



DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Auditors' Reports as Required by Title 2 U.S. Code of Federal
Regulations Part 200, *Uniform Administrative Requirements, Cost
Principles, and Audit Requirements for Federal Awards and Government
Auditing Standards* and Related Information

Year ended September 30, 2022

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Auditors' Reports as Required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* and *Government Auditing Standards* and Related Information

Year ended September 30, 2022

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KPMG LLP
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Independent Auditors' Report

The Board of Trustees
Dana-Farber Cancer Institute, Inc.:

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of Dana-Farber Cancer Institute, Inc. and its subsidiaries (the Institute), which comprise the consolidated balance sheets as of September 30, 2022 and 2021, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Institute as of September 30, 2022 and 2021, and the results of its operations and changes in its net assets, and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Institute and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Institute's ability to continue as a going concern for one year after the date the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are



considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Institute's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Institute's ability to continue as a going concern for a reasonable period of time.

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated January 18, 2023 on our consideration of the Institute's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Institute's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Institute's internal control over financial reporting and compliance.

KPMG LLP

Boston, Massachusetts
January 18, 2023

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

September 30, 2022 and 2021

(In thousands)

Assets	2022	2021
Current assets:		
Cash and cash equivalents	\$ 65,289	152,196
Patient accounts receivable, net	227,873	174,772
Contributions receivable, current portion	16,149	30,856
Research receivables	70,855	72,312
Prepaid expenses and other current assets	191,545	169,810
Total current assets	571,711	599,946
Investments	2,249,079	2,427,986
Right of use assets, net – operating leases	369,926	373,687
Property, plant, and equipment, net	956,609	1,003,676
Contributions receivable, less current portion	45,972	45,202
Other assets	51,671	53,761
Total assets	\$ 4,244,968	4,504,258
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 189,166	260,190
Accrued payroll, payroll taxes, and amounts withheld from employee compensation	42,917	43,015
Current portion of long-term debt and finance leases	6,624	6,257
Amounts due to third-party payors	66,421	50,808
Operating lease liabilities, current portion	46,264	44,871
Research advances	153,104	131,127
Total current liabilities	504,496	536,268
Other liabilities:		
Long-term debt and finance leases, less current portion	559,457	568,526
Operating lease liabilities, less current portion	346,764	350,066
Other	74,870	149,079
Total liabilities	1,485,587	1,603,939
Net assets:		
Without donor restrictions	1,320,168	1,310,610
With donor restrictions	1,439,213	1,589,709
Total net assets	2,759,381	2,900,319
Total liabilities and net assets	\$ 4,244,968	4,504,258

See accompanying notes to consolidated financial statements.

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Consolidated Statements of Operations and Changes in Net Assets

Years ended September 30, 2022 and 2021

(In thousands)

	<u>2022</u>	<u>2021</u>
Operating revenues:		
Net patient service revenue	\$ 1,883,616	1,573,108
Research revenues	584,120	551,633
Unrestricted contributions and bequests	87,687	81,979
Other operating revenues	<u>54,797</u>	<u>61,150</u>
Total operating revenues	<u>2,610,220</u>	<u>2,267,870</u>
Operating expenses:		
Patient service:		
Direct patient care	1,458,438	1,204,817
Depreciation and amortization	56,753	52,679
Interest	<u>3,221</u>	<u>1,772</u>
Total patient service expenses	<u>1,518,412</u>	<u>1,259,268</u>
Research:		
Direct research/restricted gifts	461,235	436,142
Institute supported research	33,761	32,624
Depreciation and amortization	34,335	35,325
Interest	<u>13,512</u>	<u>13,559</u>
Total research expenses	<u>542,843</u>	<u>517,650</u>
General and administrative:		
General and administrative	473,683	435,650
Depreciation and amortization	9,268	10,009
Interest	<u>236</u>	<u>304</u>
Total general and administrative expenses	<u>483,187</u>	<u>445,963</u>
Total operating expenses	<u>2,544,442</u>	<u>2,222,881</u>
Operating income	65,778	44,989
Non operating (losses)/gains:		
Investment (losses) gains, net	(110,710)	227,171
Loss on refunding	—	(398)
Royalty income, net of expenses	3,308	43,676
Net periodic pension benefit (cost), excluding service cost	51	(110)
Interest rate swap agreements:		
Net interest paid	(4,848)	(5,655)
Change in fair value	<u>38,290</u>	<u>13,723</u>
Total non operating (losses) gains	<u>(73,909)</u>	<u>278,407</u>
(Deficit) excess of revenues over expenses	\$ <u><u>(8,131)</u></u>	<u><u>323,396</u></u>

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Consolidated Statements of Operations and Changes in Net Assets

Years ended September 30, 2022 and 2021

(In thousands)

	<u>2022</u>	<u>2021</u>
Net assets without donor restrictions:		
(Deficit) excess of revenues over expenses	\$ (8,131)	323,396
Net assets released from restrictions for capital	14,664	1,518
Pension changes other than periodic costs	4,981	7,028
Other	<u>(1,956)</u>	<u>(5)</u>
Increase in net assets without donor restrictions	<u>9,558</u>	<u>331,937</u>
Net assets with donor restrictions:		
Contributions revenue, net of provision for uncollectible pledges	184,523	220,281
Interest and dividend income, net of fees	(7,868)	1,217
Realized and unrealized (losses) gains on investments, net	(172,619)	348,189
Net assets released from restrictions for capital	(14,664)	(1,518)
Net assets released from restrictions for operations	(139,883)	(102,917)
Transfers from (to) other institutions	<u>15</u>	<u>(10,212)</u>
(Decrease) increase in net assets with donor restrictions	<u>(150,496)</u>	<u>455,040</u>
(Decrease) increase in net assets	(140,938)	786,977
Net assets at beginning of year	<u>2,900,319</u>	<u>2,113,342</u>
Net assets at end of year	<u>\$ 2,759,381</u>	<u>2,900,319</u>

See accompanying notes to consolidated financial statements.

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

Years ended September 30, 2022 and 2021

(In thousands)

	<u>2022</u>	<u>2021</u>
Operating activities:		
(Decrease) increase in net assets	\$ (140,938)	786,977
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	100,356	98,013
Net realized and unrealized losses (gains) on investments	278,390	(576,078)
Pension changes other than periodic costs	(4,981)	(7,028)
Restricted contributions and investment income, net of restriction releases for operations	(36,847)	(118,578)
Changes in operating right-of-use assets and lease liabilities, net	1,852	3,952
Transfers (from) to other institutions	(15)	10,212
Changes in other assets and liabilities	(66,498)	(50,075)
Changes in certain elements of working capital:		
Patient accounts receivable, net	(53,101)	(36,904)
Research receivables and research advances	23,434	(5,628)
Prepaid expenses and other current assets	(21,776)	(32,732)
Accounts payable and accrued expenses, including employee compensation	(71,372)	(23,514)
Amounts due to third-party payors	15,613	(7,096)
Net cash provided by operating activities	<u>24,117</u>	<u>41,521</u>
Investing activities:		
Additions to property, plant, and equipment, net	(56,123)	(62,030)
Purchases of investments	(805,141)	(958,886)
Proceeds from sales of investments	705,658	795,938
Changes in assets whose use is limited	40	4,429
Net cash used in investing activities	<u>(155,566)</u>	<u>(220,549)</u>
Financing activities:		
Proceeds from issuance of long-term debt	—	35,000
Payments on extinguishment of long-term debt	—	(35,000)
Payments on long-term debt	(4,515)	(4,295)
Payments on finance lease obligations	(1,742)	(1,645)
Restricted contributions and investment income, net of restriction releases for operations	36,847	118,578
Change in contributions receivable	13,937	40,914
Transfers from (to) other institutions	15	(10,212)
Net cash provided by financing activities	<u>44,542</u>	<u>143,340</u>
Decrease in cash and cash equivalents	(86,907)	(35,688)
Cash and cash equivalents at beginning of year	<u>152,196</u>	<u>187,884</u>
Cash and cash equivalents at end of year	\$ <u><u>65,289</u></u>	\$ <u><u>152,196</u></u>
Noncash investing activities:		
Construction in progress included in accounts payable and accrued expenses	\$ 250	(1,936)

See accompanying notes to consolidated financial statements.

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Notes to Consolidated Financial Statements

September 30, 2022 and 2021

(Dollar amounts in thousands)

(1) Corporate Organization

Dana-Farber Cancer Institute, Inc. (the Institute) is a comprehensive cancer center dedicated to basic and clinical cancer research and treatment. The Institute primarily serves patients in the New England region. Dana-Farber, Inc. is a controlled affiliate of the Institute, and is responsible for its investment management activities. In August 2003, the Institute formed the Dana-Farber Trust, Inc. for the purpose of acquiring, holding, developing, managing, maintaining, or disposing of real and personal property for the benefit of the Institute and its affiliated organizations. On July 1, 2014, the Institute acquired Commonwealth Hematology-Oncology (CHO) physician practice, the largest community-based cancer care program in New England with eight sites located throughout eastern Massachusetts. CHO sites operated as Dana-Farber Cancer Care Network, Inc. (DFCCN) physician practices. In April 2021, the Institute closed the remaining site located in Weymouth, Massachusetts, staff and most patients transferred to the Institute. In April 2019, the Institute created Dana-Farber Global Oncology, Inc. (DFGO), an LLC whose sole member is the Institute, through which the Institute is engaging in work in China. In September 2020, the Institute established a wholly owned subsidiary, Binney Street Capital, to advance the Institute's mission to develop novel therapies, improve patient outcomes, and to provide access to under-served communities while generating a new revenue stream.

The Institute's inpatient hospital is physically located within the Brigham & Women's Hospital, Inc. (BWH). The Institute reimburses BWH for related patient care expenses. Net patient service revenue related to the inpatient hospital was \$39,137 and \$39,467 in 2022 and 2021, respectively.

The Institute, BWH, The General Hospital Corporation (the General) and Mass General Brigham, Inc. (MGB; formerly known as Partners HealthCare System, Inc.) have formed Dana-Farber/Mass General Brigham CancerCare, Inc. (DF/MGBCC; formerly known as Dana-Farber/Partners CancerCare, Inc.), a not-for-profit corporation. During the years ended September 30, 2022 and 2021, DF/MGBCC provided the Institute with \$50,144 and \$52,324, respectively, in research funding. Among its roles, DF/MGBCC is responsible for the management of cancer-related clinical trials at the Institute, BWH and the General. The Institute, BWH, and the General provide DF/MGBCC with funds to meet its annual operating and capital needs. At present, the Institute's portion of these funds is not material to the consolidated financial statements. In December 2021, the Institute, with Mass General Brigham, Inc has formed Mass General Brigham/Dana-Farber International LLC (MGB/DF), a Delaware limited liability company, that's principal business activity will be health care education for international partnerships.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The consolidated financial statements include the accounts of Dana-Farber Cancer Institute, Inc.; Dana-Farber Cancer Care Network, Inc.; Dana-Farber Global Oncology, Inc.; Dana-Farber, Inc.; and Dana-Farber Trust, Inc. (collectively, the Institute). Intercompany balances and transactions have been eliminated in consolidation. The consolidated financial statements have been prepared in accordance with U.S. generally accepted accounting principles (GAAP) applied on a basis consistent with that of the 2021 audited consolidated financial statements of the Institute.

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(b) New Accounting Pronouncements Implemented

Accounting Standards Update (ASU) 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software (Subtopic 350-40)*: Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract – The new standard, issued in August 2018, aligns the requirements for capitalizing implementation costs incurred under a service contract for a hosting arrangement with the requirements for capitalizing implementation costs incurred to develop or to obtain internal-use software. This includes hosting arrangements that include an internal-use software license. This ASU also requires that the implementation costs of a hosting arrangement under a service contract be expensed over the term of the hosting arrangement, including reasonably certain renewals. The Institute adopted the new standard effective October 1, 2021, using the prospective transition approach. The adoption of the standard did not have a material impact on the Institute's consolidated financial statements.

Accounting Standards Update (ASU) 2020-07, *Not-for-Profit Entities (Subtopic 958)*: Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets – The new standard, issued September 2020, to improve generally accepted accounting principles (GAAP) by increasing the transparency of contributed non-financial assets for not-for-profit (NFP) entities through enhancements to presentation and disclosure. The Institute adopted the new standard effective October 1, 2021, using the prospective transition approach. The adoption of the standard did not have a material impact on the Institute's consolidated financial statements.

(c) Use of Estimates

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

(d) Cash Equivalents

The Institute considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. Short-term highly liquid investments held within the endowment and similar investment pools are classified as investments rather than cash equivalents for purposes of the consolidated statements of cash flows.

(e) Investments

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

Hedge funds and private equity funds consist of investments in limited partnerships and limited liability companies. The Institute accounts for investments in certain U.S. equity funds, hedge funds and private equity funds at fair value, using the net asset value of each fund as a practical expedient, and reports its share of the increase or decrease in the fund's value as investment gain or loss included in the excess of revenues over expenses, unless restricted by donor or law. Carrying values for hedge funds and private equity funds are determined based upon information from the funds' General

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Partners. The General Partners' estimates and assumptions of fair values of nonmarketable investments may differ significantly from the values that would have been used had a ready market existed, and may also differ significantly from the values at which such investments may be sold, and the differences could be material.

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

(f) Assets Whose Use is Limited

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

(g) Contributions

Unconditional promises to give are reported at fair value at the date the promise is recorded. Unconditional contributions receivable, received in writing in amounts of \$1,000 or more and payable in regular installments, are recorded at net present value of estimated cash flows. The discounts on these amounts are computed using a risk-free rate applicable in the year in which the promise is received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are recognized when the conditions are substantially met. Unrestricted and restricted contributions used on a current basis for research, including amounts of institutional support, are recorded as operating revenues. Other restricted contributions are recorded as net assets with donor restrictions.

(h) Property, Plant, and Equipment

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

(i) Interest Rate Swap Agreements

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

The Institute recognizes all derivative instruments as either assets or liabilities in the consolidated balance sheets at their respective fair value with changes in fair value reflected in the consolidated statements of operations and changes in net assets as a component of nonoperating gains (losses).

