efile G	RAPHIC	print - DO NOT PROCESS	As Filed Data -			DLN:	93493057007583
orm 99	90	Return of Orga	anization Exem	pt From I	ncome Tax		OMBNo 1545-0047
Form <b>U</b>	50	Under section 501(c), 527, or be	4947(a)(1) of the Inte enefit trust or private f		Code (except black l	ung	2011
epartment of iternal Reven	the Treasury nue Service	The organization may have to	use a copy of this retu	rn to satısfy sta	ate reporting require	ments	Open to Public Inspection
For the	e 2011 ca	endar year, or tax year beginning	09-01-2011 and endi	ng 08-31-2012			
Check If	applicable	C Name of organization HOWARD HUGHES MEDICAL INSTITUTE			D Emp	loyer ic	lentification number
Address	change	Doing Business As				)7357 phone r	
Name ch	hange	Doing Dusiness As					
Initial re	turn	Number and street (or P O box if mail	is not delivered to street ad	dress) Room/suite	e	215 recent	-8500 s \$ 37,573,566,140
Termina	ted	4000 Jones Bridge Road				receipt	3 # 37,373,300,140
Amende		City or town, state or country, and ZIP Chevy Chase, MD 20815	+ 4				
Applicati	on pending				_		
		F Name and address of princi Robert Tjian PHD	pal officer		H(a) Is this a grou affiliates?	ıp retu	rn for TYes TV No
		4000 Jones Bridge Road			annates		j res je No
		Chevy Chase, MD 20815			H(b) Are all affiliate		
Tax-exe	empt status	▼ 501(c)(3)  501(c) ( ) ◀ (inse	ert no ) 🔽 4947(a)(1) or	527	If "No," attac H(c) Group exem		t (see instructions) umber 🕨
Websi	te:⊨ hhm						
		-				1050	
Part I		Corporation Trust Association	Other 🏴		L Year of formation	1953	<b>M</b> State of legal domicile D
2		ard Hughes Medical Institute is a or programs in science education					
2		s box 🖛 if the organization disc			more than 25% of r	ts net a	1 .
		f voting members of the governing	1				
		f independent voting members of t nber of individuals employed in cal	3,619				
		nber of volunteers (estimate if nec		v, me za, .	• •	5 6	5,01
·   7		elated business revenue from Part		12		7a	- 36,597,40
Ł	<b>)</b> Net unrel	ated business taxable income fror	n Form 990-T, line 34		1	7b	
					Prior Year		Current Year
⊒ 8		outions and grants (Part VIII, line			1.25	0	1 (12 22
9 10		m service revenue (Part VIII, line ment income (Part VIII, column (A			1,252		1,613,333
		revenue (Part VIII, column (A), lin			8,481		10,889,818
12	Total re	evenue—add lınes 8 through 11 (n	nust equal Part VIII, co	olumn (A ), line			
13		and similar amounts paid (Part IX			1,046,733		1,236,292,903
13		s paid to or for members (Part IX,			22,020	0	
15		s, other compensation, employee					
ŝ	5-10)				359,525	-	405,883,741
22   22   22   24   24   25   24   24		sional fundraising fees (Part IX, co		•••		0	C
_		draising expenses (Part IX, column (D), I			601,296	300	
17		expenses (Part IX, column (A), lin xpenses Add lines 13–17 (must			983,647		590,163,668
19		le less expenses Subtract line 18			63,085		152,124,644
Security 20 20 21 21 22					Beginning of Curr Year	rent	End of Year
20	Total a	ssets (Part X, line 16)			18,237,793	3,953	18,117,543,067
면 21 등 21		abilities (Part X, line 26)			2,497,927		2,336,433,771
		sets or fund balances Subtract lin	e 21 from line 20 .		15,739,866	,136	15,781,109,296
	alties of pe e and belief,	ature Block rjury, I declare that I have examined . it is true, correct, and complete. De					
	<b></b>				I		
					2013-02-25		

Sign Here	Signature of officer <u>NITIN V KOTAK VP CF</u> Type or print name an			201 Dat	13-02-25 te	
Paid Preparer's Use Only	Preparer's signature		Check If self- employed	Preparer's taxpayer identification number (see instructions)		
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN  Phone no  (202) 414-1000				

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

Form	990 (2011)				Page <b>2</b>
Par	t IIII Statement of Program Check if Schedule O contain	-			
1	Briefly describe the organization's	mission			
appro found huma	Howard Hughes Medical Institute ("I oximately \$16 billion in net assets a ling in 1953 As its charter states " in knowledge within the field of basic of for the benefit of mankind "	the end of its 2012 The primary purpose	fiscal year The missio and objective of the Ho	n of the Institute has rema oward Hughes Medical Inst	ined constant since its its its of the promotion of
2	Did the organization undertake any the prior Form 990 or 990-EZ?		ervices during the yea	r which were not listed on	∏ Yes 🔽 No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conduct services?	ng, or make sıgnıfıca	nt changes in how it co	onducts, any program	🗆 Yes 🔽 No
	If "Yes," describe these changes or	Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 5 grants and allocations to others, the	01(c)(4) organizatior	ns and section 4947(a)	(1) trusts are required to r	eport the amount of
4a	(Code ) (Expenses	\$ 730,557,881	including grants of \$	) (Revenue \$	)
	Statement 1 on Schedule O Medical Resea	rch Organization Activities	(A) The HHMI Investigator	Program (B) Janelia Farm Resea	rch Campus
4b	(Code ) (Expenses	\$ 91,869,038	including grants of \$	61,558,350 ) (Revenue \$	)
	Statement 2 On Schedule O Science Educa Education Program (C) Educational Resou				ollege and Undergraduate Science
<b>4</b> c	(Code ) (Expenses	\$ 54,231,512	including grants of \$	26,562,500 ) (Revenue \$	)
	Statement 3 On Schedule O Support for In (C)The KwaZulu-Natal Research Institute			ntıst Program (B)International Sti	ident Research Fellowships Program
4d	Other program services (Describe	e in Schedule O )			
	(Expenses \$	including grants o	of \$	) (Revenue \$	)
4e	Total program service expenses 🖛 🖇	876,658,4	31		
					Earm 990 (2011)

Par	t IV Checklist of Required Schedules			
		7	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 🔂	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🔀	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part 1</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 🕏	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 🕏	11b	Yes	
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		No
d	DId the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 🕏	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 🖏	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional "	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a		14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> " <i>Yes," complete Schedule F, Part I</i>	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV .	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the US? <i>If</i> " <i>Yes," complete Schedule F, Part III and IV</i> .	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A ), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	DId the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Y <i>es," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Page **3** 

Par	t IV Checklist of Required Schedules (continued)			-
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\cdot$ .	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> 🔞	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 👘	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

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Par				
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		tes	
	· · · · · · · · · · · · · · · · · · ·			
	<b>1a</b> 991			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable <b>1b</b> 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
20	Statements filed for the calendar year ending with or within the year covered by this			
Ь	return			
		2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	, If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	Зb	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6 h		
7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
y		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	<u>,                                    </u>		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
	Enter the aggregate amount of reserves the organization is required to maintain by			<u>.                                    </u>
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\ldots$	14b		

Form	990 (	(20	11
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ar	<b>t VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or char O. See instructions. Check if Schedule O contains a response to any question in this Part VI	ngesi		
Se	ction A. Governing Body and Management			
	eten Al coverning bouy and hanagement		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
)	Enter the number of voting members included in line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		No
	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
)	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
)	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
а	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
а	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		No
b	taxable entity during the year?	16a		No
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
,	List the States with which a copy of this Form 990 is required to be filed AK, AZ, CA, IL, IN, MD, MA, NY, O	K,OR		
•	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website V upon request			
)	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨
	ΝΙΤΙΝ V ΚΟΤΑΚ
	4000 JONES BRIDGE ROAD

. 모

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

<b>(A)</b> Name and Title	hours per week (describe					eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organızatıons
See Additional Data Table										

	990 (2011)												Page <b>8</b>
Par	t VII Section A. Officers, I	Directors, Trust	ees, K	ey E	mpl	oye	es, ar	nd Hi	ighest Compensat	ted Employees (	cont	nued)	l .
	<b>(A)</b> Name and Title					ot ch e bo is b nd a stee	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	am co	ompens from t	ated fother sation
		hours for related organizations in Schedule O)	Individual trustee or director	Highest compensated employee Key employee Officei Institutional Trustee Individual trustee or director		Highest compensate employee Key employee		Former		MISC)	0	relato rganıza	
See A	dditional Data Table												
					$\vdash$								
					$\vdash$	$\vdash$	-				+		
					┢	$\vdash$					+		
					-	-					-		
		_			-	-							
											-		
					+	+		$\square$			+		
					$\vdash$	$\left  \right $		+			-		
1b	Sub-Total							┣	l				——
	Sub-Total							•					
d	Total (add lines 1b and 1c) .	-						•	15,632,186	C	)		965,462
2	Total number of individuals (in \$100,000 of reportable compe						above	) who	o received more tha	n			
												Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>										3	Yes	
4	For any individual listed on line organization and related organ	izations greater t	han \$1	50,00	202	İf "Y	'es," co	omple	ete Schedule J for suc	ch	-		
	individual										4	Yes	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . .

