY, INCENTIVE COMPENSATION (IF ANY), AND BENEFITS. THE BOARD OF TRUSTEES RELIES ON THE MARKET DATA AND OPINION PROVIDED BY THE COMPENSATION CONSULTANT IN MAKING COMPENSATION DECISIONS FOR HHMI'S PRESIDENT, OTHER OFFICERS AND KEY EMPLOYEES. THE DECISION IS MADE BY INDEPENDENT TRUSTEES. ANY TRUSTEE WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A SPECIFIC OFFICER OR KEY EMPLOYEE MUST RECUSE HIMSELF OR HERSELF FROM THE DECISION ON THAT PERSON'S COMPENSATION, AND LEAVE THE MEETING ROOM DURING THE DEBATE AND VOTING ON IT. IN THE ALTERNATE YEARS WHEN A STUDY IS NOT DONE, THE TRUSTEES CONFIRM WITH THE INDEPENDENT COMPENSATION CONSULTANTS THAT THE RANGE OF ANY PROPOSED MERIT INCREASES FOR HHMI EMPLOYEES, INCLUDING SENIOR MANAGEMENT, IS REASONABLE COMPARED WITH GENERALLY PREVAILING COMPENSATION INCREASES IN THE MARKET OVER THE PAST YEAR. THE BOARD OF TRUSTEES RELIES ON THIS ADVICE IN MAKING COMPENSATION DECISIONS FOR HHMI'S PRESIDENT, OTHER OFFICERS AND KEY EMPLOYEES. RECUSAL PROCEDURES ARE THE SAME AS IN THE YEARS WHEN A STUDY IS DONE. IN EACH YEAR, MINUTES OF THE DISCUSSIONS AND DECISIONS REGARDING COMPENSATION ARE PREPARED AFTER EACH MEETING AND ARE SUBMITTED FOR APPROVAL AT THE NEXT MEETING. APPROVED MINUTES ARE KEPT IN HHMI'S RECORDS. ALL MINUTES INCLUDE THE DATE OF THE MEETING, IDENTIFY THOSE TRUSTEES WHO ATTENDED AND VOTED ON THE COMPENSATION ARRANGEMENTS, AND NOTE ANY RECUSALS OF TRUSTEES WITH A CONFLICT OF INTEREST. THE COMPARABILITY STUDIES AND OPINIONS RELIED ON AT THE MEETING ARE REFERENCED IN THE MINUTES, AND COPIES OF THESE MATERIALS ARE ALSO KEPT IN HHMI'S RECORDS. HHMI'S BOARD OF TRUSTEES FOLLOWED THIS PROCESS IN AUGUST 2018 AND AUGUST 2019 IN DETERMINING COMPENSATION FOR THE FOLLOWING POSITIONS FOR FISCAL YEAR 2020: PRESIDENT, VICE PRESIDENTS, AND MANAGING DIRECTORS - INVESTMENTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>THE COMPENSATION FOR HHMI'S PRESIDENT, OTHER OFFICERS, AND KEY EMPLOYEES IS SET USING THE FOLLOWING PROCEDURES: EVERY OTHER YEAR, THE AUDIT AND COMPENSATION COMMITTEE OF HHMI'S BOARD OF TRUSTEES ENGAGES ONE OR MORE INDEPENDENT COMPENSATION CONSULTANTS TO CONDUCT A STUDY OF COMPARABLE MARKET DATA. THE STUDY INCLUDES DATA FOR HHMI'S PRESIDENT, OTHER OFFICERS, AND KEY EMPLOYEES. THE INDEPENDENT COMPENSATION CONSULTANTS ALSO PROVIDE AN OPINION REGARDING THE REASONABLENESS OF THE COMPENSATION ARRANGEMENTS FOR THE POSITIONS INCLUDED IN THE STUDY. THE STUDY INCLUDES COMPARABLE MARKET DATA FOR ALL COMPONENTS OF COMPENSATION FOR EACH PERSON COVERED BY THE STUDY, INCLUDING BASE SALARY, INCENTIVE COMPENSATION (IF ANY), AND BENEFITS. THE BOARD OF TRUSTEES RELIES ON THE MARKET DATA AND OPINION PROVIDED BY THE COMPENSATION CONSULTANT IN MAKING COMPENSATION DECISIONS FOR HHMI'S PRESIDENT, OTHER OFFICERS AND KEY EMPLOYEES. THE DECISION IS MADE BY INDEPENDENT TRUSTEES. ANY TRUSTEE WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A SPECIFIC OFFICER OR KEY EMPLOYEE MUST RECUSE HIMSELF OR HERSELF FROM THE DECISION ON THAT PERSON'S COMPENSATION, AND LEAVE THE MEETING ROOM DURING THE DEBATE AND VOTING ON IT. IN THE ALTERNATE YEARS WHEN A STUDY IS NOT DONE, THE TRUSTEES CONFIRM WITH THE INDEPENDENT COMPENSATION CONSULTANTS THAT THE RANGE OF ANY PROPOSED MERIT INCREASES FOR HHMI EMPLOYEES, INCLUDING SENIOR MANAGEMENT, IS REASONABLE COMPARED WITH GENERALLY PREVAILING COMPENSATION INCREASES IN THE MARKET OVER THE PAST YEAR. THE BOARD OF TRUSTEES RELIES ON THIS ADVICE IN MAKING COMPENSATION DECISIONS FOR HHMI'S PRESIDENT, OTHER OFFICERS AND KEY EMPLOYEES. RECUSAL PROCEDURES ARE THE SAME AS IN THE YEARS WHEN A STUDY IS DONE. IN EACH YEAR, MINUTES OF THE DISCUSSIONS AND DECISIONS REGARDING COMPENSATION ARE PREPARED AFTER EACH MEETING AND ARE SUBMITTED FOR APPROVAL AT THE NEXT