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(Dollar amounts in thousands)

(j) Net Assets

Net assets are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net assets without donor restrictions – net assets available for use in general operations and not subject to donor restrictions.

Net assets with donor restrictions – net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. When a donor restriction expires, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as revenues (for noncapital related-items), or as a direct increase to net assets without donor restrictions (for capital related-items).

Net assets with perpetual donor restrictions include assets with restrictions that require investment to provide a perpetual source of income to the Institute. Generally, donors of these assets require the Institute to maintain and invest the original contribution in perpetuity but permit the use of some or all investment returns for general or specific purposes. The Institute has interpreted state law as requiring realized and unrealized gains of these perpetual contributions to be retained in net assets with donor restrictions until appropriated by the board and expended. State law allows the board to appropriate so much of the net appreciation of perpetual contributions as is prudent considering the Institute's long and short-term needs, present and anticipated financial requirements, expected total return on its investments, price level trends, and general economic conditions. Annually, the board appropriates an amount based upon a spending policy as described in paragraph (k) below.

(k) Operating Revenues and Expenses

Operating income includes revenues generated from direct patient care activities, research activities from grantors and donors, unrestricted contributions, royalties, trademark income, and sundry revenues related to the operation of the Institute's facilities, and all related expenses. The Institute has a spending policy allowing approximately 7.5% of the average market value of certain donor-restricted investments over the past nine quarters to be spent annually to fund operating and capital needs. Investment income equal to the annual spending policy amount on donor-restricted investments whose income is unrestricted is reported in other operating revenue.

(l) Net Patient Service Revenue

Net patient service revenues are recorded at the amounts that reflect the consideration to which the Institute expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors, and others and include an estimate of variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Institute

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September 30, 2022 and 2021

(Dollar amounts in thousands)

bills patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility.

Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Institute. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Institute believes that this method provides a reasonable representation of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. The Institute measures the performance obligation for inpatient services from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. The Institute's performance obligations related to outpatient services are generally satisfied over a period of one day or less. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided, and the Institute does not believe it is required to provide any additional goods or services to the patient. Since all performance obligations relate to contracts with a duration of less than one year, the Institute has elected to apply the optional exemption in ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The performance obligations for these contracts will be satisfied when the patient is discharged from the hospital, which generally occurs within days or weeks of the end of the reporting period.

The Institute determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Institute's policy, and/or implicit price concessions provided to uninsured patients. Estimates of contractual adjustments and discounts are based on contractual agreements, its discount policy (or policies), and historical experience. Estimates of implicit price concessions are based on historical collection experience with this class of patients. Any revision in estimates is recognized in the period in which the estimates are revised. Amounts are billed to patients and third-party payors after the performance obligation is satisfied and payment is expected within a reasonable period of time, though settlement may occur well after the healthcare service is provided. See note 11.

Consistent with the Institute's mission, care is provided to patients regardless of their ability to pay. The Institute has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (e.g. copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Institute expects to collect based on its collection history with those patients. Patients who meet the Institute's criteria for charity care are provided care without charge or at amounts less than established rates. The Institute has determined that it has provided sufficient implicit price concessions for these accounts. Price concessions, including charity care, are not reported as revenue.

(m) Research Revenue and Expense

Research revenues include research grants and contracts, license and royalty, and contribution-related income.

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

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September 30, 2022 and 2021

(Dollar amounts in thousands)

Direct and Indirect Research Revenue and Related Expenses:

Research revenues from grants and contracts are accounted for either as an exchange transaction or contribution.

Revenue related to exchange transactions is recognized as the costs are incurred for the purpose specified by the grantor or in accordance with the terms of the agreement. Amounts received related to exchange transactions in advance of incurring the related expenditures are recorded as research advances in the accompanying consolidated balance sheets.

Contributions are either conditional or unconditional based on the award terms. A contribution is considered conditional if the award contains both a specific barrier that must be overcome for the Institute to be entitled to the funds and a right of return of the grantors obligation to provide the promised funds. If both conditions are not present, the award is unconditional. Unconditional contributions are recognized as restricted revenue and released upon expenditure. Contracts that include both a barrier and a right of return (or right of release) are considered conditional contributions and revenue is recognized once the conditions are met.

Performance obligations related to research grants, contracts, gifts and contributions are satisfied over time and recognized using an input method for costs incurred as the research services are performed by the Institute. The transaction price for research revenues related to grants and contracts is based on the contracted award received from third-parties.

Indirect costs related to certain government grants and contracts are reimbursed at fixed rates negotiated with the government agencies.

Royalty and License Revenue

Royalty and license revenue results from the development and commercialization of new technologies.

Royalty and license related revenues are recorded when the sales occur. Performance obligations related to license and royalties are satisfied at a point in time when the Institute transfers the rights to the Institute's intellectual property and as associated variable consideration is no longer constrained. There were no unsatisfied performance obligations related to license and royalties as of September 30, 2022 or 2021. The transaction price for research revenues related to license and royalties is determined based on contractual prices negotiated with the commercial third-parties. The Institute records milestone payments when performance obligations are satisfied.

In accordance with the Institute's policy, royalty and license revenue are distributed to the inventor, the laboratory, the department where the research was performed, and the Institute. The portion distributed to the inventor, laboratory, and department is recorded as research expense on the consolidated statements of operations and changes in net assets when expended. The portion distributed to the Institute is recorded on the consolidated statements of operations and changes in net assets as other operating revenues.

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In accordance with ASC 958, *Presentation of Financial Statements for Not-for-Profit-Entities*, for income designated for future research expenses pursuant to the overall mission of the Institute, the Institute designates a portion of the revenues as board-designated net assets without donor restriction. The funds related to board designated net assets without donor restrictions are included in the nonoperating (loss) gain section of the consolidated statements of operations and changes in net assets as royalty income and will be appropriated for expenses incurred related to research programs for innovative cancer treatment.

(n) Excess of Revenue over Expenses

The consolidated statements of operations and changes in net assets include the (deficit) excess of revenues over expenses as the performance indicator. Changes in net assets without donor restrictions, which are excluded from the excess of revenues over expenses, include changes in net assets related to the pension adjustment, and net assets released from restrictions for capital.

(o) Income Taxes

The Institute and substantially all of its affiliates qualify as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code or disregarded entities for tax purposes and are exempt from federal income taxes on related income. The Institute is considered a public charity, qualifying under IRC Section 170(b)(1)(A)(vi), which is an organization that receives substantial support from grants, governmental units, and the public. Dana-Farber Trust, Inc. and Dana-Farber, Inc. are not private foundations, but qualify for public charity status under IRC Section 509(a)(3), as Type I supporting organizations. Dana-Farber, Inc. has a nominal amount of unrelated business income that is not material to the consolidated financial statements. Dana-Farber Cancer Care Network, Inc. has been determined to be a public charity under IRC Section 509(a)(2). The Institute is considered a hospital facility as defined under the Affordable Care Act, because it is subject to hospital licensure requirements in Massachusetts. As a result, the Institute monitors its compliance with the new requirements under Section 501(r) of the Internal Revenue Code for tax-exempt hospitals, although it does not depend on IRC Section 170(b)(1)(a)(iii) for its public charity status but qualifies as a public charity under IRC Section 170(b)(1)(a)(vi) as a publicly supported organization.

The Institute recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in measurement are reflected in the period in which the change in judgment occurs. The Institute did not recognize the effect of any income tax positions in 2022 and 2021, respectively.

(p) Subsequent Events

The Institute evaluates the impact of subsequent events, which are events that occur after the consolidated balance sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the balance sheet date. For the year ended September 30, 2022, the Institute evaluated the impact of subsequent events through January 18, 2023, representing the date which the consolidated financial statements were issued. No events have occurred that require disclosure in or adjustment to the consolidated financial statements.

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

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(3) Investments

Investments, which are reported at fair value, consisted of the following as of September 30:

	<u>2022</u>	<u>2021</u>
Donor-restricted for research and capital	\$ 946,409	1,025,227
Donor-restricted endowment corpus	271,252	252,601
Accumulated realized and unrealized appreciation on endowment funds	150,278	226,595
Board-designated for various purposes	<u>881,140</u>	<u>923,563</u>
	\$ <u>2,249,079</u>	<u>2,427,986</u>
U.S. government money market funds	\$ 4,341	5,443
U.S. government securities	191,703	225,118
U.S. equity securities	293	139,925
U.S. equity mutual funds	331,634	221,775
International equity securities	—	13,623
International equity mutual funds	435,050	435,150
Hedge funds and private equity funds	<u>1,286,058</u>	<u>1,386,952</u>
	\$ <u>2,249,079</u>	<u>2,427,986</u>

Investment income consisted of the following for the years ended September 30:

	<u>2022</u>	<u>2021</u>
Investment (loss) income, net	\$ (14,767)	499
Realized and unrealized (losses) gains	<u>(278,390)</u>	<u>576,078</u>
	\$ <u>(293,157)</u>	<u>576,577</u>

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

	<u>2022</u>	<u>2021</u>
Excess of revenues over expenses:		
Investment (losses) gains, net (nonoperating)	\$ (110,710)	227,171
Changes in unrestricted net assets:		
Net unrealized gains (losses) on endowment	(1,956)	—
Changes in net assets with donor restrictions:		
Interest and dividend income, net and realized and unrealized (losses) gains, net	(180,491)	349,406
	<u>\$ (293,157)</u>	<u>576,577</u>

(4) Liquidity and Availability of Resources

Financial assets available within one year of the balance sheet date for general expenditures such as operating expenses and construction costs not financed with debt are as follows:

	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 65,289	152,196
Patient accounts receivable, net	227,873	174,772
Research receivables	70,855	72,312
	<u>\$ 364,017</u>	<u>399,280</u>

In addition, the Institute maintains unrestricted investments of \$881,140 and \$923,563 as of September 30, 2022 and 2021, respectively, that can be liquidated within one year if needed, subject to liquidity of the underlying investments.

In the event of an unanticipated liquidity need, the Institute could also draw upon two lines of credit in the amount of \$60,000 each. These lines of credit expire in May 2023.

(5) Fair Value Measurements

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

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

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

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

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

Financial assets and liabilities carried at fair value as of September 30, 2022 are classified in the table below in one of the categories as described above:

	Level 1	Level 2	Level 3	Fair value investments	Investments at NAV	Total
Investments:						
U.S. government money market funds	\$ 4,341	—	—	4,341	—	4,341
U.S. government securities	191,703	—	—	191,703	—	191,703
U.S. equity securities	293	—	—	293	—	293
U.S. equity funds	144,494	—	—	144,494	187,140	331,634
International equity funds	102,490	—	—	102,490	332,560	435,050
Hedge funds and private equity funds	—	—	—	—	1,286,058	1,286,058
	<u>\$ 443,321</u>	<u>—</u>	<u>—</u>	<u>443,321</u>	<u>1,805,758</u>	<u>2,249,079</u>
Defined benefit plan assets:						
U.S. government money market fund	\$ 401	—	—	401	—	401
U.S. government mutual funds	3,898	—	—	3,898	—	3,898
U.S. corporate bond mutual fund	2,022	—	—	2,022	—	2,022
U.S. equity mutual funds	157	—	—	157	13,145	13,302
International equity mutual funds	842	—	—	842	6,409	7,251
Hedge funds and private equity funds	—	—	—	—	4,836	4,836
	<u>\$ 7,320</u>	<u>—</u>	<u>—</u>	<u>7,320</u>	<u>24,390</u>	<u>31,710</u>
Liabilities:						
Interest rate swap agreements	\$ —	21,340	—	21,340	—	21,340

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Financial assets and liabilities carried at fair value as of September 30, 2021, are classified in the table below in one of the categories as described above:

	Level 1	Level 2	Level 3	Fair value investments	Investments at NAV	Total
Investments:						
U.S. government money market funds	\$ 5,443	—	—	5,443	—	5,443
U.S. government securities	225,118	—	—	225,118	—	225,118
U.S. equity securities	139,925	—	—	139,925	—	139,925
U.S. equity funds	—	—	—	—	221,775	221,775
International equity securities	13,623	—	—	13,623	—	13,623
International equity funds	50,425	—	—	50,425	384,725	435,150
Hedge funds and private equity funds	—	—	—	—	1,386,952	1,386,952
	<u>\$ 434,534</u>	<u>—</u>	<u>—</u>	<u>434,534</u>	<u>1,993,452</u>	<u>2,427,986</u>
Defined benefit plan assets:						
U.S. government money market fund	\$ 350	—	—	350	—	350
U.S. government mutual funds	5,574	—	—	5,574	—	5,574
U.S. corporate bond mutual fund	2,398	—	—	2,398	—	2,398
U.S. equity mutual funds	415	—	—	415	—	415
International equity mutual funds	1,360	—	—	1,360	—	1,360
Hedge funds and private equity funds	—	—	—	—	29,640	29,640
	<u>\$ 10,097</u>	<u>—</u>	<u>—</u>	<u>10,097</u>	<u>29,640</u>	<u>39,737</u>
Liabilities:						
Interest rate swap agreements	\$ —	59,630	—	59,630	—	59,630

The following is a description of the Institute's valuation methodologies for assets measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical, or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market, or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers, and brokers. The General Partners' estimates and assumption of fair values of alternative investments may not be indicative of what management would realize upon disposition or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with methods employed by other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting dates.