#### Section B. Independent Contractors

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

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Echo Street Capital MgtLLCVia HHM	-	I
NEW YORK, NY 10022	Investment Mgt	6,051,552
Bridgewater AssocIncvia HHMI XVI 1 GLENDINNING PLACE WESTPORT, CT 06880	Investment Mgt	5,554,383
Southeastern Asset Management 6410 Poplar Avenue Suite900 MEMPHIS, TN 38119	Investment Mgt	3,967,614
Aramark Harrison Lodging 1101 Market St PHILADELPHIA, PA 19107	Conference Ctr Mgt	3,394,128
Belltower Advisors LLC Via HHMI V 220 Horizon Drive Suite 121 RALEIGH, NC 27615	INVESTMENT MGT	3,337,292
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization ►136	who received more than	

5

Νo

# Page **9**

Part V	/111	Statement of	of Revenue					
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
¥₽	1a	Federated cam	paıgns <b>1a</b>					
Ē	Ь	Membershıp du	es 1b					
DĂ	c	Fundraising eve	ents 1c					
Пts Га	d		zations 1d					
<u>la</u>		Government grant						
Contributions, gifts, grants and other similar amounts	e	-						
er	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
éé.	g	Noncash contri	butions included in					
ŧġ		lınes 1a-1f \$ _						
a C	h	Total. Add lines	s1a-1f	🕨	0			
				Business Code				
Шí	2a	RENTAL INCOME		900099	1,613,333	1,613,333		
e ve	ь				_,	_,		
Ť.								
ů,	С							
ж.	d							
Ê	е							
eri)	f	All other progra	am service revenue					
Program Service Revenue			- 2 - 26		1 (12 222			
	g		s 2a-2f		1,613,333			
	3		ome (including dividen		236,278,337		-36,391,161	272,669,498
			ar amounts)		230,278,337		-30,391,101	272,009,498
	4			· · ·	10,527,775			10,527,775
	5	Royalties			10,327,773			10,527,775
			(I) Real	(11) Personal				
	6a	Gross rents	1,614,939					
	Ь	Less rental expenses	1,766,537					
	с	Rental income or (loss)	-151,598					
	d		me or (loss)	►	-151,598		-206,240	54,642
			(I) Securities	(II) Other				
	7a	Gross amount	37,323,018,071	(,				
		from sales of assets other						
		than inventory						
	Ь	Less cost or other basis and	36,335,506,700					
		sales expenses	007 511 271					
	C .	Gain or (loss)	987,511,371		007 511 271			007 511 271
	d		s)	•	987,511,371			987,511,371
e	8a	Gross income f events (not inc ¢	rom fundraısıng ludıng					
Other Revenue			reported on line 1c) ne 18					
Ц <u>.</u> Ъ			а					
÷.	Ь		penses b					
δ	С		loss) from fundraısıng) ı	events 🔹 🗖	0			
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19 a					
	ь	Less direct ex	penses b					
	с		(loss) from gaming acti	vities 🕨	0			
	10a	Gross sales of						
		returns and allo						
			а					
	Ь	Less costofg	oodssold b					
	с	Net income or (	(loss) from sales of inv	entory 🕨	0			
		Miscellaneou	s Revenue	Business Code				
	11a	INVESTMENT REBATE	EXPENSE	900099	256,748			256,748
	b	CAFETERIA IN	NCOME	900099	189,840			189,840
	с	CASH DISCOU	JNTS	900099	73,055			73,055
	d	All other reven	ue		-6,002			-6,002
	e	Total. Add lines	s11a-11d		513,641			
				•	515,041			
	12	Total revenue.	See Instructions .	• •	1,236,292,903	1,613,333	-36,597,401	1,271,276,971 Form <b>990</b> (2011)

Check if Schedule O contains a response to any question in this Part IX									
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	53,605,881	53,605,881						
2	Grants and other assistance to individuals in the United States See Part IV , line 22	7,952,469	7,952,469						
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	26,562,500	26,562,500						
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	13,981,347	2,470,009	11,511,338	0				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,308,193	1,214,025	94,168					
7	Other salaries and wages	265,888,659	240,391,073	25,497,586					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,302,012	20,894,563	2,407,449					
9	Other employee benefits	83,933,843	74,792,532	9,141,311					
10	Payroll taxes	17,469,687	15,435,288	2,034,399					
11	Fees for services (non-employees)	1,,.05,007	13, 133,200	2,001,000					
 a	Management	0							
b		3,859,661	1,950,095	1,909,566					
c	Accounting	753,447	_,,	753,447					
d	Lobbying	, 0		,					
е	Professional fundraising See Part IV, line 17 .	0							
f	Investment management fees	71,473,092		71,473,092					
g	Other	60,793,376	52,670,785	8,122,591					
12	Advertising and promotion	0							
13	Office expenses	9,165,531	4,631,654	4,533,877					
14	Information technology	7,694,986	352,330	7,342,656					
15	Royalties	15,265		15,265					
16	Occupancy	100,637,406	98,413,074	2,224,332					
17	Travel	8,060,677	6,812,898	1,247,779					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	3,773,652	3,262,274	511,378					
20	Interest	43,346,735	895,534	42,451,201					
21	Payments to affiliates	0		T					
22	Depreciation, depletion, and amortization	102,056,186	90,410,576	11,645,610					
23	Insurance	313,085	16,481	296,604					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)								
а	LAB & OTHER SCIENTIFIC SUPPLIE	137,554,000	136,790,285	763,715					
b	MINOR EQUIPMENT & RENOVATIONS	15,049,458	14,605,424	444,034					
с	EQUIPMENT MAINTENANCE	13,170,485	11,922,520	1,247,965					
d	PRINTING AND PUBLICATIONS	4,471,905	2,208,797	2,263,108					
е									
f	All other expenses	7,974,721	8,397,364	-422,643					
25	Total functional expenses. Add lines 1 through 24f	1,084,168,259	876,658,431	207, 509, 828	0				
26	Joint costs. Check here F if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

# Part X Balance Sheet

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			0 Deginning of year	1	0
	2	Savings and temporary cash investments			705,785,736	2	804,224,304
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Receivables from current and former officers, directors, truste highest compensated employees Complete Part II of	ees, ke	y employees, and			
					0	5	о
	6	Receivables from other disqualified persons (as defined under and persons described in section 4958(c)(3)(B) Complete P				<u> </u>	
				51	0	6	0
its	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			0	8	0
Ä	9	Prepaid expenses and deferred charges			3,292,970	9	2,313,253
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	ngs, and equipment cost or other basis <i>Complete</i> 1,752,977,666				, , ,
	Ь	Less accumulated depreciation	10b	919,282,441	855,274,809	10c	833,695,225
	11	Investments—publicly traded securities			8,077,485,060	11	7,333,976,572
	12	Investments—other securities See Part IV, line 11			8,272,827,729	12	8,867,228,423
	13	Investments-program-related See Part IV, line 11	-		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			323,127,649	15	276,105,290
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			18,237,793,953	16	18,117,543,067
	17	Accounts payable and accrued expenses .			340,996,712	17	379,269,548
	18	Grants payable		110,330,242	18	127,237,303	
	19	Deferred revenue	0	19	0		
	20	Tax-exempt bond liabilities	683,000,000	20	683,000,000		
	21	Escrow or custodial account liability Complete Part IV of Sched	0	21	0		
Liabilities	22	Payables to current and former officers, directors, trustees, k employees, highest compensated employees, and disqualified					
idi		persons Complete Part II of Schedule L			0	22	0
Lik	23	Secured mortgages and notes payable to unrelated third parti			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			640,376,000	24	640,376,000
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P	ated tl	nird parties,			
		D			723,224,863	25	506,550,920
	26	Total liabilities. Add lines 17 through 25			2,497,927,817	26	2,336,433,771
es Se		Organizations that follow SFAS 117, check here ► 🔽 and contribution through 29, and lines 33 and 34.	mplete	e lines 27			
anc	27	Unrestricted net assets			15,739,866,136	27	15,781,109,296
Bal	28	Temporarily restricted net assets			0	28	0
Ř	29	Permanently restricted net assets			0	29	0
r Fund Balance		Organizations that do not follow SFAS 117, check here ► lines 30 through 34.	and co	mplete			
Assets or	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As:	32	Retained earnings, endowment, accumulated income, or other	r funds			32	
Net	33	Total net assets or fund balances			15,739,866,136	33	15,781,109,296
z	34	Total liabilities and net assets/fund balances			18,237,793,953	34	18,117,543,067
							Form <b>990</b> (2011)