MEETING. APPROVED MINUTES ARE KEPT IN HHMI'S RECORDS. ALL MINUTES INCLUDE THE DATE OF THE MEETING, IDENTIFY THOSE TRUSTEES WHO ATTENDED AND VOTED ON THE COMPENSATION ARRANGEMENTS, AND NOTE ANY RECUSALS OF TRUSTEES WITH A CONFLICT OF INTEREST. THE COMPARABILITY STUDIES AND OPINIONS RELIED ON AT THE MEETING ARE REFERENCED IN THE MINUTES, AND COPIES OF THESE MATERIALS ARE ALSO KEPT IN HHMI'S RECORDS. HHMI'S BOARD OF TRUSTEES FOLLOWED THIS PROCESS IN AUGUST 2018 AND AUGUST 2019 IN DETERMINING COMPENSATION FOR THE FOLLOWING POSITIONS FOR FISCAL YEAR 2020: PRESIDENT, VICE PRESIDENTS, AND MANAGING DIRECTORS - INVESTMENTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	HHMI's practice has been to make a copy of its charter and by-laws available on request. HHMI's code of conduct, which addresses conflicts of interest, is available to the public on the HHMI website. A downloadable copy of HHMI's most recent audited financial statements is also available to the public on the website.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	- Total Revenue: 22279, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 22279;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Grant write-offs - 1992632; Grant refunds - 1552109; Deferred tax benefit - -9367421; Pension Actuarial Adjustments - 173616000;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 4 List of Hospital Affiliations	List of hospital affiliations for e-filing: Hospital, City, State, Zip Code- Baylor-affil hosps, Houston, TX 77030/ Brandeis-affil hsp, Waltham, MA 02254/ CalTech-affil hosps, Pasadena, CA 91125/ Carnegie-affil hsp, Baltimore, MD 21218/ Children's Hosp, Boston, MA 02115/ Children's Hosp, Cincinnati, OH 45229/ Columbia-affil hsp, New York, NY 10027/ Cornell-affil hosps, New York, NY 14853/ CSHL-affil hosps, Cold Spring Harbor, NY 11724/ Dana-Farber, Boston, MA 02115/ Duke-affil hosps, Durham, NC 27706/ Fred Hutch, Seattle, WA 98109/ Harvard-affil hosps, Cambridge, MA 02138/ Indiana-affil hosp, Bloomington, IN 47405/ JHopkins Hosp, Baltimore, MD 21205/ JHU-affil hosps, Baltimore, MD 21218/ Mass Gen Hosp, Boston, MA 02129/ MichSU-affil hosps, Lansing, MI 48824/ MIT-affil hosps, Boston, MA 02139/ MSKCC-affil hosps, New York, NY 10021/ NWU-affil hosps, Evanston, IL 60208/ NYU-NYU Hosps, New York, NY 10016/ OHSU-OHSU Hosp, Portland, OR 97239/ Princeton-affil hosps, Princeton, NJ 08544/ PSU-affil hosps, State College, PA 16802/ Rockefeller-Hosp, New York, NY 10021/ Salk-affil hosps, La Jolla, CA 92093/ Scripps-affil hosps, La Jolla, CA 92037/ St. Jude, Memphis, TN 38105/ Stanford-affil hosps, Palo Alto, CA 94305/ Stowers-affil hosps, Kansas City, MO 64110/ TJL-affil hosps, Bar Harbor, ME 04609/ UCB-affil hosps, Berkeley, CA 94720/ UC-Davis-affil hsp, Davis, CA 95616/ UChi-affil hosp, Chicago, IL 60637/ UCLA-Med Ctr-affil hosps, Los Angeles, CA 90095/ UColo-affil hosp, Boulder, CO 80309/ UColo-affil hosp, Denver, CO 80204/ UCSC-affil hosps, Santa Cruz, CA 95064/ UCSD-affil hosps, San Diego, CA 92093/ UCSF-UCSF Hosps, San Francisco, CA 94143/ UIllinois-affil hsp, Urbana, IL 61801/ UIowa-U Iowa Hosps, Iowa City, IA 52242/ UMass-Med Ctr, Worcester, MA 01605/ UMD-affil hosp, Baltimore, MD 21201/ UMD-affil hosp, College Park, MD 20742/ UMich-UMich Hosp, Ann Arbor, MI 48109/ UMinn-affil hosps, Minneapolis, MN 55414/ UNC-affil hosps, Chapel Hill, NC 27599/ UOregon-affil hsp, Eugene, OR 97403/ UPenn-UPenn Hosp, Philadelphia, PA 19104/ UT-Austin-UT Hosp, Austin, TX 78712/ UTSW-UTSW Hosps, Dallas, TX 75390/ UUtah-UUtah Hosps, Salt Lake City, UT 84112/ UWash-Med Ctr, Seattle, WA 98195/ UWisc-affil hosps, Madison, WI 53706/ WashU-affil hosp, St. Louis, MO 63130/ Whitehead-affil hosps, Cambridge, MA 02138/ YaleU-affil hosp, New Haven, CT 06520