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The following tables include a summary of fair values and redemption features related to investments (excluding split interest agreements) for which estimated fair value was based upon NAV for the years ended September 30, 2022 and 2021:

	2022		
	NAV	Redemption frequency	Redemption notice periods
International equity funds	\$ 332,560	Weekly, semi-monthly, monthly	7–60 days
U.S. equity funds	181,408	Quarterly	60 days
Hedge funds and private equity funds	<u>1,286,058</u>	Monthly, quarterly, semi-annually, annually, over 1 year	31–90 days
	1,800,026		
Charitable gift annuities	<u>5,732</u>		
	\$ <u><u>1,805,758</u></u>		

	2021		
	NAV	Redemption frequency	Redemption notice periods
International equity funds	\$ 384,725	Weekly, semi-monthly, monthly	7–60 days
U.S. equity funds	214,822	Quarterly	60 days
Hedge funds and private equity funds	<u>1,386,952</u>	Monthly, quarterly, semi-annually, annually, over 1 year	31–90 days
	1,986,499		
Charitable gift annuities	<u>6,953</u>		
	\$ <u><u>1,993,452</u></u>		

Unfunded commitments associated with investments for which fair value was based upon NAV were \$287,837 and \$225,842 at September 30, 2022 and 2021, respectively.

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(6) Property, Plant, and Equipment

Property, plant, and equipment consisted of the following as of September 30:

	2022	2021
Land	\$ 7,640	7,640
Buildings and improvements	1,636,967	1,596,802
Equipment	468,417	455,740
Construction-in-progress	43,047	41,627
	2,156,071	2,101,809
Less accumulated depreciation	1,199,462	1,098,133
	\$ 956,609	1,003,676

Included within the table above in buildings and improvements are gross assets recorded under finance leases of \$41,542 as of both September 30, 2022 and 2021, respectively, net of accumulated depreciation of \$26,070 and \$23,969 as of September 30, 2022 and 2021, respectively. During the years ended September 30, 2022 and 2021, retirements of fully depreciated equipment assets were undertaken, representing \$298 and \$3,067 of equipment cost and associated accumulated depreciation, respectively.

(7) Contributions

Contributions received and pledged (at net discounted value) were as follows for the years ended September 30:

	2022		
	Cash	Pledges	Total
Unrestricted contributions and bequests	\$ 87,687	—	87,687
Contributions with donor restrictions	99,336	85,187	184,523
Research gifts for current use	6,068	—	6,068
	\$ 193,091	85,187	278,278
	2021		
	Cash	Pledges	Total
Unrestricted contributions and bequests	\$ 81,979	—	81,979
Contributions with donor restrictions	152,947	67,334	220,281
Research gifts for current use	9,227	—	9,227
	\$ 244,153	67,334	311,487

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Of the total contributions raised during the years ended September 30, 2022 and 2021, the Jimmy Fund raised \$103,893 and \$86,901, respectively.

In addition, the Institute was awarded a total of \$132,746 and \$49,222 in foundation grants for the years ended September 30, 2022 and 2021, respectively.

Direct fundraising expenses were \$47,737 and \$41,938 for the years ended September 30, 2022 and 2021, respectively, and were included as a component of general and administrative expenses in the consolidated statements of operations and changes in net assets.

Contributions receivable as of September 30 were as follows:

	<u>2022</u>	<u>2021</u>
Amounts due in less than one year for use in operations	\$ 32,032	36,661
Amounts due in less than one year for capital use	117	195
Amounts due in one to five years	47,342	47,263
Amounts due in more than five years	<u>700</u>	<u>10</u>
	80,191	84,129
Less discount to net present value *	2,070	2,071
Less allowance for uncollectible pledges	<u>16,000</u>	<u>6,000</u>
	<u>\$ 62,121</u>	<u>76,058</u>

* (discount rates 4.05% – 4.25% based on US Treasury Yield Curve Rates)

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(8) Long-Term Debt and Finance Lease Obligations

Long-term debt consisted of the following as of September 30:

	2022	2021
Massachusetts Health and Educational Facilities Authority (MHEFA) revenue bonds:		
Series L	\$ 92,500	92,500
Massachusetts Development Finance Agency (MDFA) revenue bonds:		
Series M	50,860	50,860
Series N	233,195	233,195
Series O	37,565	42,080
Series P	92,500	92,500
Finance and capital lease obligations (note 9)	20,376	22,118
	526,996	533,253
Unamortized premium	42,813	45,902
Unamortized cost of issuance	(3,728)	(4,372)
	566,081	574,783
Less current portion	6,624	6,257
	\$ 559,457	568,526

(a) Bonds Payable

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

On June 1, 2012, the Institute served a notice of change in mode and mandatory tender to the holders of its Series L-2 bonds. On July 2, 2012, upon such mandatory tender and conversion, the Series L-2 bonds were reissued in two subseries comprised of \$57,500 Series L-2A bonds and \$35,000 Series L-2B bonds, which were purchased by Century Subsidiary Investments, Inc. III and TD Bank, N.A., respectively. On July 1, 2015, the Institute served a notice of change in mode and mandatory tender to the holders of its Series L-1 bonds. On August 3, 2015, upon such mandatory tender and conversion, the Series L-1 bonds were purchased by DNT Asset Trust, a wholly owned subsidiary of JPMorgan Chase Bank, N.A. The Series L-1 and L-2 bonds were collateralized by irrevocable direct pay letters of credit issued by JPMorgan Chase Bank, N.A. and Bank of America, N.A. that terminated

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on August 3, 2015 and July 2, 2012, respectively, upon completion of the mandatory tender. On July 28, 2021, the Institute refunded Series L-2A and Series L-2B with \$57,500 Series P-1 (2021) and \$35,000 Series P-2 (2021), each purchased by Century Subsidiary Investments, Inc. III. The Series L and P bonds bear interest at an average variable rate (1.62% and 1.03% for the years ended September 30, 2022 and 2021, respectively), and mature in varying annual amounts from 2028 to 2046.

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

On June 23, 2016, the Institute issued, through MDFA, \$233,195 Revenue Bonds, Dana-Farber Cancer Institute Issue, Series N (2016). The Series N bonds are tax-exempt bonds, and were used in July 2017 to: (i) finance the acquisition of approximately 203,000 square feet of research space in the Longwood Center, (ii) finance the partial fit-out of an additional 50,983 square feet of research space under a separate lease at the Longwood Center, (iii) replace a 20-year old HVAC system, (iv) relocate and reconstruct the Institute's Cell Manipulation Core Facility, (v) payment of cost of issuance and interest during the purchase and construction periods and (vi) various other capital projects. The Series N bonds bear interest at fixed rates of 5.00% and mature in varying annual amounts from 2029 to 2046. The bonds were issued at an original premium of \$48,591, which is amortized over the related terms.

On September 3, 2019, the Institute issued, through MDFA, \$51,130 Revenue Bonds, Dana-Farber Cancer Institute Issue, Series O (2019) bonds. The Series O bonds are tax-exempt bonds. The proceeds of the bonds were used to: (i) retire the Series K bonds along with funds released from the series K debt service reserve fund and (ii) payment of cost of issuance of the Series O bonds. The Series O bonds bear interest at a fixed rate of 5.0% and mature in varying annual amounts from 2019 to 2035. The bonds were issued at an original premium of \$9,125, which is amortized over the related terms.

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

The Institute is required to comply with certain financial covenants under its long-term debt agreements.

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Scheduled maturities and sinking fund requirements for the next five fiscal years are as follows:

2023	\$	4,745
2024		4,985
2025		5,245
2026		5,515
2027		5,800

Interest cost on long-term debt and capital lease obligations totaled \$17,688 and \$17,167 for the years ended September 30, 2022 and 2021, respectively. Of this, \$16,969 and \$15,635 was reported as interest expense, and \$720 and \$1,532 was capitalized as part of construction-in-progress for the years ended September 30, 2022 and 2021, respectively. Cash paid for interest amounted to \$20,528 and \$20,463 for the years ended September 30, 2022 and 2021, respectively.

(b) Lines of Credit

As of September 30 2022, the Institute has two \$60,000 line of credit commitments, expiring in 2023. In May 2021, the Institute replaced its two-year line of credit with a new \$60,000 one-year line of credit and renewed its one-year \$60,000 line of credit. These lines of credit expire in May 2023. No amounts were outstanding under these arrangements as of September 30, 2022 and 2021.

(c) Interest Rate Swaps

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

The Institute reported the fair value of interest rate swap agreements as \$21,340 and \$59,630 in other liabilities on the consolidated balance sheets as of September 30, 2022 and 2021, respectively. The Institute reported the change in the fair value of the interest rate swap agreements as a nonoperating gain of \$38,290 and \$13,723 in the accompanying consolidated statements of operations and changes in net assets for the years ended September 30, 2022 and 2021, respectively.

The valuation of the interest rate swaps is determined using widely accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each derivative. This analysis reflects the contractual terms of the derivatives, including the period to maturity, and uses observable market-based inputs, including interest rate curves and implied volatilities.

(9) Leases

The Institute's portfolio includes operating leases of assets typically associated with real estate, clinical, research, and diagnostic equipment, administrative equipment, and vehicles. The Institute's portfolio includes two finance leases for certain leased spaces in outpatient satellite clinics. The operating and finance leases generally have 1 to 30 year terms, with one or more renewal options, primarily relating to the real estate leases. The exercise of such lease renewal options is at the Institute's sole discretion, and to

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the extent the Institute is reasonably certain the Institute will exercise a renewal option, the years related to that option are included in the Institute's determination of the lease term. Certain leases also include options to purchase the leased property at a price that either approximates or exceeds fair value.

The components of lease cost is comprised of the following amounts for the years ended September 30:

	<u>2022</u>	<u>2021</u>
Operating lease cost	\$ 54,026	54,878
Finance lease cost:		
Amortization of right-of-use assets	2,101	2,101
Interest on lease liabilities	<u>1,064</u>	<u>1,147</u>
Total finance lease cost	3,165	3,248
Variable lease cost	<u>27,908</u>	<u>25,204</u>
Total lease cost	\$ <u><u>85,099</u></u>	<u><u>83,330</u></u>

Supplemental consolidated balance sheet information related to leases is as follows at September 30:

Assets	<u>Classification</u>	<u>2022</u>	<u>2021</u>
Operating lease	Right of use assets, net – Operating leases	\$ 369,926	373,687
Finance lease	Property, plant, and equipment, net	<u>15,472</u>	<u>17,573</u>
Total leased assets		\$ <u><u>385,398</u></u>	<u><u>391,260</u></u>
Liabilities			
Current liabilities:			
Operating lease	Operating lease liabilities	\$ 46,264	44,871
Finance lease	Current portion of long-term debt and finance/capital leases	1,879	1,742
Noncurrent liabilities:			
Operating lease	Operating lease liability, less current portion	346,764	350,066
Finance lease	Long-term debt and finance/capital leases, less current portion	<u>18,497</u>	<u>20,376</u>
Total leased liabilities		\$ <u><u>413,404</u></u>	<u><u>417,055</u></u>

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The following summarizes additional information related to operating and finance leases as of September 30:

	<u>2022</u>	<u>2021</u>
Weighted average remaining lease term – operating leases	8.5 years	9.3 years
Weighted average remaining lease term – finance leases	13.2 years	14.1 years
Weighted average discount rate – operating leases	1.81 %	1.64 %
Weighted average discount rate – finance leases	4.77	4.77

Minimum future lease commitments under noncancelable leases are as follows:

	<u>Finance leases</u>	<u>Operating leases</u>
2023	\$ 2,782	52,913
2024	2,834	52,586
2025	2,851	51,793
2026	2,867	49,320
2027	2,876	46,326
Thereafter	<u>11,265</u>	<u>173,526</u>
Total future minimum lease payments	25,475	426,464
Less imputed interest	<u>(5,099)</u>	<u>(33,436)</u>
Total lease liabilities	<u>\$ 20,376</u>	<u>393,028</u>

Supplemental cash flow information related to operating and finance leases is as follows for the years ended September 30:

	<u>2022</u>	<u>2021</u>
Operating cash flows from operating leases	\$ 52,170	50,879
Operating cash flows from finance leases	1,064	1,147
Financing cash flows from finance leases	1,742	1,645
Operating lease assets obtained in exchange for lease obligations	43,755	11,430

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(10) Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following as of September 30:

	<u>2022</u>	<u>2021</u>
Subject to expenditure for specific purpose:		
Research	\$ 1,006,897	1,105,238
Capital	90	210
Realized and unrealized gains on perpetual gifts	<u>150,278</u>	<u>226,595</u>
	<u>1,157,265</u>	<u>1,332,043</u>
Endowments:		
Perpetual in nature:		
Unrestricted as to use of income	7,921	7,821
Restricted as to use of income	<u>274,027</u>	<u>249,845</u>
	<u>281,948</u>	<u>257,666</u>
Total net assets with donor restrictions	\$ <u>1,439,213</u>	<u>1,589,709</u>

During the years ended September 30, 2022 and 2021, net assets of \$138,946 and \$102,238, respectively, were released from donor restrictions to fund research. In addition, \$862 and \$679, respectively, were released to fund operating needs in accordance with the annual spending policy amount on donor-restricted investments described in note 2. These amounts are included in research revenues and other operating revenues, respectively.

For the years ended September 30, 2022 and 2021, the Institute had a net inflow of \$15 and \$10,212 outflow respectively, from BWH, Harvard University and other institutions in accordance with the terms of certain gifts.

The Institute's endowments consist of numerous individual funds established for a variety of purposes. These endowments consist solely of donor-restricted endowment funds. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Institute requires the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Institute classifies as donor restricted endowment funds (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The Institute considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund, (b) the purpose of the Institute and the donor-restricted endowment fund, (c) general economic conditions, (d) the possible effect of inflation and

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deflation, (e) the expected total return from income and the appreciation of investments, (f) the investment policies of the Institute, and (g) other resources of the Institute.