	Form	990	(201	1)
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Par	Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI			ন.	
1	Total revenue (must equal Part VIII, column (A ), line 12 )	1		1,236,2	92,903
2	Total expenses (must equal Part IX, column (A), line 25)	2		1.084.1	.68,259
3	Revenue less expenses Subtract line 2 from line 1	3			.24,644
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1		366,136
5	Other changes in net assets or fund balances (explain in Schedule O )		-110,881,484		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	5,781,1	.09,296
Par	Financial Statements and Reporting           Check If Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Cother If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		No
b	Were the organization's financial statements audited by an independent accountant? $\ldots$ $\ldots$ $\ldots$	• •	2b	Yes	
с	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	🔽 Separate basis 🛛 🔽 Consolidated basis 👘 Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	Зa		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	Зb		

<u> </u>	e GR	APHIC p	rint - D	O NOT PROCESS	As Filed	l Data -			[	DLN: 9349	3057007583
		OULE A or 990EZ)		Public C	harity St	tatus a	nd Publi	c Suppo	ort	ΟΜΕ	3 No 1545-004 <b>2011</b>
		e Treasury e Service			4947(a)(1) no					<b>ZVII</b> pen to Public Inspection	
		e organizat GHES MEDICA								dentificatio	
									59-07357		
	τI			ublic Charity Stat	· 5				,	structions	
	rganı:			te foundation becaus					ox)		
L				ion of churches, or as				9)(1)(A)(I).			
2				d in <b>section 170(b)(1</b>				470(1)(4)			
3				operative hospital sei	-						
1	ন	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
		BRIGHAN ,	1 & WO M	ENS HOSPITAL,							
_	_	BOSTON									<del></del> .
5	ļ			perated for the benefit		or universit	ty owned or c	perated by	a government	ai unit desc	ribed in
-	_			(A)(iv). (Complete P				470(1)(			
5 7				r local government or	-						
	ļ	described		at normally receives	a substantial	part of its	support from	a governme	ental unit of ir	om the gene	eral public
				(A)(vi) (Complete P	art II )						
6	Γ	A commu	nıty trust	t described in <b>section</b>	170(b)(1)(A	<b>)(vi)</b> (Com	nplete Part I	[)			
)	Γ	An organ	zation th	at normally receives	(1) more tha	n 331/3% d	of its support	from contri	butions, mem	bership fees	s, and gross
		receipts f	rom actıv	vities related to its ex	cempt function	ns—subject	t to certaın e	xceptions, a	and (2) no mo	re than 331/	/3% of
		ıts suppo	rt from gr	ross investment incoi	me and unrela	ted busine	ss taxable ır	icome (less	section 511	tax) from bu	sinesses
		acquired	by the org	ganızatıon after June	30,1975 Se	e section 5	5 <b>09(a)(2).</b> (C	omplete Pa	rtIII)		
)	Γ	An organ	zation or	ganized and operated	l exclusively t	to test for p	oublic safety	See <b>section</b>	1 509(a)(4).		
L	Γ	-		ganized and operated					•	•	
		the box th		Iy supported organization in the type of supported by the type of support of support of support of support of s	orting organiz	ation and c		s 11e throu	ıgh 11h	_	e III - Other
e	Γ	By check	ng this b	ox, I certify that the	organization i	s not contr	olled directly	or indirect	ly by one or m	nore disquali	Ified persons
				ion managers and oth	ner than one o	r more pub	licly support	ed organiza	tions describe	ed in sectior	n 509(a)(1) or
F		section 5		received a written de	etermination f	rom the IRS	S that it is a	TvpeI Tvp	e II or Type I	II supportir	na organization
		check thi						• ) p = 1 / • ) p	e 11 of 1, pe 1	11 oupportin	Γ
J				2006, has the organı	zatıon accept	ed any gıft	or contributi	on from any	ofthe		
		following		rectly or indirectly c	ontrols either	r alone or to	ogether with	nersons des	scribed in (ii)		Yes No
				governing body of th					Seribed in (ii)	<b>11</b> g	
				er of a person descri		_				11g	
				lled entity of a persoi			bove?			11g(	
ı				ng information about							
				(iii)	(iv)		(v)		(vi)		
	(i)			Type of organization	Is the		Did you no	tify the	Is the		
	Name		(ii)	(described on	organızatıo col (ı) lıste	n in d in	organizat	ion in	organızatı	ion in	(vii) A mount of
	uppol		EIN	lines 1- 9 above	your goverr		col (i) of		col (ı) orga ın the U		support?
organization		ation		or IRC section (see	document		suppor	L'		31	
				instructions))	Yes	No	Yes	No	Yes	No	1

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

Total

Sch	edule A (Form 990 or 990-EZ) 2011							Page <b>2</b>
F	Complete only if your sector of the sector o	ou checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization	failed to	1)(A)(vi) o qualify
	under Part III. If the ection A. Public Support	e organization	rails to quality i	under the tests	listed below, pl	ease co	mplete	Part III.)
	endar year (or fiscal year beginning	()	(1) 2 2 2 2	()		())		
	in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2	011	(f) ⊺otal
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3			_	-			
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included or	ו						
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from							
	line 4							
	ection B. Total Support							
Cal	<b>endar year</b> (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2	011	<b>(f)</b> Total
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated							
_	business activities, whether or							
	not the business is regularly							
10	carried on O ther income (Explain in Part							
10	IV ) Do not include gain or loss							
	from the sale of capital assets							
11	Total support (Add lines 7							
12	through 10) Gross receipts from related activiti	ac atc (Saa inc						
	First Five Years If the Form 990 is			t third forwth	fifth tax waaraa -	<b>12</b>		
13	check this box and <b>stop here</b>	ior the organizat	ion's mst, second	i, cinia, iourcii, or	mun tax year as a	501(C)(3	) organi	
	-							,
	ection C. Computation of Pul							
14	Public Support Percentage for 201	•	., .	11 column (f))		14		
15	Public Support Percentage for 201					15		
16a	33 1/3% support test—2011. If the				line 14 is 33 1/39	∕₀ or more	, check	
h	and stop here. The organization qua 33 1/3% support test-2010. If the				6a and line 15 is	33 1/3%	or more	► Check this
5	box and <b>stop here.</b> The organizatio				sa, ana nie 13 15	JJ 1/J/0	or more,	
17a	10%-facts-and-circumstances test	— <b>2011.</b> If the org	anization did not	check a box on l				·
	is 10% or more, and if the organiza							
	in Part IV how the organization meeorganization	ets the "facts and	a circumstances"	test The organi	zation qualifies as	a publicl	y suppo	rted F
b	10%-facts-and-circumstances test	-2010. If the oro	anization did not	check a box on li	ine 13, 16a. 16b	or 17a an	id line	P 1
2	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza							
10	supported organization Private Foundation If the organizat	ion did not oba-l	a hay an line 17	162 166 17-	or 17h charlette	hovard	5.0.0	►
18	instructions		a pox on fille 13	, 100, 100, 1780	or it of the the tills		366	▶

Pa	rt III		for Organizations Described in IRC 509(a)(2) I checked the box on line 9 of Part I or if the organization failed to qualify under								
		Part II. If the organiz	ation fails to c	ualify under th	e tests listed be	elow, please co	omplete F	Part II.	)		
		Public Support		-			-				
Cale	ndar year	(or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2	011	<b>(f)</b> Total		
	Ciffe area	ın) nts, contributions, and							. ,		
1		hip fees received (Do not									
		ny "unusual grants ")									
2		eipts from admissions,									
-		lise sold or services									
	performed	l, or facilities furnished in									
		ity that is related to the									
	-	ion's tax-exempt									
_	purpose										
3		elpts from activities that nunrelated trade or									
		under section 513									
4		nues levied for the									
-		on's benefit and either									
	paid to or	expended on its									
	behalf										
5		of services or facilities									
		by a governmental unit to									
		ization without charge									
6		d lines 1 through 5									
7a		Included on lines 1, 2, eived from disqualified									
	persons	eiveu nom uisquaimeu									
Ь		included on lines 2 and 3									
		from other than									
	dısqualıfı	ed persons that exceed									
	the greate	er of \$5,000 or 1% of the									
		n line 13 for the year									
С		7a and 7b									
8		<b>pport</b> (Subtract line 7c									
	from line (	,									
		Total Support		1							
Cale	ndar year	(or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) 20	)11	<b>(f)</b> Total		
9	Amounts	from line 6									
, 10a		ome from interest,									
IVa		, payments received on									
		s loans, rents, royalties									
	and incon	ne from similar									
	sources										
b		l business taxable									
	•	ess section 511 taxes)									
	June 30,	nesses acquired after									
с		10a and 10b									
11		ne from unrelated									
		activities not included									
		b, whether or not the									
	business	is regularly carried on									
12		ome Do not include									
	5	ss from the sale of									
	Capital as IV)	ssets (Explain in Part									
13		port (Add lines 9, 10c,									
13	11 and 12										
14		Years If the Form 990 is f	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3	) organ	ızatıon,		
	check this	s box and <b>stop here</b>							►		
Se		Computation of Pub									
15	Public Su	pport Percentage for 2011	(lıne 8 column	(f) dıvıded by lıne	13 column (f))		15				
16	Public sup	oport percentage from 201	0 Schedule A, P	art III, line 15			16				
		· · · -	,								
Se	ction D	Computation of Invo	estment Inco	me Percenta	ae						
17		nt income percentage for 2				ו (f))	17				
			-			N. 77					
18		nt income percentage from					18				
19a		support tests—2011. If the									
<b>L</b>		33 1/3%, check this box							1/20/4 and lung		
Ь		<b>support tests—2010.</b> If the more than 33 1/3%, check									
20		oundation If the organizati									