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 4 MRO Qualification	The Institute is a medical research organization for its taxable year ended August 31, 2020, as its expenditures of \$797,911,575 on a cash basis for the year ended August 31 , 2019 exceeded the MRO requirement of \$726,736,514 (3.5% of the HHMI endowment).

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As Filed Data -

DLN: 93493077005391

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Howard Hughes Medical Institute

Employer identification number
59-0735717

Part I

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

See Additional Data Table					
(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

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

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.

See Additional Data Table

(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.

See Additional Data Table

(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.

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

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

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 59-0735717

Name: Howard Hughes Medical Institute

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
HHMI I LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI II LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE	-1,476,197	215,102,992	HHMI
HHMI III LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI IV LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI V LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI VI LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI VII LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE	2,896,809	80,633,904	HHMI
HHMI VIII LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI XII LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI XIII LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI XIV LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI XV LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
HHMI-SA LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	RESEARCH	DE			HHMI
JANELIA FARM HOLDING LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	VA			HHMI
LSV ADVANTAGE INTERNATIONAL III LLC 540 MADISON AVENUE 33RD FL New York, NY 10022	INVESTMENT	DE	234,662	4,152,167	HHMI
LSV ADVANTAGE INTERNATIONAL III-B LLC 540 MADISON AVENUE 33RD FL New York, NY 10022	INVESTMENT	DE	7,740,100	157,105,002	HHMI
LSV ADVANTAGE INTL III (CAYMAN) LTD 89 NEXUS WAY 2/F CAMANA BAY GRAND CAYMAN KY11205 CJ 98-0689621	INVESTMENT	CJ	217,945	3,196,497	HHMI
LSV ADVANTAGE INTL III-B (CAYMAN) LTD 89 NEXUS WAY 2/F CAMANA BAY GRAND CAYMAN KY11205 CJ 98-1087158	INVESTMENT	CJ	3,295,317	59,161,939	HHMI
MISSING LINK PRODUCTIONS LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815 47-1329820	FILM PROD	DE			HHMI
PSG LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
SELDEN ISLAND HOLDING LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	VA			HHMI
SPRUGOS INVESTMENTS II LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
SPRUGOS INVESTMENTS III LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE	-9,500,461	403,789,514	HHMI
SPRUGOS INVESTMENTS IX LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE	27,590,543	14	HHMI
SPRUGOS INVESTMENTS V LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
SPRUGOS INVESTMENTS VI LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
SPRUGOS INVESTMENTS VII LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE	-10,001,168	272,051,214	HHMI
SPRUGOS INVESTMENTS VIII LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE	30,414,050	220,963,530	HHMI
SPRUGOS INVESTMENTS X LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE			HHMI
SPRUGOS INVESTMENTS XI LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE	-11,188,295	134,315,696	HHMI
SPRUGOS INVESTMENTS XII LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	INVESTMENT	DE	11,638	172,033	HHMI
TANGLED BANK STUDIOS LLC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815	FILM PROD	DE			HHMI