Endowment net asset composition by type of fund as of September 30, 2022, consisted of the following:

	<u>Unrestricted</u>	<u>Accumulated unspent returns</u>	<u>Original corpus</u>	<u>Total</u>
Donor-restricted endowment funds	\$ —	150,278	281,948	432,226
Board-designated endowment funds	(1,956)	—	—	(1,956)
	<u>\$ (1,956)</u>	<u>150,278</u>	<u>281,948</u>	<u>430,270</u>

For the year ended September 30, 2022, the Institute had the following endowment-related activities:

	<u>Unrestricted</u>	<u>Accumulated unspent returns</u>	<u>Original corpus</u>	<u>Total</u>
Endowment net assets, September 30, 2021	\$ —	226,595	252,601	479,196
Investment return:				
Investment losses, net	—	(2,616)	—	(2,616)
Net realized and unrealized losses on investments	—	(52,755)	—	(52,755)
Total investment return	—	(55,371)	—	(55,371)
Net asset reclassification – net unrealized loss on endowments	(1,956)	1,956	—	—
Contributions to perpetual endowment	—	—	29,347	29,347
Amounts appropriated for expenditure/transfer	—	(22,902)	—	(22,902)
Total change in endowment funds	<u>(1,956)</u>	<u>(76,317)</u>	<u>29,347</u>	<u>(48,926)</u>
Endowment net assets, September 30, 2022	<u>\$ (1,956)</u>	<u>150,278</u>	<u>281,948</u>	<u>430,270</u>

Endowment net asset composition by type of fund as of September 30, 2021, consisted of the following:

	<u>Accumulated unspent returns</u>	<u>Original corpus</u>	<u>Total</u>
Donor-restricted endowment funds	\$ 226,595	252,601	479,196

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For the year ended September 30, 2021, the Institute had the following endowment-related activities:

	<u>Accumulated unspent returns</u>	<u>Original corpus</u>	<u>Total</u>
Endowment net assets at September 30, 2020	\$ 119,348	238,073	357,421
Investment return:			
Investment loss, net	230	—	230
Net realized and unrealized gains on investments	<u>122,007</u>	<u>—</u>	<u>122,007</u>
Total investment return	122,237	—	122,237
Contributions to perpetual endowment	—	14,528	14,528
Amounts appropriated for expenditure/transfer	<u>(14,990)</u>	<u>—</u>	<u>(14,990)</u>
Total change in endowment funds	<u>107,247</u>	<u>14,528</u>	<u>121,775</u>
Endowment net assets at September 30, 2021	\$ <u>226,595</u>	<u>252,601</u>	<u>479,196</u>

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

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

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Institute to retain as a fund of perpetual duration. The endowment corpus amount for endowments with deficiencies was \$20,611 and \$4 for September 30, 2022 and 2021, respectively.

(11) Revenue

(a) Patient Service Revenue

The Institute has a reimbursement agreement with various Massachusetts Commercial insurance companies that provide for product-specific payment rates. The Institute also participates in the Medicare Program. This program provides outpatient reimbursement based on Ambulatory Payment Classifications. Cancer centers were granted a hold harmless exemption that allows for a final settlement based on a percentage of actual outpatient costs incurred. Inpatient reimbursement is limited to the lower of cost or a fixed target rate per discharge. The Institute also has an agreement with

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the Commonwealth of Massachusetts, under the Medicaid program, which provides a predetermined reimbursement per inpatient discharge and a per encounter amount for outpatient services.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is a possibility that recorded estimates will change by a material amount in the future. The Institute believes it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

As described in note 2(l), the transaction price for the Institute's healthcare services is variable due to the existence of price concessions due to various adjustments with insurance, governmental payors, and self-pay patients. The Institute recorded changes in estimates related to prior year settlements and denials, which increased net patient service revenue by \$18,547 and \$8,773 in 2022 and 2021, respectively.

The composition of net patient service revenues for the years ended September 30 are as follows:

	<u>2022</u>	<u>2021</u>
Medicare	33 %	34 %
Medicaid	5	5
Blue Cross	23	22
HMO, commercial and other	38	38
Self-pay	1	1
	<u>100 %</u>	<u>100 %</u>

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

	<u>2022</u>	<u>2021</u>
Medicare	33 %	34 %
Medicaid	7	7
Blue Cross	19	19
HMO, commercial and other	36	35
Self-pay	5	5
	<u>100 %</u>	<u>100 %</u>

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(b) Research Revenues

The composition of research revenues for the years ended September 30 are as follows:

	<u>2022</u>	<u>2021</u>
Federal grants and contracts revenue	\$ 217,169	216,839
Nonfederal grants and contracts revenue	193,014	174,714
License and royalty revenue	28,848	48,615
Gift revenue	<u>145,089</u>	<u>111,465</u>
Total research revenues	<u>\$ 584,120</u>	<u>551,633</u>

Conditional contributions as of September 30, 2022 and 2021 approximate \$317,621 and \$307,000, respectively.

Research receivables and research advances related to grants and contracts are comprised of the following balances as of September 30:

	<u>2022</u>	<u>2021</u>
Research receivables:		
Exchange transactions under 606	\$ 27,106	22,790
Contributions under ASU 2018-08	<u>43,749</u>	<u>49,522</u>
Total research receivables	<u>\$ 70,855</u>	<u>72,312</u>
Research advances:		
Exchange transactions under 606	\$ 103,382	99,793
Contributions under ASU 2018-08	<u>49,722</u>	<u>31,334</u>
Total research advances	<u>\$ 153,104</u>	<u>131,127</u>

(c) Other Operating Revenues

Other operating revenue includes among other things, management services, rent, royalty and other ancillary Institute services such as parking, cafeteria and gift shop. In addition, other operating revenue includes the Department of Health and Human Services (HHS) Coronavirus Aid, Relief, and Economic Securities Act (CARES Act) Provider Relief Funds operating agreements in 2022 and 2021, and COVID-19 Public Health Emergency Hospital Relief Trust Funds in 2022. See note 18.

(d) Unrestricted Contributions and Bequests

Unrestricted contributions and bequests represent donations that are given to support the Institute's mission.

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(12) Charity Care

(a) *Community Benefit*

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

(b) *Uncompensated Care*

The Commonwealth of Massachusetts operates a “health safety net” to reimburse hospitals for the cost of uncompensated care, defined as charity care, and bad debts associated with emergency services. Amounts are paid to the health safety net based on a percentage of assessed payor charges.

Payments from the health safety net are determined on a per visit or discharge basis according to Medicare reimbursement rates adjusted for overall shortfalls in the statewide funding for the health safety net.

(c) *Charity Care*

The Institute provides care without charge or at amounts less than established rates to patients who meet certain criteria under the Institute’s charity care policies. In FY22, the Institute expanded the definition of charity care to include (i) unreimbursed care provided to patients with Mass Health Limited insurance coverage and (ii) discounted care provided to patients that qualify for the Institute’s Financial Assistance Program. Because the Institute does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. During the years ended September 30, 2022 and 2021, the Institute provided charity care of \$39,643 and \$26,207, respectively, at standard charges. The cost of this charity care was \$14,666 and \$9,773. In addition, the Institute had net payments to the Commonwealth of Massachusetts “health safety net” of \$18,210 and \$16,907 for the years ended September 30, 2022 and 2021, respectively. The equivalent percentage of charity care patients to all patients served was approximately 0.7% in 2022 and 0.6% in 2021. Such amounts and percentages are determined using foregone charges based on established rates. The cost of charity care is estimated using the cost-to-charge ratio for the Institute. For the year ended September 30, 2021, the previously reported charity care at standard charges was \$12,865, cost of charity care was \$4,797 and charity care as a percentage of all patients served was 0.3%.

(13) Pension Plans

(a) *Defined Contribution Plan*

Substantially all employees are covered by a defined contribution plan to which the Institute contributes a fixed percentage of employees’ salaries. The amounts contributed for the years ended September 30, 2022 and 2021, were \$41,065 and \$24,945, respectively.

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(b) Defined Benefit Pension Plan

(i) Obligations and Funded Status

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

Unrecognized actuarial losses of \$11,393 and \$16,507 are included in net assets without restrictions as of September 30, 2022 and 2021, respectively. The actuarial loss included in net assets without restrictions and expected to be recognized in net periodic pension cost during the year ending September 30, 2023 is \$199.

The following table summarizes information about the funded status of the plan as of September 30:

	2022	2021
Projected benefit obligation at beginning of year	\$ 40,407	42,769
Interest cost	937	925
Net benefit payments and transfers	(2,560)	(2,611)
Actuarial losses	(11,372)	(676)
Projected benefit obligation at end of year	<u>27,412</u>	<u>40,407</u>
Fair value of plan assets at beginning of year	39,737	35,517
Actual return on plan assets	(5,379)	7,025
Net benefit payments and expenses	(2,648)	(2,805)
Fair value of plan assets at end of year	<u>31,710</u>	<u>39,737</u>
Funded status of the plan	\$ 4,298	(670)

The funded status of the plan is recorded within other assets, and other liabilities on the consolidated balance sheets as of September 30, 2022 and 2021, respectively.

The measurement date for the Institute's fiscal 2022 consolidated financial statements is September 30, 2022.

The accumulated benefit obligation was \$27,412 and \$40,407 as of September 30, 2022 and 2021, respectively.

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(c) Net Periodic Pension Cost (Income)

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

	<u>2022</u>	<u>2021</u>
Interest cost	\$ 937	925
Service cost	200	200
Expected return on plan assets	(2,293)	(2,265)
Settlements	675	621
Net amortization and deferral	<u>626</u>	<u>832</u>
Net periodic pension cost	\$ <u>145</u>	<u>313</u>

The service component of net periodic pension cost is included in the appropriate functional expense line item, together with other compensation-related expenses. The components of net periodic pension cost other than the service cost component are included as “pension benefit (cost), excluding service cost” as a component of nonoperating gains in the accompanying consolidated statements of operations and changes in net assets.

(d) Assumptions

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

	<u>2022</u>	<u>2021</u>
Discount rate (projected benefit obligation)	5.37 %	2.60 %
Discount rate (net periodic pension cost)	2.60	2.34
Expected long-term return on plan assets	7.00	7.00
Average increase in compensation levels	N/A	N/A

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

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(e) Plan Assets

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

	<u>2022</u>	<u>2021</u>
U.S. government money market fund	1 %	1 %
U.S. government mutual funds	12	14
U.S. corporate bond mutual funds	6	6
U.S. equity mutual funds	43	40
International equity mutual funds	23	24
Alternative investments	15	15
	<u>100 %</u>	<u>100 %</u>

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

Assets invested in the defined benefit pension plan are reported at fair value. Debt and equity securities with readily determinable values are carried at fair value as determined based on independent published sources. Alternative investments, as described in note 2, are stated at fair value using net asset value as a practical expedient.

(f) Contributions

The Institute did not make a contribution to its pension plan during the year ended September 30, 2022 and does not expect to contribute to its pension plan in 2023.

(g) Estimated Future Benefit Payments

Benefit payments are expected to approximate the following:

2023	\$	2,840
2024		2,554
2025		2,319
2026		2,552
2027		2,171
2028–2032		11,344

(14) Concentrations of Credit Risk

Financial instruments that potentially subject the Institute to concentration of credit risk consist of cash and cash equivalents, patient accounts receivable, research receivables, contributions receivable, certain investments and interest rate swaps.

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The Institute maintains its cash accounts at various financial institutions. As of September 30, 2022, the Institute had cash balances of approximately \$64,000 in uninsured accounts. The Institute has not experienced any losses in such accounts and evaluates the creditworthiness of the financial institutions with which it conducts business. Management believes the Institute is not exposed to any significant credit risk with respect to its cash balances.

Contributions receivable are due from multiple donors. The Institute assesses the credit risk for pledges based on history and the financial wherewithal of donors, most of whom are individuals or organizations well known to the Institute.

Investments, which include government and agency securities, stocks and corporate bonds, and private partnerships and other investments are not concentrated in any corporation or industry or with a single counterparty. The reported values of alternative investments may differ significantly from the values that would have been used had a ready market for those securities existed. These instruments may contain elements of both credit and market risk.

The Institute minimizes the credit risk it is exposed to under interest rate swap agreements by monitoring the counterparty credit rating on a monthly basis.

(15) Contingencies

(a) *Medical Malpractice*

The Institute insures its medical malpractice risks under a claims-made policy issued by a multiprovider captive insurance company, of which the Institute is a 11% owner. Premiums are accrued based on the captive insurance company's experience to date. The Institute provides reserves (in addition to those maintained by its affiliated insurance company) for claims incurred but not reported to the insurance company at the consolidated balance sheet date. These reserves have been estimated by consulting actuaries on a discounted basis using a discount rate of 3.0% as of September 30, 2022 and 2021. The discounted liability for unasserted claims as of September 30, 2022 and 2021, was \$2,429 and \$2,692, respectively. The Institute has recorded anticipated insurance recoveries and estimated liabilities for asserted medical malpractice claims of \$11,140 and \$10,709 as of September 30, 2022 and 2021, respectively and are reported on the consolidated balance sheets as other liabilities.

(b) *Legal Matters*

The Institute is subject to complaints, claims, and litigation, which have risen in the normal course of business. In addition, the healthcare industry as a whole is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at the time. Government investigations and allegations concerning possible violations by healthcare providers of regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenue from patient services.

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(16) Royalty Monetizations

On July 29, 2016, the Institute executed a Royalty Purchase Agreement with the Canada Pension Plan Investment Board (CPPIB), whereby the Institute will distribute all future royalty payments under three license agreements to CPPIB in return for a \$100,000 upfront payment (the payment). The payment was recorded as deferred revenue, a component of other liabilities on the consolidated balance sheet, and will be recognized as income by the Institute when royalty payments are received over the remaining five-year patent duration. Income of \$0 and \$33,814 was recognized during the years ended September 30, 2022 and 2021, respectively. There is \$0 in deferred revenue as of September 30, 2022.

In 2018 the Institute entered into two monetizations. These were related to PD-L1 Europe and Rydapt. Income of \$0 and \$8,843, related to the Rydapt monetization, was recognized during the years ended September 30, 2022 and 2021, respectively. There is \$12,801 and \$25,024 related to the PD-L1 Europe transaction in deferred revenue as of September 30, 2022 & 2021, respectively.

In 2019 the Institute entered into one monetization. This was related to PD-L1 Japan. There is \$16,060 and \$25,835 related to the PD-L1 Japan transaction in deferred revenue as of September 30, 2022 and 2021, respectively.

Deferred revenue related to royalty monetizations is reported as a component of other liabilities on the consolidated balance sheets.