**Part IV** Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

#### Facts And Circumstances Test

#### Explanation

THE INSTITUTE IS A MEDICAL RESEARCH ORGANIZATION FOR ITS TAXABLE YEAR ENDED AUGUST 31, 2012, AS ITS EXPENDITURES OF \$812,132,587 ON A CASH BASIS FOR THE YEAR ENDED AUGUST 31, 2011 EXCEEDED THE MRO REQUIREMENT of \$574,391,900 (3 5% OF THE HHMI ENDOWMENT)

List of hospital affiliations Hospital, City, State, Zip Code/ B&W Hospital, Boston, MA, 02115/ Children's Hosp, Boston, MA, 02115/ Children's Hosp, Cincinnati, OH, 45229/Dana-Farber, Boston, MA, 02115/Fred Hutch, Seattle, WA, 98109/JHopkins Hosp, Baltimore, MD, 21205/Mass Gen Hosp,Boston,MA,02129/MSKCC,New York,NY,10021/Nat'l Jewish,Denver,CO,80206/St\_Jude,Memphis,TN,38105/Duke-Duke Hosp,Durham,NC,27706/Emory-Univ Hosp,Atlanta,GA,30322/NYU-NYU Hosps,New York,NY,10016/OHSU-OHSU Hosp,Portland,OR,97239/Rockefeller-Hosp,New York,NY,10021/Stanford-Hosp,Palo Alto,CA,94305/UCLA-Med Ctr,Los Angeles, CA, 90095/UCSD-Med Ctr, San Diego, CA, 92093/UCSF-UCSF Hosps, San Francisco, CA, 94143/UIowa-UIowa Hosps, Iowa City,IA,52242/UMass-Med Ctr,Worcester,MA,01605/UMich-UMich Hosp,Ann Arbor,MI,48109/UPenn-UPenn Hosp, Philadelphia, PA, 19104/UT-Austin-UT Hosp, Austin, TX, 78712/UTSW-UTSW Hosps, Dallas, TX, 75390/UUtah-UUtah Hosps, Salt Lake City, UT, 84112/UWash-Med Ctr, Seattle, WA, 98195/Vanderbilt-Hosp, Nashville, TN, 37232/ADARC-aff hosp, New York, NY, 10016/ AECOM-affil hosps, New York, NY, 10461/ Baylor-aff hosps, Houston, TX, 77030/ BU-aff hosp, Boston, MA, 02126/ Brandeis-aff hsps,Waltham,MA,02254/CalTech-aff hosps,Pasadena,CA,91125/Carnegie-aff hsps,Baltimore,MD,21210/Case WR-aff hosps,Cleveland,OH,44106/CSHL-affil hosps,Cold Spring Harbor,NY,11724/CSU-affil hosp,Fort Collins,CO,80521/Columbia-aff hsps,New York,NY,10027/Cornell-aff hosps,New York,NY,14853/Harvard-aff hosps,Cambridge,MA,02138/Indiana-affil hosp,Bloomington,IN,47405/TJL-affil hosps,Bar Harbor,ME,04609/JHU-affil hosps,Baltimore,MD,21218/MichSU-affil hosps,Lansing,MI,48824/MIT-affil hosps,Boston,MA,02139/NWU-affil hosps,Evanston,IL,60208/OMRF-aff hosp,Oklahoma City,OK,73104/Princeton-aff hosps,Princeton,NJ,08544/Purdue-aff hosp,W Lafavette,IN,47907/Rutgers-affil hosp,Piscataway,NJ,08854/Salk-affil hosps,La Jolla,CA,92093/Stowers-aff hosps,Kansas City,MO,64110/SUNY-affil hosps,Stony Brook, NY, 11794/Texas A&M-aff hsp, College Station, TX, 77843/Tufts-aff hosps, Boston, MA, 02111/UAZ-affil hosp, Tucson, AZ, 85721/ UCB-affil hosps,Berkeley,CA,94720/UC-Davis-affil hsps,Davis,CA,95616/UCR-affil hosps,Riverside,CA,92521/UCSC-aff hosps,Santa Cruz,CA,95064/UChi-affil hosp,Chicago,IL,60637/UColo-aff hosp,Boulder,CO,80309/UColo-aff hosp,Denver,CO,80217/UFla-aff hosps,Gainesville,FL,32611/UIIInois-aff hsp,Urbana,IL,61801/UMD-affil hosp,Baltimore,MD,21201/UNC-affil hosps,Chapel Hill, NC, 27599/UO regon-aff hsp, Eugene, OR, 97403/UW isc-affil hosps, Madison, WI, 53706/WashU-aff hosp, St Louis, MO, 63130/YaleU-affil hosp,New Haven,CT,06520/

efile GRAPHIC pr	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493057007583									
SCHEDULE C		Political Campaign and	Lobbying	Activities	OMBNo 1545-0047					
(Form 990 or 990-EZ) Department of the Treasury	For Organi	izations Exempt From Income Ta ▶ Complete if the organiza	tion is described b	pelow.						
Internal Revenue Service		▶ Attach to Form 990 or Form 990-	EZ. ► See separat	e instructions.	Open to Public Inspection					
If the organization an then	swered "Ye	s," to Form 990, Part IV, Line 3, or	Form 990-EZ, Pa	art V, line 46 (Political Car	npaign Activities),					
	than section 5	mplete Parts I-A and B Do not complet i01(c)(3)) organizations Complete Par e Part I-A only		/ Do not complete Part I-B						
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>If the organization and</li> </ul>	anizations that anizations that <b>iswered "Ye</b> s	s," to Form 990, Part IV, Line 4, or t have filed Form 5768 (election under t have NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pr zations Complete Part III	section 501(h)) Co nder section 501(l	omplete Part II-A Do not cor h)) Complete Part II-B Do no	nplete Part II-B ot complete Part II-A					
Name of the organiza HOWARD HUGHES MEDIC		· · ·		Employerident	tification number					
	ALINSTITUTE			59-0735717						
Part I-A Comple	te if the or	ganization is exempt under	section 501(c	) or is a section 527	organization.					
in opposition to d	andıdates for	ganızatıon's dırect and ındırect politi public office in Part IV	cal campaıgn actı	vities on behalf of or						
<ul><li>2 Political expendi</li><li>3 Volunteer hours</li></ul>	tures			•	\$					
Part I-B Comple	te if the or	ganization is exempt under	section 501(c	)(3).						
		e tax incurred by the organization und		▶	\$					
2 Enter the amoun	t of any excise	e tax incurred by organization manag	ers under section	4955 🕨	\$					
3 If the organization	on incurred a s	ection 4955 tax, did it file Form 472	0 for this year?		∏Yes ∏No					
4a Was a correction	made?				🗌 Yes 🗌 No					
<b>b</b> If "Yes," describ	e ın Part IV									
Part I-C Comple	te if the or	ganization is exempt under	section 501(c	) except section 501	(c)(3).					
1 Enter the amount	t directly expe	ended by the filing organization for se	ction 527 exempt	t function activities 🕨 🕨	\$					
2 Enter the amount exempt function a	-	rganızatıon's funds contributed to ot	her organızatıons	for section 527	\$					
<b>3</b> Total exempt fun	iction expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	)-POL, line 17b 🕨 🕨	\$					
4 Did the filing orga	anızatıon file <b>F</b>	Form 1120-POL for this year?			🗌 Yes 🗌 No					
organization mac amount of politic	le payments al contributior	nd employer identification number (E For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid from irectly delivered t	m the filing organization's fi to a separate political organ	unds Also enter the nızatıon, such as a					
<b>(a)</b> Name	2	(b) Address	(c) EIN	<b>(d)</b> A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-					