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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) Disproporionate 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	
AGHAP FEEDER LLC 601 CARLSON PKWY STE 200 MINNETONKA, MN 55305 82-2892485	INVESTMENT	DE	HHMI	Excluded	7,014,029	20,920,655		No	-863,524		No	64 %
ALVENTO CO-INVEST 1 LTD PO BOX 309 UGLAND HOUSE GEORGE TOWN, GRAND CAYMAN KY11104 CJ	INVESTMENT	CJ	HHMI	Excluded	0	0		No			No	0 %
APCM OPPORTUNITY FUND LP 530 FIFTH AVENUE 20TH FLOOR NEW YORK, NY 10036 84-1808166	INVESTMENT	DE	HHMI	Excluded	-52,507	61,572,800		No			No	99 %
CERBERUS HH PARTNERS LP 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN KY19005 CJ 98-1102879	INVESTMENT	CJ	HHMI	Excluded	7,131,594	42,232,984		No			No	86 %
COLHM STRATEGIC PARTNERS LP 515 South Flower St 44th Fl Los Angeles, CA 90071 45-3436140	INVESTMENT	CA	HHMI	Excluded	1,725,043	37,662,108		No			No	100 %
CVI HH INVESTMENTS LP 9320 EXCELSIOR BLVD MS144-7-2 HOPKINS, MN 55343 90-1010136	INVESTMENT	MN	HHMI	Excluded	6,505,495	0		No			No	0 %
DARK ROAST CAPITAL LP 130 W 42ND ST 20TH FL NEW YORK, NY 10036	INVESTMENT	DE	HHMI	Excluded	0	0		No			No	97 %
DIAKRISIS FUND LP 2777 SUMMER STREET SUITE 301 STAMFORD, CT 06905 35-2577920	INVESTMENT	CT	HHMI	Excluded	1,050,355	65,847,244		No			No	58 %
ECHO STREET GOODCO SELECT II LP 10 EAST 53RD STREET 32ND FLOOR NEW YORK, NY 10022 47-4827277	INVESTMENT	NY	HHMI	Excluded	31,456,203	605,224,164		No			No	33 %
EJF DO FUND (CAYMAN) LP 27 HOSPITAL ROAD GEORGE TOWN, GRAND CAYMAN KY19008 CJ 98-1043181	INVESTMENT	CJ	HHMI	Excluded	-2,910,185	0		No			No	0 %
ENDEAVOR CAPITAL PRIVATE INVESTMENTS I LP 410 GREENWICH AVENUE GREENWICH, CT 06830 82-3123572	INVESTMENT	CT	HHMI	Excluded	523,570	72,471,473		No			No	76 %
FINANCIAL HYBRID OPPORTUNITY SPV I LLC 1313 DOLLEY MADISON BLVD SUITE 306 MCLEAN, VA 22101 82-5280920	INVESTMENT	VA	HHMI	Excluded	5,316,434	93,843,691		No			No	98 %
GEM BVP CO-INV-A LP 900 NORTH MICHIGAN AVENUE SUITE 1450 CHICAGO, IL 60611 47-2251559	INVESTMENT	IL	HHMI	Excluded	3,899,941	24,864		No			No	100 %
GEM NPL CO-INV FUND LP 900 NORTH MICHIGAN AVENUE SUITE 1450 CHICAGO, IL 60611 46-4232021	INVESTMENT	IL	HHMI	Excluded	0	0		No			No	0 %
HH ELLINGTON MASTER FUND II LTD WALKER HOUSE 87 MARY ST GEORGE TOWN, GRAND CAYMAN KY11104 CJ	INVESTMENT	CJ	HH ELLINGTON FUND II LTD	Excluded	0	0		No			No	100 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(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	
HH ELLINGTON MASTER FUND LTD WALKER HOUSE 87 MARY ST GEORGE TOWN, GRAND CAYMAN KY11104 CJ 98-1020904	INVESTMENT	CJ	HH ELLINGTON FUND LTD	Excluded	29,399,310	478,240,228		No			No	94 %
HH HOLDCO CO-INVESTMENT FUND LP 32 BROADWAY SUITE 1201 NEW YORK, NY 10017 30-0864915	INVESTMENT	NY	HHMI	Excluded	2,674,414	2,845,066		No			No	90 %
IG4 CAPITAL INFRASTRUCTURE CO-INVESTMENTS A LP	INVESTMENT	JE	HHMI	Excluded	0	0		No			No	80 %
IG4 CAPITAL PRIVATE EQUITY INVESTMENTS II-A LP	INVESTMENT	JE	HHMI	Excluded	2,111	545,984		No			No	78 %
IG4 CAPITAL PRIVATE EQUITY INVESTMENTS II-B LP	INVESTMENT	JE	HHMI	Excluded	2,111	546,055		No			No	78 %
IG4 CAPITAL PRIVATE EQUITY INVESTMENTS II-C LP	INVESTMENT	JE	HHMI	Excluded	2,111	546,055		No			No	78 %
MADISON ACQUISITION 4 LP 540 MADISON AVENUE 33RD FL NEW YORK, NY 10022 36-4705548	INVESTMENT	DE	LSV ADVANTAGE INTERNATIONAL III-B LLC	Excluded	-26,199	4,513,987		No			No	66 %
MONARCH SPECIAL OPPORTUNITIES MASTER FUND LTD	INVESTMENT	CJ	MSOF HOLDINGS LTD	Excluded	23,523,107	150,908,221		No			No	92 %
MSOF HOLDINGS LTD	INVESTMENT	CJ	MONARCH SPECIAL OPPORTUNITIES FUND LTD	Excluded	22,649,123	144,272,934		No			No	96 %
RCH OIL AND GAS MIDSTREAM FUND 3953 MAPLE AVENUE SUITE 180 DALLAS, TX 75219 83-1010065	INVESTMENT	TX	HHMI	Excluded	-8,678,345	177,820,263		No			No	100 %
SERENGETI MULTI-SERIES INTERMEDIATE LLC SERIES HH 2 BLOOR STREET EAST SUITE 2700 TORONTO, ONTARIO M4W1A8 CA	INVESTMENT	DE	SERENGETI SEGREGATED PORTFOLIO COMPANY LTD PORTFOLIO HH	Excluded	7,187,385	57,348,652		No			No	100 %