(17) Functional Expenses

The consolidated statements of operations presents expense by functional classification. The Institute also summarizes its expenses by natural classification. Salaries, supplies and other expenses are classified based on the type of service provided or performed. Fringe benefits are allocated based on salary expense. Depreciation and amortization is allocated based on services supported by the related assets. Interest is allocated by the assets supported by the related debt.

Expenses by both their nature and their function for the year ended September 30, 2022 are as follows:

	<u>Patient service</u>	<u>Research</u>	<u>General and administrative</u>	<u>Total</u>
Salaries	\$ 286,873	208,125	157,396	652,394
Fringe benefits	69,008	49,445	37,267	155,720
Supplies and other	1,102,557	237,426	279,020	1,619,003
Depreciation and amortization	56,753	34,335	9,268	100,356
Interest	3,221	13,512	236	16,969
	<u>\$ 1,518,412</u>	<u>542,843</u>	<u>483,187</u>	<u>2,544,442</u>

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Expenses by both their nature and their function for the year ended September 30, 2021 are as follows:

	<u>Patient service</u>	<u>Research</u>	<u>General and administrative</u>	<u>Total</u>
Salaries	\$ 245,332	193,139	150,912	589,383
Fringe benefits	53,349	44,108	30,238	127,695
Supplies and other	906,136	231,519	254,500	1,392,155
Depreciation and amortization	52,679	35,325	10,009	98,013
Interest	1,772	13,559	304	15,635
	<u>\$ 1,259,268</u>	<u>517,650</u>	<u>445,963</u>	<u>2,222,881</u>

(18) COVID-19 Pandemic

In January 2020, the Secretary of the U.S. Department of Health and Human Services (HHS) declared a national public health emergency due to COVID-19 and in March 2020, it was declared a pandemic by the World Health Organization. To contain the spread and impact of COVID-19, and to mitigate the burden on the healthcare system, federal, state and local authorities implemented various restrictive measures, including significant limitations on business activity, travel bans, promotion of physical distancing, mandated quarantines, and shelter-in-place orders. During the COVID-19 pandemic, the Institute remained operational and continued to care for patients. Patient volumes were impacted in fiscal year 2020 and fiscal year 2021, but have recovered in fiscal year 2022.

(a) Public Health and Social Services Emergency Fund (PHSS Emergency Fund)

Federal and state governments passed legislation, promulgated regulations, and took other administrative actions intended to assist healthcare providers in providing care to COVID-19 and other patients during the public health emergency. Sources of relief included the CARES Act, enacted on March 27, 2020, the Paycheck Protection Program and Health Care Enhancement Act (PPHCE Act), enacted on April 14, 2020, and the COVID-19 Public Health Emergency Hospital Relief Trust Fund, enacted on December 13, 2021 by the Commonwealth of Massachusetts.

Payments from the PHSS Emergency Fund are not subject to repayment so long as providers attest to certain terms and conditions required by HHS, including, among other things, that the funds are being used for lost operating revenues and COVID-related expenses, limitations on balance billing, and agreeing that PHSS Emergency Funds will not be used to reimburse expenses or losses that other sources are obligated to reimburse. Payments are recognized as revenue when there is reasonable assurance that the terms and conditions associated with the distributions have been met. The Institute received approximately \$14,000 and \$23,000 in PHSS Emergency Fund general distributions for the years ended September 30, 2022 and 2021, respectively. The distributions have been recognized as other operating revenue in the consolidated statement of operations and changes in net assets.

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(b) Medicare Accelerated and Advance Payment Program

In addition, the CARES Act expanded the Medicare Accelerated and Advance Payment Program, which allows for eligible health care facilities to request up to six months of advance Medicare payments. Such accelerated payments are interest free for twelve months for most acute care hospitals. CMS will begin to apply claims for services provided to Medicare beneficiaries against the advance payments received by hospitals and other eligible health care facilities approximately after 120 days following receipt of the advance payments. As of September 30, 2022, the Institute had received and fully repaid approximately \$133,000 of payments under this program. Amounts received represent contract liabilities under ASC 606 and are recorded within accounts payable and accrued expenses on the consolidated balance sheets and amounted to \$0 and \$95,000 as of September 30, 2022 and 2021.

(c) Deferral of Certain Payroll Taxes

The CARES Act provided for deferred payment of the employer portion of social security taxes through December 31, 2020, with 50% of the deferred amount due December 31, 2021 and the remaining 50% due December 31, 2022. As of September 30, 2022, the Institute had deferred \$9,892, which was recorded within accrued payroll, payroll taxes, and amounts withheld from employee compensation. The Institute had deferred \$19,784 as of September 30, 2021, of which \$9,892 was recorded within accrued payroll, payroll taxes, and amounts withheld from employee compensation and \$9,892 was recorded within other liabilities in the accompanying consolidated balance sheet.

(d) Other Provisions

The CARES Act also revised Medicare policies in order to temporarily boost Medicare reimbursement and allow for added regulatory flexibility, effective May 1, 2020, the annual 2% sequestration revenue reduction in Medicare fee-for-service and Medicare Advantage payments to hospitals, physicians and other providers was suspended through March 31, 2022 and limited to 1% from April 1, 2022 through June 30, 2022. The 2% sequestration revenue reduction resumed on July 1, 2022 and will continue through 2031. The impact on the Institute in fiscal year 2022 was not material.

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Supplementary Schedule of Expenditures of Federal Awards

Year ended September 30, 2022

Federal Agency	Federal Program	Pass Through Grantor	Program Title	Assistance Listing Number	Pass-Through Grantor Identifying Number	Federal Expenditures	Expenditures Passed Through to Subrecipients
Research and Development Cluster:							
Department of Energy	Department of Energy	Department of Energy	Conservation Research and Development	81.086	DE-EE0008310	\$ 306,343	78,900
			Office of Science Financial Assistance Program	81.049	DE-SC0022024	128,714	48,236
	Department of Energy Total					435,057	127,136
Department of Veterans Affairs	Department of Veterans Affairs	VA Palo Alto Health Care System	Research & Development	64.054	36C26121P0710	84,862	—
		HARVARD SCHOOL OF PUBLIC HEALTH	CONTRACT		36C24E18D0048	28,763	—
	Department of Veterans Affairs Total					113,725	—
Department of Veterans Affairs Total						113,725	—
National Science Foundation	National Science Foundation		Computer and Information Science and Engineering	47.070		146,328	—
		COLUMBIA UNIVERSITY	Mathematical and Physical Sciences	47.049		74,878	—
			Engineering Grants	47.041	CBET 1743420	31,376	—
	National Science Foundation Total					252,582	—
National Science Foundation Total						252,582	—
U.S. Department of Defense	Department of the Navy Office of the Chief of Naval Research	WYSS INSTITUTE AT HARVARD UNIVERSITY	Basic and Applied Scientific Research Dept of Defense	12.300		353,083	211,054
			Basic and Applied Scientific Research Dept of Defense	12.300		3,231	—
	Department of the Navy Office of the Chief of Naval Research Total					356,314	211,054
	U.S. Army Medical Command						
		Beth Israel Deaconess Medical Center	Military Medical Research and Development	12.420		10,631,316	746,278
			Military Medical Research and Development	12.420	W81XWH2020023	92,748	—
					W81XWH2116090	30,271	—
		Boston Children's Hospital	Military Medical Research and Development	12.420	W81XWH1820056	12,149	—
		Brigham & Women's Hospital	Military Medical Research and Development	12.420	W81XWH2010342	(2,801)	—
		Cedars-Sinai Medical Center	Military Medical Research and Development	12.420	W81XWH2010056	54,993	—
		Cleveland Clinic Foundation	Military Medical Research and Development	12.420	W81XWH2010137	24,565	—
		Duality Technologies	Research and Technology Development	12.910	HR0011-20-9-0102	10,155	—
		DUKE UNIVERSITY	Military Medical Research and Development	12.420	W81XWH-14-1-0473	(581)	—
		Massachusetts General Hospital	Military Medical Research and Development	12.420	W81XWH1910058	(18,586)	—
		MAYO CLINIC COLLEGE OF MEDICINE	Military Medical Research and Development	12.420	W81XWH-15-1-0293	84,917	—
		NORTHWESTERN UNIVERSITY	Military Medical Research and Development	12.420	W81XWH1610554	134,484	—
		SARC	Military Medical Research and Development	12.420	W81XWH-17-1-0695	6,351	—
		UMASS Medical School	Military Medical Research and Development	12.420	W81XWH-15-1-0317	(806)	—
		UNIVERSITY OF ARKANSAS	Military Medical Research and Development	12.420	W81XWH-16-2-0038	9,689	—
		UNIVERSITY OF CALIFORNIA – S.F.	Military Medical Research and Development	12.420	W81XWH-18-1-0489	5,934	—
		WEILL MED COLLEGE CORNELL UNIVERSITY	Military Medical Research and Development	12.420	W81XWH1910403	26,842	—
					W81XWH1910666	48,374	—
	U.S. Army Medical Command Total					11,149,994	746,278
U.S. Department of Defense Total						11,506,308	957,332
U.S. Department of Health and Human Services	Agency for Healthcare Research and Quality	HARVARD MEDICAL SCHOOL	Research on Healthcare Costs, Quality and Outcomes	93.226	5R01HS026498-03	17,726	—
					5R01HS026498-04	17,016	—
		National Bureau of Economic Research, Inc	Research on Healthcare Costs, Quality and Outcomes	93.226	3U19HS024072-05S1	15,098	—
					5U19HS024072-05	3,970	—
	Agency for Healthcare Research and Quality Total					53,810	—
	Centers for Disease Control and Prevention						
		HARVARD SCHOOL OF PUBLIC HEALTH	Occupational Safety and Health Program	93.262		—	—
			Occupational Safety and Health Program	93.262	2U19OH008861-15-00	177,233	—
					5U19OH008861-14	(15,629)	—
	Centers for Disease Control and Prevention Total					161,605	—
	National Institute of Health						
			21st Century Cures Act – Beau Biden Cancer Moonshot	93.353		23,720,855	10,638,982
			Aging Research	93.866		2,185,372	1,149,896
			Allergy, Immunology and Transplantation Research	93.855		8,954,512	1,923,801
			Biomedical Research and Research Training	93.859		3,719,891	458,683
			Blood Diseases and Resources Research	93.839		2,292,907	552,795
			Cancer Biology Research	93.396		23,579,412	3,231,568
			Cancer Cause and Prevention Research	93.393		16,279,812	3,859,141
			Cancer Centers Support Grants	93.397		26,243,851	8,774,524
			Cancer Control	93.399		1,169,752	8,426
			Cancer Detection and Diagnosis Research	93.394		5,631,827	1,395,164
			Cancer Research Manpower	93.398		9,427,662	145,399
			Cancer Treatment Research	93.395		32,459,005	9,106,645
			Child Health and Human Development Extramural Research	93.865		189,995	—
			Diabetes, Endocrinology and Metabolism Research	93.847		6,673,466	118,623
			Discovery and Applied Res for Tech Innovations	93.286		53,624	—
			Drug Abuse and Addiction Research Programs	93.279		402,383	—
			Extramural Res Prgms in Neurosciences and Neurological Disease	93.853		493,653	107,369
			Heart and Vascular Diseases Research	93.837		60,766	—
			Human Genome Research	93.172		4,213,836	1,555,986
			Lung Diseases Research	93.838		104,358	—
			Medical Library Assistance	93.879		322,134	20,460
			Mental Health Research Grants	93.242		221,743	—

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			Nursing Research	93.361		\$ 602,489	279,808
			Oral Diseases and Disorders Research	93.121		659,175	84,674
			Research and Training in Complementary and Alternative Medicine	93.213		250,818	—
			Trans-NIH Recovery Act Research Support	93.701		—	—
			Trans-NIH Research Support	93.310		1,183,751	—
			Vision Research	93.867		173,891	—
		BAYLOR COLLEGE OF MEDICINE	Cancer Detection and Diagnosis Research	93.394	5U01CA230997-03	—	—
					5U01CA230997-04	37,930	—
					5U01CA230997-05	1,413	—
		Benaroya Research Institute at Virginia	Allergy, Immunology and Transplantation Research	93.855	5UM1A109565-08	186,019	—
		Beth Israel Deaconess Medical Center	Blood Diseases and Resources Research	93.839	5U01HD143365-04	33,817	—
			Cancer Biology Research	93.396	5P01CA163227-06A1	7,663	—
					5P01CA163227-08	453,192	—
					5P01CA163227-09	11,086	—
					5R01CA238263-02	3,727	—
					5R01CA238263-03	2,987	—
			Cancer Cause and Prevention Research	93.393	5P50CA101942-17	59,551	—
					5P50CA101942-18	6,776	—
			Cancer Centers Support Grants	93.397		—	—
					2P50CA101942-16	221,349	—
					5P50CA101942-15	(22,682)	—
					5P50CA101942-16	58,101	—
					5P50CA101942-17	197,488	—
					P01CA101942	100	—
					P50CA101942	374,777	—
			Cancer Detection and Diagnosis Research	93.394	5K08CA230498-02	6,284	—
					5P50CA101942-15	(957)	—
					5P50CA101942-16	(2,137)	—
			Cancer Research Manpower	93.398	1K08CA230498-01A1	(248)	—
			Cancer Treatment Research	93.395	1R01CA262629-01	104,212	—
					1R01CA262629-02	29,305	—
					1U01CA236489-01	(1,714)	—
					5R01CA205153-05	24,244	—
					5R01CA212849-05	18,621	—
					5U01CA236489-03	319,396	—
					5U01CA236489-04	167,674	—
			Heart and Vascular Diseases Research	93.837	5T32HL007374-41	(21,032)	—
			Research and Training in Complementary and Alternative Medicine	93.213	5T32AT000051-22	40,095	—
		Boston Children's Hospital	Blood Diseases and Resources Research	93.839	5T32HL007574-40	19,223	—
					2R01HL095791-11	22,670	—
					2T32HL7574-39	123,582	—
					5R01HL150669-03	10,492	—
					5T32HL007574-38	—	—
					5T32HL007574-39	2	—
					5T32HL07574-39	17,617	—
					5T32HL7574-39	45,414	—
					5T32HL7574-40	190,005	—
					5T32HL7574-41	14,651	—
			Cancer Biology Research	93.396	5R01CA19385-07	3,803	—
			Cancer Cause and Prevention Research	93.393	1U24CA248010-01A1	18,281	—
					5U24CA248010-02	17,816	—
					5U24CA248010-03	938	—
			Cancer Detection and Diagnosis Research	93.394	1R01CA255216-01	34,803	—
					5R01CA255216-02	281,054	—
					5R01CA255216-02	—	—
					5R01CA255216-02	—	—
			Cancer Research Manpower	93.398	K08CA 248727	52,019	—
			Cancer Treatment Research	93.395	5R01CA227576-03	—	—
					5R01CA227576-04	17,685	—
			CONTRACT		75N93019C00044	93,342	—
			Diabetes, Endocrinology and Metabolism Research	93.847	1RC2DK122533-04	33,436	—
					5P30DK034854-34	—	—
					5R01DK121945-02	(35)	—
					5R01DK121945-02	—	—
					5R01DK121945-02	240,499	—
			National Center for Advancing Translational Sciences	93.350	5U01TR001814-05	—	—
					5UL1TR002541-04	49,659	—
					5UL1TR002541-05	27,389	—
		BOSTON MEDICAL CENTER	Aging Research	93.866	1R01AG072911-01	321,132	—
					5R01AG066892-02	179,098	—
					5R01AG066892-03	124,600	—
					5R01AG072911-02	188,288	—
					5U01TR002070-04	—	—
					5U01TR002070-05	44,494	—
		Boston University	Cancer Cause and Prevention Research	93.393	1R03CA259898-01	4,953	—
					5R03CA259898-02	4,726	—
		Boston University School of Medicine	21st Century Cures Act – Beau Biden Cancer Moonshot	93.353	5U2CCA233238-03	—	—
					5U2CCA233238-04	136,821	—
					5U2CCA233238-05	25,021	—
		Brigham & Women's Hospital	Aging Research	93.866	1R01AG070252-01A1	56,221	—
					4R33AG057388-04	1,617	—
					5R33AG057388-05	(1,589)	—
			Allergy, Immunology and Transplantation Research	93.855	5U01AI148306-03	14,658	—
					5U01AI148306-02	7,157	—
			Blood Diseases and Resources Research	93.839	5T32EB016652-04	79	—