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2011

Ρ	art II-A Complete if the organizatio under section 501(h)).	n is exempt under section 501(c)(3) a	nd filed Form 5768	(election						
	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) Check if the filing organization checked box A and "limited control" provisions apply									
	Limits on Lobbying (The term "expenditures" means		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals						
<b>1</b> a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)								
b	Total lobbying expenditures to influence a legis	Total lobbying expenditures to influence a legislative body (direct lobbying)								
С	Total lobbying expenditures (add lines 1a and	1b)								
d	O ther exempt purpose expenditures									
е	Total exempt purpose expenditures (add lines									
f	Lobbying nontaxable amount Enter the amoun columns									
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:								
	Not over \$500,000	20% of the amount on line 1e								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000								
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000								
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000								
	Over \$17,000,000	\$1,000,000								
g	Grassroots nontaxable amount (enter 25% of	ine 1f)								
h	Subtract line 1g from line 1a If zero or less, er	nter -0 -								
i	Subtract line 1f from line 1c If zero or less, en	ter - 0 -								
j	If there is an amount other than zero on either section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 47	20 reporting	∏Yes ∏No						

Schedule C (Form 990 or 990-EZ) 2011

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

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
с	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2011

Page 2

#### Schedule C (Form 990 or 990-EZ) 2011

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

	(election under section 501(n)).		<u> </u>	1		
	4	(a	a)		(b)	
		Yes	No	/ /	Amou	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
С	Media advertisements?		No			
d	Mailings to members, legislators, or the public?	Yes				
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities? If "Yes," describe in Part IV	Yes				1,239
j	Total lines 1c through 1i					1,239
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ectio	'n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Г	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		Г	3		
Par	t IIII-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	'n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Mailings to members, legislators, or the public	Schedule C, Part II-B, line 1d (Mailings)	During the fiscal year, HHMI engaged in minimal lobbying activities in connection with proposed Loudoun County Board of Supervisors action regarding public transportation, specifically the extension of the Dulles Corridor Metrorail project Members of HHMI management sent emails to Loudoun County Supervisors on this issue on behalf of HHMI, involving negligible amounts of staff time
	Schedule C, Part II-B, line 1ı (Other Activities)	During the fiscal year, HHMI was a member of a number of non- profit organizations that engaged in lobbying activities on behalf of their memberships HHMI is reporting as lobbying expenditures a portion of the membership dues that HHMI paid to these organizations

Schedule C (Form 990 or 990EZ) 2011

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN: 9	3493057	007583
SCHEDULE D					4	OMB No 15	45-0047
(Form 990)		mental Financi				201	11
Department of the Treasury Internal Revenue Service	Part IV, line 6,		ered "Yes," to Form 990 11d, 11e, 11f, 12a, or 12 parate instructions.			Open to Inspec	
Name of the organi HOWARD HUGHES MED				_	oyer ident if i	cation numl	ber
Part I Organi	izations Maintaining Dong	or Advised Funds	or Other Similar F		735717 r Accoun	ts. Comple	ete if the
	ation answered "Yes" to For	m 990, Part IV, line	6.			· · ·	
		(a) Dono	r advised funds	(1	<b>o)</b> Funds and	d other acco	unts
<ol> <li>Total number at</li> <li>Aggregate cont</li> </ol>	cributions to (during year)						
	its from (during year)						
	e at end of year						
	ation inform all donors and donoi	r advisors in writing tha	at the assets held in dor	l nor advis	ed		
funds are the o	rganization's property, subject to ration inform all grantees, donors	o the organization's exc	clusive legal control?			∏ Yes	∏ No
used only for c	haritable purposes and not for the ermissible private benefit					∏ Yes	∏ No
	rvation Easements. Comp			o Form	990, Part	IV, lıne 7.	
Preservati Protection	conservation easements held by on of land for public use (e g , rec of natural habitat		< all that apply) Preservation of ar Preservation of a			-	ea
	on of open space			_			
	: 2a–2d if the organization held a ne last day of the tax year	qualified conservation	contribution in the form	n of a cor			
- Total number o	f conservation easements			22	Held at t	he End of th	e Year
-	restricted by conservation easen	nents		2a 2b			
	servation easements on a certifie		cluded in (a)	20 2c			
-	servation easements included in		. ,	2d			
	servation easements modified, tr				organizatio	n durina	]
	ar ►			cu by che	, organizatio	in during	
<b>4</b> Number of stat	es where property subject to con	convotion accoment is					
	nization have a written policy rega				uolations a	nd	
	the conservation easements it h		ntoring, inspection, nan		noiations, a	T Yes	∏ No
<b>6</b> Staff and volun	teer hours devoted to monitoring	i, inspecting and enforc	ing conservation easem	nents du	rıng the yea	r 🕨	
	enses incurred in monitoring, ins	pecting, and enforcing	conservation easement	s durıng	the year		
►\$							
	servation easement reported on ) and 170(h)(4)(B)(II)?	line 2(d) above satisfy	the requirements of sec	ction		∏ Yes	∏ No
balance sheet,	escribe how the organization repo and include, if applicable, the tex n's accounting for conservation e	xt of the footnote to the					
	izations Maintaining Colle ete if the organization answe			or Oth	er Simila	r Assets.	
art, historical t	tion elected, as permitted under s reasures, or other similar assets t XIV, the text of the footnote to	held for public exhibit	ion, education or resear	ch in furi			:e,
historical treas	tion elected, as permitted under s sures, or other similar assets hel owing amounts relating to these	d for public exhibition,					
(i) Revenues I	ncluded in Form 990, Part VIII, I	line 1			►\$		
(ii) <sub>Assets</sub> incl	luded in Form 990, Part X				►\$		
	tion received or held works of art nts required to be reported under			or financ	ıal gaın, pro	vide the	
<b>a</b> Revenues inclu	ıded ın Form 990, Part VIII, lıne	1			►\$		

Sche	dule D (Form 990) 2011										Page <b>2</b>
Par	Organizations Maintaining Co	llections of Art	t, His	tori	cal Tre	asures,	or Othe	er Simila	r Asse	ets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing tha	at are a si	gnificant	use of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan or	exchange	program	s			
b	✓ Scholarly research		е	Γ	Other						
с	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	iin hov	v the	y further t	the organı	zatıon's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar	Г	Yes	∏ No
Ра	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						wered "`	Yes" to Fo	rm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		-			ons or oth	er assets	not	Г	Yes	✓ No
Ь	If "Yes," explain the arrangement in Part XIV	v and complete the	follow	ing t	able						
									Amo	unt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo		e 21?						I	Yes	I No
b	If "Yes," explain the arrangement in Part XIV						000 0-		10		
Ра	rt V Endowment Funds. Complete	If the organizatio		were Prior		to Form c)Two Year		rt IV, line )Three Years I		e)Four Ye	ears Back
1a	Beginning of year balance	(2)	(-)	,		<b></b>		,		-,	
b	Contributions										
с	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
£	and programs										
r	Administrative expenses End of year balance										
g											
2	Provide the estimated percentage of the yea	r end balance held	as								
a	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment 🕨										
с За	Term endowment Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are held a	nd admın	stered fo	r the		Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(11), are the related organizatio	•							3b		
4	Describe in Part XIV the intended uses of th	-									
Pa	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa								
	Description of property				Cost or oth (Investme		st or other s (other)	(c) Accumu depreciat		<b>(d)</b> Boo	ok value
1a	Land		•		807,7	'37	37,588,922			3	8,396,659
	Buildings		•		10,496,6	61 6	77,234,372	158,80	)5,236	52	8,925,797
	Leasehold improvements		•		2,878,4		51,383,379		51,009		2,100,834
d	Equipment			1		5	21,221,362	377,82	20,920	14	3,400,442

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

. . . . . .

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e Other .

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Schedu	(Earm	000)	2011

50,871,493

833,695,225

495,276

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50,445,321

. . . .