SERENGETI MULTI-SERIES MASTER LLC SERIES HH 2 BLOOR STREET EAST SUITE 2700 TORONTO, ONTARIO M4W1A8 CA	INVESTMENT	DE	SERENGETI SEGREGATED PORTFOLIO COMPANY LTD PORTFOLIO HH	Excluded	7,187,385	57,348,652		No			No	100 %
SOLUS OPPORTUNITIES FUND 2 LP 410 PARK AVENUE 11TH FLOOR NEW YORK, NY 10022 46-3541945	INVESTMENT	NY	HHMI	Excluded	1,539,053	28,168,455		No			No	94 %
TOURMALET MATAWIN OFFSHORE FUND VI-A LP 89 NEXUS WAY CAMANA BAY GEORGE TOWN, GRAND CAYMAN KY19007 CJ	INVESTMENT	CJ	HHMI	Excluded	-1,861,223	1,591,085		No			No	100 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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)	(i)	
							Percentage ownership	Section 512 (b)(13) controlled entity?	
								Yes	No
BLANTYRE MULANJ SPC PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY11104 CJ	INVESTMENT	CJ	HHMI	C Corporation	0	0	61 %	Yes	
BLANTYRE SPECIAL SITUATION FUND I LIMITED PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY11104 CJ	INVESTMENT	CJ	HHMI	C Corporation	-310,454	51,434,227	59 %	Yes	
BROWNING WEST CAYMAN FUND LP Walkers Corporate Ltd 27 Hospital Rd George Town, GRAND CAYMAN KY19009 CJ	INVESTMENT	CJ	HHMI	C Corporation	0	0	66 %	Yes	
EJF IB FINANCING LP Walkers Corporate Ltd 27 Hospital Rd George Town, Grand Cayman KY19008 CJ	INVESTMENT	CJ	HHMI	C Corporation	2,125,586	25,720,800	100 %	Yes	
HH ELLINGTON FUND LTD Walker House 87 Mary Street George Town, Grand Cayman KY11104 CJ	INVESTMENT	CJ	HHMI	C Corporation	29,393,557	122,025,199	100 %	Yes	
HH ELLINGTON FUND II LTD Walker House 87 Mary Street George Town, Grand Cayman KY11104 CJ	INVESTMENT	CJ	HHMI	C Corporation	0	0	100 %	Yes	
HHMI CAYMAN I COMPANY	INVESTMENT	CJ	HHMI	C Corporation	0	0	0 %	Yes	
HHMI REAL ESTATE INC 4000 JONES BRIDGE ROAD CHEVY CHASE, MD 20815 20-3967202	INVESTMENT	DE	HHMI	C Corporation	0	0	0 %	Yes	
LSV ADVANTAGE INTERNATIONAL III LTD 89 NEXUS WAY 2/F CAMANA BAY GRAND CAYMAN KY11205 CJ 98-1300995	INVESTMENT	CJ	HHMI	C Corporation	169,803	569,656	100 %	Yes	
LSV ADVANTAGE INTERNATIONAL III-B LTD 89 NEXUS WAY 2/F CAMANA BAY GRAND CAYMAN KY11205 CJ 98-1315328	INVESTMENT	CJ	HHMI	C Corporation	1,845,856	16,968,441	100 %	Yes	
LSV ADVANTAGE INTERNATIONAL III-C LTD 89 NEXUS WAY 2/F CAMANA BAY GRAND CAYMAN KY11205 CJ 98-1331158	INVESTMENT	CJ	HHMI	C Corporation	2,433,048	32,598,535	100 %	Yes	
MALTA MARKET NEUTRAL OFFSHORE FUND II LTD	INVESTMENT	CJ	HHMI	C Corporation	-1,000,328	25,372,634	0 %	Yes	
MONARCH SPECIAL OPPORTUNITIES FUND LTD	INVESTMENT	CJ	HHMI	C Corporation	22,649,123	144,272,934	96 %	Yes	
NEWFOUNDLAND TERRANOVA OFFSHORE FUND 89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY19007 CJ	INVESTMENT	CJ	HHMI	C Corporation	11,832,148	228,017,106	93 %	Yes	
PLEASANT VALLEY INVESTMENTS LP 98-0586696	INVESTMENT	CJ	HHMI	C Corporation	0	660,346	0 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
PORTSEA FUND SICAV PLC	INVESTMENT	MT	HHMI	C Corporation	980,977	207,413,281	52 %	Yes	
PRISMA CAPITAL SPECIAL SITUATIONS FEEDER I LP 199 BAY ST 5300 COMMERCE COURT WEST TORONTO, ONTARIO M5L1B9 CA	INVESTMENT	CA	HHMI	C Corporation	-592,456	28,041,877	100 %	Yes	
SERENGETI SEGREGATED PORTFOLIO COMPANY LTD PORTFOLIO HH 2 BLOOR STREET EAST STE 2700 TORONTO, ONTARIO M4W1A8 CA	INVESTMENT	CJ	HHMI	C Corporation	7,187,385	57,214,410	100 %	Yes	
SPECIAL SITUATIONS HH CARRY LP PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY11104 CJ	INVESTMENT	CJ	HHMI	C Corporation	0	0	100 %	Yes	
SPRUGOS MAURITIUS I LTD	INVESTMENT	MP	HHMI	C Corporation	0	0	100 %	Yes	
STAR ASIA JAPAN SPECIAL SITUATIONS III FEEDER LP 125 GAITHER DR STE L MOUNT LAUREL, NJ 08054 61-1892450	INVESTMENT	CJ	HHMI	C Corporation	105,460,127	44,484,785	100 %	Yes	
STAR ASIA JAPAN SPECIAL SITUATIONS IV FEEDER LP 125 GAITHER DR STE L MOUNT LAUREL, NJ 08054 98-1520753	INVESTMENT	CJ	HHMI	C Corporation	29,561,159	246,317,351	100 %	Yes	
WILLA A LP 98-1380677	INVESTMENT	JE	HHMI	C Corporation	0	13,937,768	100 %	Yes	