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						\$	
					5T32HL116324-07	43,091	—
					5T32HL116324-08	276,817	—
					5T32HL116324-09	43,264	—
					1R01CA269499-01	3,464	—
			Cancer Biology Research	93.396	1U19CA264504-01	127,476	—
					2R01CA187975-06A1	1,946	—
					2R01CA187975-07	8,603	—
					5P01CA20964-13	—	—
					5P01CA20964-14	17,632	—
					5P01CA20964-15	3,588	—
					5P50CA165962-08	127,168	—
					5R01CA190383-04	23,165	—
					5R37CA224144-04	(50)	—
					5U19CA264504-02	12,864	—
					CA165962	617	—
					U19CA264504-01	6,811	—
			Cancer Cause and Prevention Research	93.393	1R21CA267138-01	12,538	—
					5P01CA087969-21	(12,437)	—
					5P01CA163205-08	(26,405)	—
					5R01CA236546-03	22,655	—
					5R01CA236546-04	2,197	—
					5R21CA252962-02	3,776	—
					5R37CA227190-04	50,887	—
					5R37CA227190-05	129,908	—
					5U01CA176726-08	(1,033)	—
			Cancer Centers Support Grants	93.397	1P50CA206963-01A1	3	—
					2P50CA165962-06A1	—	—
					3P50CA165962-07S1	3,513	—
					5P50CA16562-07	(2,784)	—
					5P50CA165962-07	67,026	—
					5P50CA165962-08	666,648	—
					5P50CA165962-09	38,225	—
					5R01GM121612-05	195,916	—
			Cancer Detection and Diagnosis Research	93.394	5R01CA263836-05	4,412	—
					5R01CA235589-02	(154)	—
					5R01CA235589-03	11,700	—
					5R01CA235589-04	1,089	—
					5R21CA238053-02	17,020	—
			Cancer Research Manpower	93.398	5K08CA241085-03	17,729	—
			Cancer Treatment Research	93.395	1P01CA236749-01	(1,746)	—
					1P01CA236749-01A1	477	—
					3U10CA180821-09S2	699,104	—
					5P01CA066996-20	—	—
					5P01CA163205-09	66,389	—
					5P01CA163205-10	8,413	—
					5P01CA236749-02	403,824	—
					5P01CA236749-03	74,141	—
					5R01CA226211-03	(39,256)	—
					5R01CA236702-02	(31)	—
					5R01CA236702-03	23,871	—
					5R01CA236702-04	19,918	—
					5R01CA236749-02	415,278	—
					5R01CA236749-03	132,408	—
					5R01CA236749-02	14,244	—
					5R37CA252312	61,543	—
					5R37CA252312-03	23,357	—
					5U10CA180821-07	91,861	—
					5U10CA180821-07S2	(1,569)	—
					5U10CA180821-08	799,921	—
					5U10CA180821-09	129,827	—
			Extramural Res Prgms in Neurosciences and Neurological Disease	93.853	1R01NS121096-01	12,227	—
					5R01NS121096-02	12,799	—
			Oral Diseases and Disorders Research	93.121	5R01DE028336-03	19,955	—
			Trans-NIH Research Support	93.310	5U01HG076930-08	4,000	—
			21st Century Cures Act – Beau Biden Cancer Moonshot	93.353	1U2CCA252974-01	3,851	—
					5U2CCA252974-02	411,502	—
					5U2CCA252974-03	25,797	—
					P01CA155258	2,149	—
			Cancer Biology Research	93.396	5R33CA246455-02	51,812	—
					5R33CA246455-03	56,312	—
					R33CA246455	(1,151)	—
			Cancer Detection and Diagnosis Research	93.394	1U24CA264029-01	75,855	—
					1U24CA264029-02	636	—
					5U24CA210978-04	(58)	—
					5U24CA210978-06	(4,118)	—
					5U24CA264029-02	872	—
					5U24CA264029-05	4,152	—
			Cancer Treatment Research	93.395	1R01CA266642-01	8,540	—
					5R01CA219943-04	(162)	—
					5R01CA219943-05	66,133	—
					5R01CA222218-04	2,220	—
					5R01CA233626-02	37,294	—
					5R01CA233626-03	9,548	—

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						\$	—
			CONTRACT	CONTRACT	R01CA188228	4,973	—
					HHSN261201500031	9,478	—
			Drug Abuse and Addiction Research Programs	93.279	IDIQ17X149	79	—
					1U01DA053831-01	82,786	—
			Heart and Vascular Diseases Research	93.837	1U01DA053631-02	18,129	—
			Human Genome Research	93.172	U54HL127366	9,425	—
					1U24HG012090-01	10,373	—
					1UM1HG011986-01	198,387	—
					5U24HG012090-02	3,181	—
					5UM1HG011986-02	66,486	—
					UM1HG009390	20,759	—
			Trans-NIH Research Support	93.310	U01HG008699	—	—
			Cancer Biology Research	93.396	1R01CA263324-01A1	6,554	—
			Cancer Detection and Diagnosis Research	93.394	1R01CA253976-01A1	87,172	—
					5R01CA253976-02	127,302	—
			Trans-NIH Research Support	93.310	3U01DA047732-05S1	(119,270)	—
			Cancer Cause and Prevention Research	93.393	1R44CA236253-01A1	6,201	—
			Cancer Cause and Prevention Research	93.393	1R01CA244569-01A1	2,625	—
					5R01CA211707-05	121,513	—
					5R01CA244569-02	315,134	—
					5R01CA244569-03	94,561	—
			Cancer Treatment Research	93.395	1R37CA252236-01A1	2,253	—
					1R37CA252236-01A1	13,325	—
					1U10CA180886-01	(6)	—
			Cancer Treatment Research	93.395	1UG1CA189955-01	5,278	—
					1UM1CA228823-01	30,314	—
					2U10CA180886-06	13,433	—
					310CA180886-07S1	(6,193)	—
					3U10CA180886-06S1	1,944	—
					5P01CA217959-04	8,599	—
					5U10CA180886-04	—	—
					5U10CA180886-04S1	636	—
					7P01CA217959-05	42,368	—
			CONTRACT	CONTRACT	N02-CA-62212	34	—
			Nursing Research	93.361	5R01NR016223-05	34,864	—
			Cancer Treatment Research	93.395	AR04888	21,266	—
			Oral Diseases and Disorders Research	93.121	314787	95,360	—
			Cancer Cause and Prevention Research	93.393	5R01CA242218-02	—	—
					5R21CA242218-03	397,889	—
					5R21CA242218-04	24,507	—
			CONTRACT	CONTRACT	OTA-19-010	(29,521)	—
			Cancer Detection and Diagnosis Research	93.394	5UH2CA218149-03	5,084	—
			Allergy, Immunology and Transplantation Research	93.855	1R01AI146165-01A1	245	—
			Cancer Detection and Diagnosis Research	93.394	1R01AI146165-01A1	208,569	—
					5R01AI146165-02	45,683	—
			Biomedical Research and Research Training	93.859	5P01AI150471-24	1,470	—
					5P01AI150471-25	328,015	—
					5P01AI150471-26	27,362	—
			Cancer Cause and Prevention Research	93.393	5U2CA2233254-03	(143)	—
					5U2CA2233254-04	334,518	—
					5UCA2233254-05	45,771	—
			Cancer Control	93.399	2UG1CA189828-09	2,570	—
					3UG1CA189828-07S2	—	—
					5UG1CA189828-06	258,737	—
					5UG1CA189828-09	45,871	—
					5UG1CA189828-07	688	—
					5UG1CA189828-08	36,336	—
			Cancer Detection and Diagnosis Research	93.394	5U24CA196172-02	13,606	—
					5U24CA196172-03	14,564	—
			Cancer Treatment Research	93.395	3UG1CA189828-08S1	52,748	—
			CONTRACT	CONTRACT	75N91020C00019-1	134,750	—
			Allergy, Immunology and Transplantation Research	93.855	1UM1AI164562-01	86,020	—
					5R37AI112787-08	161,137	—
					5R37AI112787-09	63,907	—
					5R37AI112787-07	—	—
					5UM1AI164562-02	54,157	—
			Heart and Vascular Diseases Research	93.837	5U01HL128566-05	210	—
			Cancer Biology Research	93.396	1U01CA225730-03S1	154,792	—
					5U01CA225730-02	42,617	—
					5U01CA225730-03	10,453	—
					5U01CA225730-04	22,865	—
			Cancer Treatment Research	93.395	1U01CA260369-01	1,945	—
					1U01CA260369-02	576	—
					5R44CA156781-06	15,497	—
			21st Century Cures Act – Beau Biden Cancer Moonshot	93.353	6UM1CA154967-12	20,420	—
			21st Century Cures Act – Beau Biden Cancer Moonshot	93.353	5UM1CA154967-10	—	—
			Cancer Cause and Prevention Research	93.393	1R01CA248857-01	(23,782)	—
					1U01CA246659-01A1	(6,613)	—
					5R01CA248857-02	95,674	—
					5U01CA246659-02	8,454	—
			Cancer Detection and Diagnosis Research	93.394	5U24CA230144-04	11,559	—
					U24CA230144	19,089	—
			Cancer Treatment Research	93.395	5R01CA118953-12	15,393	—