921,448

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Schedule D (Form 990) 2011		Page <b>3</b>
Part VII Investments—Other Securities. Se (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)PRIVATE EQUITY & REAL ESTATE	8,348,986,797	F_
(B) NATURAL RESOURCES	466,289,081	F_
(C) ALTERNATIVE INVESTMENTS	51,952,545	F_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	▶ 8,867,228,423	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	•	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col.(B) lin		
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
SHORT POSITIONS	118,422,313	
REPURCHASE OBLIGATIONS & INT P	103,199,481	
INVESTMENT PURCHASES PENDING S	12,869,691	
MANAGEMENT FEES PAYABLE OPTIONS PAYABLE	10,986,491	
DEFERRED COMPENSATION LIABILIT	1,220,060 19,101,797	
CURRENCY EXCHANGE CONTRACTS PA	8,160,889	
SWAP UNREALIZED LOSS	232,549,948	

 Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )
 506,550,920

 2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

40,250

PAYABLE REALIZED GAINS ON FUTU

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1,236,292,903 1 1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 1,084,168,259 Total expenses (Form 990, Part IX, column (A), line 25) 3 3 152,124,644 Excess or (deficit) for the year Subtract line 2 from line 1 4 4 -110,881,484 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) 9 9 -110,881,484 Total adjustments (net) Add lines 4 - 8 41,243,160 10 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements . . . . . . . 1 1,032,777,627 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a а -110,881,4842b b Donated services and use of facilities Recoveries of prior year grants 2c С 2d d Other (Describe in Part XIV) . . . . . . Add lines 2a through 2d е - -2e -110,881,484Subtract line **2e** from line **1** . 3 1,143,659,111 3 . . . . . . . . . Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 92,633,792 а 4b b Add lines **4a** and **4b** . . . . . . . . . . . С **4c** 92,633,792 Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12) . . . . . . 5 5 1,236,292,903 Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial 991,534,468 statements . . . . . . . . . . . . . . . 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 2a Donated services and use of facilities . . . . а b Prior vear adjustments 2b 2c С Otherlosses . . . . . . . . . Other (Describe in Part XIV) . . . . . 2d d e Add lines 2a through 2d . . . . . . . . . . . . . . . . 2e 3 3 991,534,468 . . Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 Investment expenses not included on Form 990, Part VIII, line 7b . . а 4a 92,633,791 b 4b С . . . . . . . . . **4c** 92,633,791 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) . . . . . 5 5 1,084,168,259 Part XIV Supplemental Information

# Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

Schedule D (Form 990) 2011

Page 4

## **Additional Data**

#### Software ID:

Software Version:

**EIN:** 59-0735717

Name: HOWARD HUGHES MEDICAL INSTITUTE

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

1 (a) Description of Liability	(b) A mount
SHORT POSITIONS	118,422,313
REPURCHASE OBLIGATIONS & INT P	103,199,481
INVESTMENT PURCHASES PENDING S	12,869,691
MANAGEMENT FEES PAYABLE	10,986,491
OPTIONS PAYABLE	1,220,060
DEFERRED COMPENSATION LIABILIT	19,101,797
CURRENCY EXCHANGE CONTRACTS PA	8,160,889
SWAP UNREALIZED LOSS	2 3 2 ,5 4 9 ,9 4 8
PAYABLE REALIZED GAINS ON FUTU	40,250

efile	e GRAPHIC print - DC	D NOT	PROCESS	As Filed Da	ta -	DLN:	93493057007583
	EDULE F	Stat	ement of A	Activities (	<b>Outside the Unit</b>	ed States	OMBNo 1545-0047
	n 990)		-	Part IV, line	n answered "Yes" to Form 14b, 15, or 16. See separate instructions		2011
	ent of the Treasury Revenue Service						Open to Public Inspection
	of the organization					Employer ider	tification number
) VVA	ARD HUGHES MEDICAL I	INSIII	UTE			59-0735717	
Par	t I General Inform "Yes" to Form 99				he United States. C	omplete if the organ	ization answered
	For grantmakers. Does assistance, the grantee the grants or assistanc For grantmakers. Describ	es'elig e?	bility for the	grants or assu	stance, and the select	on criteria used to av	vard 🔽 Yes 🥅 No
	United States	e ini u				or grane rando outorae	
	Activites per Region (Use	e Part \	/ if additional s	pace is needed	)		
	<b>(a)</b> Region		(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	région (by type) (e g ,	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	expenditures for region/investments in region
	Sub-Saharan Afrıca				Grantmakıng	Grants for TB/HIV	527,500
	Europe (Including Icelanc Greenland)				Grantmakıng	Int'l Research Scholar	12,010,000
	Europe (Including Iceland Greenland)	dand			Grantmakıng	Grants for TB/HIV	75,000
	Europe (Including Icelanc Greenland)	d and			Investments		891,600,509
	East Asia and the Pacific				Grantmakıng	Int'l Research Scholar	6,220,000
	East Asia and the Pacific				Investments		557,505,454
	South America				Grantmakıng	Int'l Research Scholar	3,145,000
	South America				Investments		81,429,303
	North America				Grantmakıng	Int'l Research Scholar	2,500,000
	North America				Investments		233,479,174
	Sub-Saharan Africa				Grantmakıng	Int'l Research Scholar	1,930,000
	Sub-Saharan Afrıca				Investments		11,719,440
	South Asıa				Grantmakıng	Int'l Research Scholar	715,000
	South Asıa				Investments		86,769,465
	Central America and the Caribbean				Investments		3,076,491,299
	Sub-Saharan Africa			1	Program Services	MEDICAL RESEARCH	27,669,012
b	Sub-total Total from continuation sh to Part I <b>Totals</b> (add lines 3a and 3			1			4,993,786,156

Schedule F (Form 990) 2011

Page **2** 

1	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> A mount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> A mount of of non-cash assistance	( <b>h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

		the Tradition data to			<u> </u>		
Use Part V if a	other Assistance	to Individuais needed	Outside the Unit	:ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method o valuation (book, FMV, appraisal, othe
			L				
					1		
					1		
				<u> </u>	1		
				<u> </u>	1		
	+			+			+

Schedule F (Form 990) 2011 Page 4 Part IV Foreign Forms 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the V Yes No organization may be required to file Form 926 (see instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be 7 Yes No required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign 7 Yes Νo Corporations. (see instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Yes Νo Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) ন 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. 7 Yes Νo (see instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form Yes No ন 5713).

Schedule F (Form 990) 2011

## Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Monitoring of foreign grant funds	Schedule F, Part 1, Line 2	During its 2012 fiscal year, HHMI continued to support International Research Scholars selected through one or more competitions open to all eligible applicants. Eligibility requirements included, but were not limited to, a full-time appointment at a nonprofit scientific research organization in a country other than the United States, and a research focus on basic biological processes or disease mechanisms. Qualified applicants were evaluated by a panel of scientific experts with final selections made by HHMI leadership. The disbursement of grant funds to support the work of International Early Career Scientists and Senior International Research Scholars is made in accordance with all applicable US laws. Funds are paid to an institutional account in order to monitor the activities and productivity of the grants, each scientist is required to submit an annual progress report concerning his or her research and each grantee institution is required to submit annual financial reports. These reports are reviewed by HHMI staff. Site visits and audits are conducted if warranted and grantees attend scientific meetings of HHMI US-based scientists. HHMI makes regular expenditures as part of its commitment of over \$70 million to support the KwaZulu-Natal Research Institute for Tuberculosis and HIV (K-RITH) over 10 years. As discussed in further detail on Schedule O, HHMI and the University of KwaZulu-Natal (UKZN) in South Africa have collaborated on establishing K-RITH as an international research center in Durban, South Africa K-RITHs mission is the conduct of outstanding basic scientific research on tuberculosis (TB) and HIV, translating the scientific findings into new insights or tools to control the devastating co-epidemic of TB and HIV, and helping to train a new generation of scientists in Africa K-RITH was registered in 2011 as an independent non-profit association incorporated under South Africa law. More information about K-RITH is available from tis website, (http //www k-rith org/). As part of its oversight of

Schedule F (Form 990) 2010

#### Software ID:

#### Software Version:

**EIN:** 59-0735717

Name: HOWARD HUGHES MEDICAL INSTITUTE

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	HIV/TB research	527,500	WT			
		Europe/Iceland/Greenland	HIV/TB Research	75,000	Check			
			HIV/TB Research	300,000	WT & Check			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(n) Description of	(1) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	Intl Early	1,430,000	WT			
			Career					
			Scholar					
		South America	Intl Early	715,000	WT			
			Career					
			Scholar					
		Europe/Iceland/Greenland	Intl Early	1,430,000	WT			
			Career					
			Scholar					

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(N) Description of	(1) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	Intl Early	1,430,000	WΤ			
			Career					
			Scholar					
		Europe/Iceland/Greenland	Intl Early	715,000	WΤ			
			Career					
			Scholar					
		Europe/Iceland/Greenland	Intl Early	715,000	WT			
			Career					
			Scholar					

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
			Intl Early	715,000	WΤ			
			Career Scholar					
		Europe/Iceland/Greenland	· ·	715,000	WΤ			
			Career Scholar					
		Europe/Iceland/Greenland		715,000	WT			
			Career Scholar					

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(C) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	Intl Early	715,000	WΤ			
			Career					
			Scholar					
		East Asıa/Pacıfıc	Intl Early	715,000	WΤ			
			Career					
			Scholar					
		Europe/Iceland/Greenland	Intl Early	715,000	WT			
			Career	-				
			Scholar					