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
Alvento Coinvest 1 Ltd	S	26,689,456	FMV
APCM OPPORTUNITY FUND LP	B	70,000,000	FMV
Blantyre Mulanje SPC	B	10,008,058	FMV
Blantyre Special Situation Fund I Limited	B	77,106,295	FMV
Blantyre Special Situation Fund I Limited	S	13,460,450	FMV
Browning West Cayman Fund LP	B	100,000,000	FMV
Cerberus HH Partners LP	S	7,828,639	FMV
ColHM Strategic Partners LP	S	6,989,053	FMV
CVI HH Investments LP	S	23,500,000	FMV
Dark Roast Capital LP	B	25,000,000	FMV
Diakrisis Fund LP	B	90,000,000	FMV
Echo Street Goodco Select II LP	S	125,000,000	FMV
EJF IB Financing	B	8,173,206	FMV
EJF IB Financing	S	18,165,470	FMV
Endeavour Capital Private Investments I LP	B	40,000,000	FMV
HH Ellington Fund II Ltd	B	200,000,000	FMV
HH Holdco Co-Investment Fund LP	S	75,678	FMV
IG4 Capital Infrastructure Co-Investments A LP	B	19,200,000	FMV
IG4 Capital Private Equity Investments II-A LP	B	26,513,028	FMV
IG4 Capital Private Equity Investments II-A LP	S	201,055	FMV
IG4 Capital Private Equity Investments II-B LP	B	26,513,028	FMV
IG4 Capital Private Equity Investments II-B LP	S	201,055	FMV
IG4 Capital Private Equity Investments II-C LP	B	26,513,028	FMV
IG4 Capital Private Equity Investments II-C LP	S	201,055	FMV
LSV Advantage International III Ltd	B	72,116	FMV