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GEORGETOWN UNIVERSITY HARVARD MEDICAL SCHOOL			Cancer Treatment Research	93.395	5R01CA231291-03	\$ 61	—	
				5R01CA231291-04	21,484	—		
				93.866	5T32AG00222-29	30,821	—	
				5T32AG007245-37	13,178	—		
				Allergy, Immunology and Transplantation Research	93.855	5 P30 AI060354-19	3,825	—
					5 I19AI1133524-01	3,128	—	
					5P01AI056299-17	204,956	—	
					5P01AI056299-18	312,118	—	
					5P30AI060354-17	—	—	
					5P30AI060354-18	130,491	—	
					5P30AI060354-19	22,739	—	
					5R01AI146152-02	(1,529)	—	
					93.859	5R01GM056663-23	9,053	—
					5R01GM056663-24	5,235	—	
					5R01GM120574-05	(36)	—	
					5R01GM120574-06	(1,902)	—	
					5R01GM129026-04	16,644	—	
					5U41HG003751-13	(49)	—	
					93.839	5R01HL098316-11	17,163	—
				5R01HL131768-06	(49)	—		
				Blood Diseases and Resources Research	93.393	1R01CA255035-01	6,501	—
					5R01CA255035-02	27,185	—	
				Cancer Cause and Prevention Research	93.397	5P50CA240243-02	17,200	—
					5U54CA220588	—	—	
				Cancer Centers Support Grants	93.394	5UL1TR002541-03	—	—
					93.398	K08CA248960	21,866	—
				Cancer Detection and Diagnosis Research	93.395	5R01CA229851-03	—	—
					93.350	5KL2TR002542-04	151,155	—
				Cancer Research Manpower	93.398	5KL2TR002542-05	85,136	—
					93.395	5UL1TR002541-04	301,871	—
				National Center for Advancing Translational Sciences	93.350	5UL1TR002541-04S2	17,573	—
					93.310	5UL1TR002541-05	168,886	—
				Trans-NIH Research Support	93.310	5U54HG006097-02	3,467	—
					93.353	3P50CA244433-03S2	37,203	—
				21st Century Cures Act – Beau Biden Cancer Moonshot	93.353	3P50CA244433-03	88,647	—
					93.393	5P50CA244433-04	8,050	—
				Cancer Cause and Prevention Research	93.393	1R03CA256233-01	2,371	—
					93.393	5R01CA240299-02	32,610	—
				Cancer Research Manpower	93.393	5R01CA240299-03	20,057	—
					93.393	5R01CA256233-02	4,784	—
				Harvard School of Public Health	93.393	5U01CA176726-09	10,102	—
					93.393	5U01CA176726-10	1,061	—
				Cancer Research Manpower	93.398	5U01CA209414-03	(26,025)	—
					93.398	5U01CA209414-04	(51,767)	—
				Extramural Res Prgms in Neurosciences and Neurological Disease	93.853	5U01CA209414-05	87,902	—
93.837	5U01CA209414-06	30,762	—					
Heart and Vascular Diseases Research	93.837	5T32CA09001-45	35,384	—				
	93.172	5T32CA057711-27	(65)	—				
Human Genome Research	93.172	5T32CA057711-28	30,284	—				
	93.172	R01NS098023	9,336	—				
Trans-NIH Research Support	93.310	5R01HL089778-11	3,148	—				
	93.310	1U01HG012064	33,227	—				
Harvard University	93.855	2R01HG006399-10A1	36,868	—				
	93.855	2R01HG006399-11	39,401	—				
Indiana University	93.855	3P50CA244433-02S1	13,573	—				
	93.855	3P50CA244433-03S1	17,793	—				
Kaiser Foundation Research Institute	93.855	5P30AI060354-18	371,978	—				
	93.859	5P30AI060354-19	53,728	—				
Kaiser Permanente	93.172	5P01GM099117-10	73,279	—				
	93.396	CONTRACT 75N92019D00018	87,116	—				
Leidos Biomedical Research, Inc.	93.396	3U01HG007292-08S1	2,946	—				
	93.396	5R01CA251589-02	63,618	—				
Massachusetts General Hospital	93.393	5UM1CA221939-04	20,005	—				
	93.394	5UM1CA221939-05	12,035	—				
Cancer Research Manpower	93.393	1R01CA240394-03	23,439	—				
	93.394	5R01CA240394-02	12,459	—				
Cancer Detection and Diagnosis Research	93.394	5R01CA206196-05	104,568	—				
	93.394	CONTRACT HHSN261200800001E	107,142	—				
Cancer Research Manpower	93.866	75N91019D00024	—	—				
	93.394	7R01AG065254-02	15,617	—				
Cancer Research Manpower	93.394	5R01CA227156-04	135,637	—				
	93.394	5R01CA227156-05	55,576	—				
Cancer Research Manpower	93.398	5R01CA237133-03	2,643	—				
	93.398	5R01CA244975-02	(35,159)	—				
Cancer Research Manpower	93.398	5R01CA244975-03	78,729	—				
	93.398	5U19AI082630-12	—	—				
Cancer Research Manpower	93.398	5U19AI082630-13	91,414	—				
	93.398	5U19AI082630-14	18,913	—				
Cancer Research Manpower	93.398	2T32CA09216-41	54,580	—				
	93.398	2T32CA071345-21A1	—	—				
Cancer Research Manpower	93.398	5K12CA087723-19	227,904	—				
	93.398	5K12CA090354-18	(2,115)	—				
Cancer Research Manpower	93.398	5T32CA071345-23	—	—				
	93.398	5T32CA071345-23	—	—				

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES
 Supplementary Schedule of Expenditures of Federal Awards
 Year ended September 30, 2022

Federal Agency	Federal Program	Pass Through Grantor	Program Title	Assistance Listing Number	Pass-Through Grantor Identifying Number	Federal Expenditures	Expenditures Passed Through to Subrecipients
					5T32CA071345-24	\$ 276,976	—
			Cancer Treatment Research	93.395	1R01CA249062-01A1	889,172	—
					5P01CA163222-03	159,331	—
					5P01CA163222-04	45,381	—
					5P01CA163222-07	16,544	—
					5P01CA163222-08	200,288	—
					5P01CA163222-09	84,671	—
					5P01CA240239-03	16,480	—
					5P01CA240239-04	1,036	—
					5R01CA229851-04	9,270	—
			Diabetes, Endocrinology and Metabolism Research	93.847	1R01DK130839-01	5,732	—
			Heart and Vascular Diseases Research	93.837	5R01HL130539-04	—	—
					5R01HL130539-05	107	—
			Nursing Research	93.361	5R01NR016694-05	40,195	—
		MASSACHUSETTS INSTITUTE OF TECHNOLOGY	Allergy, Immunology and Transplantation Research	93.855	1R01-AI152209-01	160,989	—
					1R01-AI152209-02	10,239	—
			Cancer Biology Research	93.396	5U01CA214381-04	26,285	—
					5U01CA214381-05	555,197	—
					5U01CA215798-05	110,538	—
			Cancer Centers Support Grants	93.397	5 U54 CA217377-04	(72)	—
					5U54CA217377-03	—	—
					5U54CA217377-04	37,790	—
					5U54CA217377-05	334,683	—
					US4CA261694	213,015	—
			Cancer Detection and Diagnosis Research	93.394	5 R33 CA191143-03	(2,493)	—
					5R01CA220468-04	(2,286)	—
					5R01CA220468-05	28,159	—
		MAYO CLINIC COLLEGE OF MEDICINE	Cancer Detection and Diagnosis Research	93.394	1R01CA151801-01	44,911	—
					1R01CA151801-02	4,488	—
			Cancer Treatment Research	93.395	5UG1CA189823-05	(1,223)	—
		Media Rez LLC	Cancer Cause and Prevention Research	93.393	2R44CA232905-02A1	46,999	—
		MEDICAL COLLEGE OF WISCONSIN	Blood Diseases and Resources Research	93.839	5U24HL138660-04	31,430	—
			Heart and Vascular Diseases Research	93.837	5U01HL128568-07	23,878	—
		MEMORIAL SLOAN-KETTERING CANCER CENTER	Cancer Biology Research	93.396	5U54CA220457-04	1,016	—
					5U54CA220457-05	506,568	—
			Cancer Cause and Prevention Research	93.393	1P01CA228696-01A1	(26,082)	—
					5P01CA228696-02	216,323	—
					5P01CA228696-03	2,266	—
					5P01CA228696-02	369,272	—
					5P01CA228696-03	14,895	—
			Cancer Treatment Research	93.395	5R01CA220568-02	10,566	—
		MOFFITT CANCER CENTER	Cancer Treatment Research	93.395	5R01CA233601-02	76,997	—
					5R01CA233601-03	110,183	—
		New York University Grossman School of Medicine	Cancer Treatment Research	93.395	5R01CA244936-02	80,522	—
					5R01CA244936-03	13,914	—
					5U01CA213333-04	(70)	—
		Northeastern University	Biomedical Research and Research Training	93.859	5R01GM120272-04	883	—
					5R01GM121612-04	(3,641)	—
					5R01GM121612-05	26,257	—
			Cancer Biology Research	93.396	1R01CA233978-01A1	—	—
			Cancer Research Manpower	93.398	2R25CA174650-06	—	—
					5R25CA174650-08	12,921	—
					5R25CA174650-09	4,173	—
			Cancer Treatment Research	93.395	1R01CA251730-01	—	—
					5R01CA140292-02	(10,425)	—
					5R01CA233978-03	217,807	—
					5R01CA251730-02	46,625	—
					5R01CA251730-03	9,745	—
		NORTHWESTERN UNIVERSITY	Cancer Cause and Prevention Research	93.393	1R01CA218436-01	—	—
					5R01CA218436-05	15,469	—
					5R01CA218436-06	928	—
					NWU	4,376	—
		NRG Oncology Fdn Inc	Cancer Control	93.399	5UG1CA189867-08	34,610	—
					5UG1CA189867-09	6,285	—
			Cancer Treatment Research	93.395	5U10CA180868-05	7,000	—
					5U10CA180868-09	14,070	—
					U10CA180868	7,000	—
		Nvigen Inc	Cancer Detection and Diagnosis Research	93.394	75N91019C00035	56,016	—
		OHIO STATE UNIVERSITY	Cancer Cause and Prevention Research	93.393	1R01CA266402-01	7,554	—
			Cancer Detection and Diagnosis Research	93.394	UG1CA233338	—	—
		OREGON HEALTH SCIENCES UNIVERSITY	Blood Diseases and Resources Research	93.839	5P01HL048546-25	591	—
			Cancer Centers Support Grants	93.397	5U54CA209988-03	187	—
			National Center for Research Resources	93.389	5P01HL048546-24A1	584	—
			Heart and Vascular Diseases Research	93.837	5U54CA082973-09	(8)	—
		Pediatric Blood & Marrow Transplant Co	Cancer Detection and Diagnosis Research	93.394	1U01CA271277-01	156,916	—
		Pennsylvania State University	Trans-NIH Research Support	93.310	5R01AI145057-04	277,556	—
		PUBLIC HEALTH INSTITUTE	Cancer Treatment Research	93.395	5U10CA180794-09	220,720	—
					5 U10 CA180794-08	34,797	—
					510CA180866-06	179,354	—
					510CA180866-09	60,605	—
					5U10CA180794-08	454,288	—
					7U10CA180794-08	89,972	—
					7U10CA180886-08	62,300	—

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Supplementary Schedule of Expenditures of Federal Awards

Year ended September 30, 2022

Federal Agency	Federal Program	Pass Through Grantor	Program Title	Assistance Listing Number	Pass-Through Grantor Identifying Number	Federal Expenditures	Expenditures Passed Through to Subrecipients
					7UM1CA228823-04	\$ 3,294	—
					AR03398	31,329	—
					TBD	2,587	—
					U10CA180886	74,506	—
					U10CA180886-09	2,587	—
Research Foundation of SUNY		Cancer Treatment Research		93.395	5R01CA22434204-05	7,437	—
					7R01CA22434204-04	10,073	—
Rockefeller University		21st Century Cures Act – Beau Biden Cancer Moonshot		93.353	1U54CA243126-01	8,074	—
		Cancer Cause and Prevention Research		93.393	5R01CA204639-05	25,589	—
Roswell Park Cancer Institute		Cancer Cause and Prevention Research		93.393	1R01CA234162-01A1	—	—
Rush University		Cancer Biology Research		93.396	5R01CA225993-04	7,897	—
					5R01CA225993-05	2,241	—
Rutgers		Cancer Cause and Prevention Research		93.393	5R01CA149705-10	74,908	—
SCRIPPS RESEARCH INSTITUTE		Biomedical Research and Research Training		93.859	5U54GM103368-08	1,305	—
					5UM54GM103368-09	(322,109)	—
Seattle Children's Hospital		Allergy, Immunology and Transplantation Research		93.855	1U01AL155335-01	198,140	—
					1U01AL155335-02	264,076	—
		Biomedical Research and Research Training		93.859	7U54AH150472-10	318,671	—
					7U54AH150472-11	340,080	—
		Cancer Cause and Prevention Research		93.393	1R01CA269574-01	3,776	—
Seattle Institute for Biomedical and Cli		Cancer Cause and Prevention Research		93.393	5R01CA239208-01	—	—
					5R01CA239208-03	2,678	—
					5R01CA239208-04	7,113	—
		National Center for Advancing Translational Sciences		93.350	3U01TR02487-03S1	(138)	—
ST. JUDE CHILDREN'S RESEARCH HOSPITAL		Cancer Cause and Prevention Research		93.393	5R01CA216391-03	(361)	—
					5U54CA243124-02	(5,310)	—
					5U54CA246124-03	181,147	—
		Cancer Treatment Research		93.395	5R01CA216391-04	126,299	—
					5R01CA216391-05	136,444	—
					5UM1CA081457-22	(22,638)	—
STANFORD UNIVERSITY		Allergy, Immunology and Transplantation Research		93.855	5R01AI146152-04	21,806	—
					7R01AI146152-03	31,966	—
		Cancer Treatment Research		93.395	5R01CA218278-05	214,108	—
					7R01CA218278-04	87,132	—
					CA136851	101,822	—
		Cancer Cause and Prevention Research		93.393	R01CA136851-14	91,907	—
THE JOHNS HOPKINS UNIVERSITY		Cancer Treatment Research		93.395	5U01CA210170-05	43,719	—
					5UM1CA137443-10 REVISED	(2,772)	—
					5UM1CA137443-10-REVISED	4,833	—
					UM1CA137443-08	(38)	—
The University of Tennessee		Nursing Research		93.361	5R01NR017848-04	16,709	—
TUFTS UNIVERSITY		Discovery and Applied Res for Tech Innovations		93.286	1R56EB027683-01A1	10,749	—
UMASS Medical School		Human Genome Research		93.172	5U24HG009446-05	50,334	—
UNC Chapel Hill		Trans-NIH Research Support		93.310	5U24OK116204-04	—	—
Univ of California, Los Angeles		Cancer Detection and Diagnosis Research		93.394	5R01CA213133-04	91,778	—
		Cancer Treatment Research		93.395	5 R01 CA213133-02	—	—
					5R01CA200977-05	5,896	—
		Mental Health Research Grants		93.242	1R01MH125252-01	28,485	—
					5R01MH125252-02	27,230	—
UNIVERSITY OF ALABAMA-BIRMINGHAM		Cancer Centers Support Grants		93.397	5 P50 CA107399-14	45,170	—
					5P50CA107399-14	2,808	—
UNIVERSITY OF CALIFORNIA – S.F.		Cancer Detection and Diagnosis Research		93.394	1R01CA240582-01A1	—	—
					1R01CA248774-01A1	14,428	—
					5R01CA240582-02	150,991	—
					5R01CA240582-03	22,009	—
					R01CA248774	54,528	—
		Extramural Res Pirgms in Neurosciences and Neurological Disease		93.853	5R01NS088355-05	(625)	—
		Maternal and Child Health Federal Consolidated Programs		93.110	128205C	1,116	—
		Mental Health Research Grants		93.242	5R01MH115676-03	30,335	—
					5R01MH115676-04	109,743	—
UNIVERSITY OF CALIFORNIA – SAN DIEGO		Biomedical Research and Research Training		93.859	2P41GM103504-11	(224)	—
					5P41GM103504-12	109,020	—
					5P41GM103504-13	27,110	—
UNIVERSITY OF CALIFORNIA-SANTA CRUZ		Human Genome Research		93.172	1U01HG010971-04	16,192	—
					5U01HG010971-03	68,237	—
University of CapeTown		International Research and Research Training		93.989	1K43TW011986-01	94,910	—
					1K43TW011986-02	36,895	—
UNIVERSITY OF CHICAGO		Cancer Detection and Diagnosis Research		93.394	R37CA262781-01	2,832	—
UNIVERSITY OF COLORADO		Heart and Vascular Diseases Research		93.837	5R01HL127240-06	(38)	—
					5R01HL127240-07	32,196	—
					5R01HL127240-08	12,801	—
		Nursing Research		93.361	5U2CNR014637-09	32,135	—
University of Hawaii		Cancer Cause and Prevention Research		93.393	CA263067	34,570	—
University of Kansas Center for Research		Cancer Cause and Prevention Research		93.393	5R01CA249437-02	2,151	—
UNIVERSITY OF MICHIGAN		Cancer Centers Support Grants		93.397	5U54CA163059-09	(2,883)	—
		Cancer Detection and Diagnosis Research		93.394	3U01CA086400-20	11,331	—
					3U01CA086400-20S1	22,922	—
					U01CA086400	8,632	—
UNIVERSITY OF NORTH CAROLINA		Cancer Detection and Diagnosis Research		93.394	5R01CA201225-05	(13)	—
UNIVERSITY OF PITTSBURGH		Allergy, Immunology and Transplantation Research		93.855	5P50AI150481-15	60,000	—
		Biomedical Research and Research Training		93.859	5P50AI150481-14	—	—
					5P50AI150481-15	273,857	—