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
			Intl Early Career Scholar	715,000	WТ			
			Intl Early Career Scholar	715,000	WT			
		Asıa/Pacıfıc	Intl Early Career Scholar	2,860,000	WT			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(C) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	Intl Early	715,000	WΤ			
			Career					
			Scholar					
		East Asıa/Pacıfıc	Intl Early	715,000	WΤ			
			Career					
			Scholar					
		Europe/Iceland/Greenland	Intl Early	715,000	WT			
			Career	-				
			Scholar					
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
-----------------------------	--	--------------	---------------------------------	------------------------------	---------------------------------------	--	---	---
		Asıa/Pacıfıc	Intl Early Career Scholar	715,000	WT			
		Afrıca	Intl Early Career Scholar	715,000	WΤ			
		Africa	Intl Early Career Scholar	715,000	WT			

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		Asıa/Pacıfıc	Intl Early Career Scholar	715,000	WΤ			
			Senıor Intl Research Scholar	500,000	WΤ			
			Senıor Intl Research Scholar	500,000	WT			

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		Senıor Intl Research Scholar	500,000	WT			
		Senıor Intl Research Scholar	500,000	WT			
		Senıor Intl Research Scholar	1,000,000	wт			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
			Senior Intl Research Scholar	500,000	WΤ			
		North America	Senior Intl Research Scholar	500,000	WT			
			Senior Intl Research Scholar	500,000	WT			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash dısbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		Senior Intl Research Scholar	500,000	WT			
		Senior Intl Research Scholar	500,000	WT			
		Senıor Intl Research Scholar	500,000	WT			

(a) Name of organızatıon	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		Asıa/Pacıfıc	Senıor Intl Research Scholar	500,000	WT			

efile GRAPHIC pri	int - DO NOT	PROCESS As	Filed Data -				D	LN: 93493057007583
Schedule I								OMBNo 1545-0047
(Form 990)				er Assistance to				2011
				I Individuals in t				2011
Department of the Treasury Internal Revenue Service		Complet		answered "Yes," to Forn IP Attach to Form 990	1 990, Part IV, line 21 or	<i>ZZ</i> .		Open to Public Inspection
Name of the organization							Employer ident	ification number
HOWARD HUGHES ME	DICAL INSTIT	UTE					59-0735717	
Part I General	Informatio	n on Grants and	Assistance					
the selection crit	eria used to awa	ard the grants or ass	ustance?	grants or assistance, the f grant funds in the Unite				. 🔽 Yes 🗌 No
Part II Grants a Form 990	nd Other As	sistance to Gov 21 for any recipi	ernments and O ent that received r	rganizations in the nore than \$5,000. Ch	United States. Cor eck this box if no one	e recipient received	d more than \$5	,000. Use
Part IV a	na Schedule I		additional space is	needed				· · · · ► Γ
(a) Name and addre organization or government		(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Descriptio non-cash assisi	
See Addıtıonal Data	Table							
				ed in the line 1 table .				• 76
				-			_	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) EXROP Program	93	507,650			
(2) Gilliam Fellowships	26	604,500			
(3) Science Education Fellows	1	36,915			
(4) International Predoctoral Fellowship Program	89	3,805,500			

### Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Monitoring of Grants funds	Schedule I, Part 1, Line 2	HHMI awards institutional grants in support of precollege, undergraduate, and graduate education in the U.S. through periodic national competitions for which select institutions are eligible to apply. Each program sets out specific criteria and objectives, proposals are evaluated by a panel of experts with the final selection made by HHMI leadership. The Institute also awards fellowships to international predoctoral students, to medical students seeking to conduct basic laboratory research, to doctoral students (the Gilliam Fellows), and to early career physician scientists. These grants are also awarded on a competitive basis. A small number of grants are awarded based on direct application to HHMI for specific initiatives directly related to science education. The disbursement of funds occurs principally through institutions biomedical research institutions, universities, and colleges. HHMI grantees are required to file annual progress reports that detail expenditures in accordance with the terms of the grant, as well as full description of program activities undertaken with the funds. These are subject to careful review and analysis by HHMI staff with more detailed review by the Institute auditors as warranted. The Institute continues to assess reporting requirements to ensure the quality and timeliness of both financial and programmatic reports. In addition to site visits made by HHMI staff, program directors meet on a regular basis to discuss their activities and share information about best educational practices.

Schedule I (Form 990) 2011

### Software ID:

#### Software Version:

**EIN:** 59-0735717

Name: HOWARD HUGHES MEDICAL INSTITUTE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
Travel Exps paid- behalf-grantees- AMR Corp4333 Amon Carter Blvd Fort Worth, TX 76155	75- 1825172		8,937				EXROP Program - Housing
Harvard University Harvard University Cambridge, MA 02138	04- 2103580	I 501 (c) (3)	36,730				EXROP Program - Housing

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
Housing paid- behalf-grantees- International House 500 Riverside Drive New York, NY 10027	13- 1624048		20,101				EXRO P Program - Housing
UC - Los Angeles UC - Los Angeles Los Angeles,CA 90095	95- 6006143	501 (c) (3)	7,651				EXRO P Program - Housing

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Harvard Stem Cell InstituteHarvard Stem Cell Institute Cambridge, MA 02138	-04 2103580	501 (c)(3)	13,230				EXROP Program - Housing
Cold Spring Harbor LabCold Spring Harbor Lab Cold Spring Harbor, NY 11724	-11- 2013303	501 (c)(3)	8,250				EXROP Program - Housing

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
California Institute of Technology California Institute of Technology Pasadena, CA 91125	95- 1643307	501 (c)(3)	6,601				EXROP Program - Housing
Travel Exps paid- behalf-grantees- Longwood Inn123 Longwood Avenue Brookline, MA 02446	04- 2932331		15,620				EXROP Program - Housing

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WETA 3939 Campbell Avenue Arlington, VA 22206	-53 0242992	501(c)(3)	125,000				Greater PBS Newshour
Audubon Naturalıst Soc8940 Jones Mıll Road Chevy Chase, MD 20815	53- 0233715	501 (c)(3)	50,000				Precollege Local Inititative

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	( <b>d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Chesapeake Bay Foundation162 Prince George Street Annapolis, MD 21401	52- 6065757	501 (c)(3)	150,000				Precollege Local Inititative
Montgomery Cty PS Educ Found850 Hungerford Drive Rockville, MD 20850	52- 1804509	501 (c)(3)	545,000				Precollege Local Inititative

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PG County Public Schools14201 School Lane Upper Marlboro, MD 20772	52- 6000992	MD county	40,000				Precollege Local Inititative
Loudoun Cty Public Schools 21000 Education Court Leesburg, VA 20176	54- 6001395	VA county	1,000,000				PreCollege Science - Other

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NYUNew York University New York, NY 10003	13- 5562308	501 (c)(3)	30,000				NOVA
Univ of Minnesota Univ of Minnesota Minneapolis, MN 55415	41- 6007513	501 (c)(3)	120,000				Summer Institute

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Grinnell College Grinnell College Grinnell, IA 50112	43- 0680387	501 (c)(3)	285,000				Summer Institute
Evergreen State CollegeEvergreen State College Olypmia, WA 98195	-91 0826533	501 (c)(3)	120,000				Summer Institute

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
Indiana Univ of PennsylvaniaIndiana Univ of Pennsylvania Indiana,PA 15705		1 = 501(c)(3)	55,000				Summer Institute
Univ of Colorado Univ of Colorado Boulder, CO 80309	-84 6000555	501(c)(3)	120,000				Summer Institute

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Harvard University Harvard University Cambridge, MA 02138	04- 2103580	501(c)(3)	120,000				Summer Institute
Louisiana State Univ-A&MLouisiana State Univ-AM Baton Rouge, LA 70803	-72 6000848	501 (c)(3)	120,000				Summer Institute

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
University of GeorgiaUniversity of Georgia Athens, GA 30602	-58 6001998	501 (c)(3)	120,000				Summer Institute
Biological Sciences Curriculum Study Colorado State University Colorado Springs, CO 80918	84- 0622557	501 (c)(3)	170,000				BSCS-NOVA

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
ResearchAmerica 1101 King Street Ste 520 Alexandria,VA 22314	-52 1609875	501(c)(3)	25,000				Assessment
National Academy of Sciences2101 Constitution Avenue NW Washington, DC 20001	53- 0196932	501(c)(3)	300,000				Local A rea

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Foundation for NIH 9650 Rockville Pike Bethesda, MD 20814	-52 1986675	501 (c)(3)	140,000				Local Area
UC - San DiegoUC - San Diego La Jolla,CA 92093	- 39 6054285	501 (c)(3)	26,000				Interdisciplinary Research Training