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
LSV Advantage International III Ltd	S	275,033	FMV
LSV Advantage International III-B Ltd	B	677,266	FMV
LSV Advantage International III-B Ltd	S	3,753,521	FMV
LSV Advantage International III-C Ltd	B	6,556,111	FMV
LSV Advantage International III-C Ltd	S	8,634,119	FMV
Madison Acquisition 4 LP	B	215,361	FMV
Madison Acquisition 4 LP	S	1,149,153	FMV
MALTA MARKET NEUTRAL OFFSHORE FUND II LTD	S	24,697,250	FMV
Monarch Special Opportunities Fund Ltd - Series A Series B	B	131,000,000	FMV
Monarch Special Opportunities Fund Ltd - Series A Series B	S	18,470,777	FMV
Pleasant Valley Investments LP	S	591,919	FMV
Prisma Capital Special Situations Feeder I LP	B	48,275,543	FMV
Prisma Capital Special Situations Feeder I LP	S	9,775,784	FMV
Serengeti Segregated Portfolio Company Ltd Portfolio HH	S	11,944,150	FMV
Star Asia Japan Special Situations III Feeder LP	S	3,912,320	FMV
Star Asia Japan Special Situations IV Feeder LP	B	27,715,306	FMV
Star Asia Japan Special Situations IV Feeder LP	S	5,421,085	FMV
Tourmalet Matawin Offshore Fund VI-A LP	S	2,000,000	FMV
Willa A LP	B	2,326,037	FMV