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Supplementary Schedule of Expenditures of Federal Awards

Year ended September 30, 2022

Federal Agency	Federal Program	Pass Through Grantor	Program Title	Assistance Listing Number	Pass-Through Grantor Identifying Number	Federal Expenditures	Expenditures Passed Through to Subrecipients
		UNIVERSITY OF SOUTHERN CALIFORNIA	Diabetes, Endocrinology and Metabolism Research	93.847	5R01DK123333-02	\$ 15,106	—
			Human Genome Research	93.172	1R01HG012133-01	132,377	—
		UNIVERSITY OF TEXAS AT DALLAS	Cancer Detection and Diagnosis Research	93.394	5R01CA223900-04	15,778	—
		University of Texas Health Science Center	Cancer Cause and Prevention Research	93.393	5R01CA239342-03	9,569	—
					5R01CA239342-04	14,447	—
			Cancer Centers Support Grants	93.397	P50CA098258	8,515	—
			Cancer Detection and Diagnosis Research	93.394	5U01CA200468-05	28,826	—
			Critics for Res and Demonstration for Hlth Promotino and Dis Prev	93.135	HHSN261201200341	13,657	—
			CONTRACT	CONTRACT	HHSN261201200341	16,670	—
		University of Texas, MD Anderson Cancer	21st Century Cures Act – Beau Biden Cancer Moonshot	93.353	HHSN261201200341	81,003	—
		UNIVERSITY OF WI-MADISON	Cancer Cause and Prevention Research	93.393	1U01CA253911-01	—	—
					5U01CA253911-02	8,925	—
			Cancer Control	93.399	3U01CA253911-02S1	17,847	—
		UT Southwestern Medical Center	Cancer Detection and Diagnosis Research	93.394	5U01CA230694-04	193,526	—
					5U01CA230694-06	48,142	—
					R01CA222900	45,335	—
					1 R01 AI136301-01A1	7,762	—
		VANDERBILT UNIVERSITY	Allergy, Immunology and Transplantation Research	93.855	5R01AI136301-03	43,903	—
					5R01AI136301-04	(286)	—
					5R01AI136301-05	133,656	—
		WASHINGTON UNIVERSITY	Human Genome Research	93.172	5U41HG010972-03	47,013	—
					5U41HG010972-04	72,873	—
		WEILL MED COLLEGE CORNELL UNIVERSITY	Arthritis, Musculoskeletal and Skin Diseases Research	93.846	1R56AR078686-01	16,192	—
			Cancer Biology Research	93.396	5R01CA230913-02	17,033	—
					5R01CA230913-03	—	—
			Cancer Cause and Prevention Research	93.393	5R01CA230913-04	13,232	—
					1R01CA246765-01	3,778	—
					5R01CA244500-02	(1,545)	—
					5R01CA244500-03	93,356	—
					5R01CA244500-03	36,751	—
					5R01CA246765-02	15,575	—
			Cancer Centers Support Grants	93.397	5R01CA246765-03	9,315	—
					5P50CA211024-04	(6,339)	—
					5P50CA211024-05	167,507	—
					5P50CA2110254-05	90,169	—
			Diabetes, Endocrinology and Metabolism Research	93.847	1R01DK125817-01A1	107,006	—
		Western New England University	Cancer Detection and Diagnosis Research	93.394	5R01DK125817-02	25,596	—
					1R21CA231000-01A1	6,662	—
		WHITEHEAD INSTITUTE	Cancer Biology Research	93.396	5P01CA080111-20	(661)	—
		WYSS INSTITUTE AT HARVARD UNIVERSITY	21st Century Cures Act – Beau Biden Cancer Moonshot	93.353	1U54CA244726-01	328	—
					1U54CA244726-03	102,186	—
					5U54CA244726-02	4,510	—
					5U54CA244726-03	12,242	—
					5U54CA244726-04	255,543	—
			Biomedical Research and Research Training	93.859	5R01GM131401-03	23,744	—
					5R01GM131401-04	762	—
			Cancer Biology Research	93.396	5U01CA021436-05	27,240	—
		YALE UNIVERSITY	Cancer Cause and Prevention Research	93.393	5R01CA258269-03	62,484	—
					7R01CA258269-01	27,215	—
					5R01CA207753-04	77,027	—
			Cancer Treatment Research	93.395	5R01CA207753-05	22	—
						9,862	—
		National Institute of Health Total				201,713,219	43,411,944
		U.S. Department of Health and Human Services Total				201,928,634	43,411,944
		Research and Development Cluster Total				214,236,306	44,496,412
		Other Federal Awards:					
		U.S. Department of Health and Human Services:	Health Resources and Services Administration	COVID-19: Provider Relief Fund	93.498	22,517,349	—
			Health Resources and Services Administration Total			22,517,349	—
		U.S. Department of Health and Human Services Total				22,517,349	—
		Department of the Treasury	Commonwealth of Massachusetts	COVID-19: Public Health Emergency Hospital Relief Trust Fund	21.027	5,912,547	—
		Department of the Treasury Total				5,912,547	—
		Other Federal Awards				28,429,896	—
		Total Expenditures of All Federal Awards				\$ 242,666,202	44,496,412

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES
Notes to Supplementary Schedule of Expenditures of Federal Awards
Year ended September 30, 2022

(1) Definition of Reporting Entity

The accompanying Supplementary Schedule of Expenditures of Federal Awards (Schedule) presents the activity of all federal awards of Dana-Farber Cancer Institute, Inc. and Subsidiaries (the Institute). All federal awards received directly from federal agencies, as well as federal awards passed through to the Institute from other agencies, are included on the Schedule. The Schedule also denotes Assistance Listing Numbers for each award and awards passed through from the Institute to other nonfederal subrecipient organizations.

(2) Basis of Presentation

The accounting and reporting policies of the Institute are set forth below:

Basis of Presentation

The Schedule is prepared on the accrual basis of accounting. Since the Schedule presents only a selected portion of the operations of the Institute, it is not intended to, and does not present the consolidated financial position or changes in net assets of the Institute.

(3) Indirect Costs

Indirect costs are charged to federal grants and contracts at federally approved predetermined rates. The predetermined rate for the year ended September 30, 2022 was 78%. Indirect costs recovered are included in reported federal expenditures. The Institute has elected to not use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.



KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Exhibit II

Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards

The Board of Trustees
Dana-Farber Cancer Institute, Inc.:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Dana-Farber Cancer Institute, Inc. and its subsidiaries (the Institute), which comprise the Institute's consolidated balance sheet as of September 30, 2022, and the related consolidated statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated January 18, 2023.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Institute's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Institute's internal control. Accordingly, we do not express an opinion on the effectiveness of the Institute's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Institute's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.



Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

Boston, Massachusetts
January 18, 2023



KPMG LLP
Two Financial Center
60 South Street
Boston, MA 02111

Exhibit III

**Independent Auditors' Report on Compliance for Each Major Federal Program;
Report on Internal Control Over Compliance; and Report on Supplementary Schedule of
Expenditures of Federal Awards Required by the Uniform Guidance**

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

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Dana-Farber Cancer Institute, Inc.'s (the Institute) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Institute's major federal programs for the year ended September 30, 2022. The Institute's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Institute complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Institute and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Institute's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Institute's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Institute's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS,



Government Auditing Standards, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Institute's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Institute's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Institute's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Institute's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance which is required to be reported in accordance with the Uniform Guidance and which is described in the accompanying schedule of findings and questioned costs as item 2022-001. Our opinion on each major federal program is not modified with respect to this matter.

Government Auditing Standards requires the auditor to perform limited procedures on the Institute's response to the noncompliance finding identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The Institute is also responsible for preparing a corrective action plan to address each audit finding included in our auditors' report. The Institute's response and corrective action plan were not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response or the corrective action plan.

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we did identify a deficiency in internal control over compliance that we consider to be significant deficiency.



A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2022-001 to be a significant deficiency.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on the Institute's response to the internal control over compliance findings identified in our audit described in the accompanying schedule of findings and questioned costs. The Institute is also responsible for preparing a corrective action plan to address each audit finding included in our auditors' report. The Institute's response and corrective action plan were not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response or the corrective action plan.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Supplementary Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the consolidated financial statements of the Institute as of and for the year ended September 30, 2022, and have issued our report thereon dated January 18, 2023, which contained an unmodified opinion on those consolidated financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the supplementary schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

KPMG LLP

Boston, Massachusetts
June 29, 2023

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Schedule of Findings and Questioned Costs

Year ended September 30, 2022

(1) Summary of Auditors' Results

Consolidated Financial Statements

Type of auditors' report issued on whether the consolidated financial statements were prepared in accordance with U.S. generally accepted accounting principles:

Unmodified

Internal control over financial reporting:

- Material weaknesses? Yes No
- Significant deficiencies? Yes None reported

Noncompliance material to consolidated financial statements noted?

Yes No

Federal Awards

Internal control over major program:

- Material weaknesses? Yes No
- Significant deficiencies? Yes None reported

Type of auditors' report issued on compliance for major program:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with Section 200.516(a) of Uniform Guidance?

Yes No

Identification of Major Programs

Identification of Major Programs	Assistance Listing Number
Research and Development Cluster	Various
COVID-19: Provider Relief Fund	93.498
COVID-19: Public Health Emergency Hospital Relief Trust Fund	21.027

Dollar threshold used to distinguish between Type A and Type B programs:

\$3,000,000

Auditee qualified as low-risk auditee?

Yes No

(2) Findings Relating to the Consolidated Financial Statements Reported in Accordance with Government Auditing Standards

None

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Schedule of Findings and Questioned Costs

Year ended September 30, 2022

(3) Findings and Questioned Costs Relating to Federal Awards**2022-001: Accuracy of PRF Reporting****Grantor:** Department of Health and Human Services**Program Name:** Provider Relief Fund**Federal Award Year:** October 1, 2021 through September 30, 2022**Federal Award Number:** Not available**Assistance Listing Number:** 93.498**Criteria or Requirement**

PRF recipients that received one or more payments exceeding \$10,000 in the aggregate during a Payment Received Period are required to report on several required data elements as part of the post-payment reporting process. Reporting must be completed and submitted to HRSA by the reporting dates specified by HRSA.

Additionally, Title 45 U.S. Code of Federal Regulations Part 75 (45 CFR 75), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, section Title 45 U.S. Code of Federal Regulations Part 75 (45 CFR 75), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, section 03(a) states the non-Federal entity must establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in "Standards for Internal Control in the Federal Government" issued by the Comptroller General of the United States or the "Internal Control Integrated Framework", issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

Condition Found, Including Perspective

The dollar amount of expenses reported by management in the Health Resources and Services Administration (HRSA) portal Period 2 submission (\$5,947,568) was incorrect. Management entered the total dollar amounts of expenses for Periods 1 and 2 rather than just the Period 2 expenses that should have been reported in the Period 2 submission. Period 2 expenses should have been \$884,911.

Possible Cause

The condition found results from a misinterpretation of the PRF Reporting Period 2 submission. In completing the PRF Reporting Period 2, the HRSA website automatically populated certain PRF Reporting Period 1 data into the HRSA Reporting Period 2 portal. Management interpreted this to mean that unreimbursed COVID expenses are to be reported on a cumulative basis in the PRF Reporting Period 2 and therefore overstated unreimbursed expenses for Period 1.

DANA-FARBER CANCER INSTITUTE, INC. AND SUBSIDIARIES

Schedule of Findings and Questioned Costs

Year ended September 30, 2022

Effect

Failure to ensure accuracy of amounts reported in the portal may result in HRSA relying on incomplete or inaccurate information associated to the Institute's utilization of PRF funds.

Questioned Costs

None

Statistical Validity

The sample was not intended to be, and was not, a statistically valid sample.

Repeat Finding from the Prior Year

No.

Recommendation

We recommend the Institute enhance its internal controls over PRF reporting to ensure each of the data elements reported to HRSA are accurate and result in amounts consistent with its underlying records.

Views of Responsible Officials

There was an error in PRF Reporting Period 2 due to a misinterpretation of the instructions, which resulted in the double counting of Period 1 expenses. When it was determined there was an error, the Institute immediately contacted HRSA to request re-opening of the Period 2 report to revise the reported expenses. HRSA did not allow for the re-opening of the reporting period and maintained that the adjustment should be submitted during the Institute's next reporting period. The Institute will make the adjustment in its next reporting period, Period 5, due by September 2023. The adjustment will net down Period 1 expenses and remedy the double counting issue. As the correct interpretation of the instructions is now known to the Institute, the expenses will be reported to HRSA accurately and consistent with the Institute records moving forward.