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Massachusetts General Hospital Massachusetts General Hospital Boston, MA 02129	- 04 2697983	501(c)(3)	29,000				Interdisciplinary Research Training
UC - IrvineUC - Irvine Irvine,CA 92717	-95 2226406	501(c)(3)	30,000				Interdisciplinary Research Training

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	( <b>g)</b> Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Purdue University Purdue University West Lafayette, IN 47907	35- 6002041	501(c)(3)	300,000				Curricullum Collaborative
University of Maryland University of Maryland Baltimore, MD 21201	52- 6002033	501(c)(3)	300,000				Curricullum Collaborative

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Maryland University of Maryland College Park, MD 21250	52- 6002033	501(c)(3)	300,000				Curricullum Collaborative
University of MiamiUniversity of Miami Coral Gables, FL 33146	-59 0624458	501 (c)(3)	300,000				Curricullum Collaborative

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Allegheny College Allegheny College Meadville,PA 16335	25- 0965212	L 501 (c) (3)	1,500,000				College
Bard CollegeBard College AnnandaleonHudson, NY 12504	14- 1713034	501 (c)(3)	800,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
Barnard College Barnard College New York, NY 10027	13- 1628149	501 (c)(3)	1,000,000				College
Bryn Mawr College Bryn Mawr College Bryn Mawr, PA 19010	23- 1352621	501 (c)(3)	1,000,000				College

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
Cal-State Fullerton Cal-State Fullerton Fullerton, CA 92831		501 (c)(3)	1,200,000				College
Carleton College Carleton College Northfield, MN 55057	-41 0694747	501 (c)(3)	1,000,000				College

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Carroll College Carroll College Helena, MT 59625	81- 0231774	501(c)(3)	1,000,000				College
College of CharlestonCollege of Charleston Charleston, SC 29424	57- 6000265	501 (c)(3)	1,400,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUNY Hunter CollegeCUNY Hunter College New York, NY 10021	13- 1988190	501(c)(3)	1,000,000				College
Franklın & Marshall CollegeFranklın Marshall College Lancaster, PA 17604	23- 1352635	501(c)(3)	1,400,000				College

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Georgetown College Georgetown College Georgetown, KY 40324		501(c)(3)	1,100,000				College
Gettysburg College Gettysburg College Gettysburg, PA 17325	23- 1352641	501 (c)(3)	1,300,000				College

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
Gonzaga UniversityGonzaga University Spokane, WA 99258	91- 0236600	501 (c)(3)	1,200,000				College
Grinnell College Grinnell College Grinnell, IA 50112	43- 0680387	501 (c)(3)	1,000,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Hamline University Hamline University St Paul, MN 55104		I 501 (C) (3)	1,100,000				College
Harvey Mudd CollegeHarvey Mudd College Claremont, CA 91711	95- 1911219	501 (c)(3)	1,200,000				College

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
Hope CollegeHope College Holland, MI 49423	-38 1381271	501(c)(3)	1,000,000				College
Juniata College Juniata College Huntingdon, PA 16652	23- 1352652	I 501 (C) (3)	1,000,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lafayette College Lafayette College Easton, PA 18042	24- 0795686	501(c)(3)	800,000				College
Lewis & Clark CollegeLewis Clark College Portland, OR 97219	-93 0386858	501 (c)(3)	1,000,000				College

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
Luther College Luther College Decorah, IA 52101	42- 0680466	501 (c)(3)	1,500,000				College
Macalester College Macalester College St Paul, MN 55105		501 (c)(3)	1,300,000				College
(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
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Milsaps College Milsaps College Jackson, MS 39210	-64 0303084	501(c)(3)	1,400,000				College
Morehouse College Morehouse College Atlanta, GA 30314	-58 0566205	501 (c)(3)	800,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
North Carolina Central University North Carolina Central University Durham, NC 27707	- 56 6000730	501 (c)(3)	1,400,000				College
O berlın College O berlın College O berlın, O H 44074	34- 0714363	501(c)(3)	800,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section If applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Pomona College Pomona College Claremont, CA 91711	95- 1664112	501(c)(3)	1,200,000				College
San Francisco State University San Francisco State University San Francisco, CA 94132	93- 1137247	501 (c)(3)	1,500,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Scripps College Scripps College Claremont, CA 91711	95- 1664123	501(c)(3)	1,200,000				College
Smith CollegeSmith College Northampton, MA 01063	-04 1843040	1 - 501(c)(3)	1,000,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
Southwestern University Southwestern University Georgetown, TX 78626	74- 1233796	I = 501(c)(3)	1,300,000				College
Spelman College Spelman College Atlanta,GA 30314	-58 0566243	I 501 (c) (3)	1,000,000				College

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
St Olaf CollegeSt Olaf College Northfield, MN 55057	41- 0693979	L 501 (C) (3)	1,000,000				College
Swarthmore College Swarthmore College Swarthmore, PA 19081		501 (c)(3)	1,000,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Tougaloo College Tougaloo College Tougaloo, MS 39174	-64 0303093	501 (c)(3)	1,300,000				College
Tuskegee University Tuskegee University Tuskegee, AL 36088	63- 0288878	501 (c)(3)	1,000,000				College

(a) Name and address of organızatıon or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ of Puerto Rico CayeyUniv of Puerto Rico Cayey Cayey,PR 00736	-66 0433766	501(c)(3)	900,000				College
Univ of Puerto Rico MayaguezUniv of Puerto Rico Mayaguez Mayaguez, PR 00681	66- 0433761	501(c)(3)	1,300,000				College

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
Univ of Minnesota- MorrisUniv of Minnesota-Morris Morris, MN 56267	41- 6007513	I 501 (C) (3)	1,200,000				College
Univ of Richmond Univ of Richmond Richmond, VA 23173	-54 0505965	501 (c)(3)	1,400,000				College

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Univ of Texas Pan AmericanUniv of Texas Pan American Edinburg, TX 78539	74- 6003942	501 (c)(3)	1,200,000				College
Ursinus College Ursinus College Collegeville, PA 19426	23- 1177930	501 (c)(3)	800,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
Washington & Lee University Washington Lee University Lexington, VA 24450	54- 0505977	501 (c)(3)	1,000,000				College
Whittier College Whittier College Whittier, CA 90608	95- 1644048	501 (c) (3)	800,000				College

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	<b>(e)</b> A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
Xavier University of LouisianaXavier University of Louisiana New Orleans, LA 70125	72- 0635884	501 (c)(3)	1,000,000				College

efi	le GRAPHIC p	print - DO NOT PROCESS	As Filed Data -		DLN: 9	349305	7007	583
Sch	edule J	Co	mpensation Ir	nformation		OMBNo 1	545-0	0047
(Fori	m 990) nent of the Treasury	For certain Office	rs, Directors, Trustees Compensated Em	s, Key Employees, and High ployees wered "Yes" to Form 990,	est	<b>20</b> Open t	11 o Put	olic
•	Revenue Service	► Attach	to Form 990. 🕨 See s	Inspection				
	me of the organi			-	Employer ident if i	cation nur	nber	
HOV	VARD HUGHES MED	ICAL INSTITUTE			59-0735717			
Ра	rt I Questi	ions Regarding Compensa	ition		00 07 007 17			
							Yes	No
1a		ropiate box(es) if the organizatioi						
		Section A, line 1a Complete Pai						
	<u> </u>	s or charter travel		allowance or residence for	-			
	·	companions		ts for business use of pers ir social club dues or initiat				
	·	iification and gross-up payments iary spending account		l services (e g , maid, chau				
	) Discretion	ary spending account	j reisona	r services (e g , maid, chat	mear, cher)			
Ь	If any of the bo	oxes in line 1a are checked, did tl	he organization follow	a written policy regarding i	pavment or			
		t orprovision of all the expenses o				1b	Yes	
2		zation require substantiation prio						
	officers, direct	ors, trustees, and the CEO/Exec	utive Director, regard	ing the items checked in lii	ne 1a?	2	Yes	
3		, if any, of the following the organ		ish the compensation of th	e			
		CEO/Executive Director Check ation committee		employment contract				
		ent compensation consultant	_	sation survey or study				
		of other organizations		I by the board or compensation	ation committee			
	,		,	,				
4	During the yea or a related org	r, dıd any person lısted ın Form 9 ganızatıon	90, Part VII, Section	A, line 1a with respect to	the filing organizat	ion		
а	Receive a seve	erance payment or change-of-cor	ntrol payment?			4a		No
b	Participate in,	or receive payment from, a suppl	emental nonqualified	retırement plan?		4b		No
с	Participate in,	or receive payment from, an equi	ty-based compensatı	on arrangement?		<b>4</b> c		No
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide the applica	ble amounts for each item	ın Part III			
5		) and 501(c)(4) organizations onl ited in form 990, Part VII, Sectio						
5		contingent on the revenues of	in A, fille 1a, did the o	rganization pay of accrue a	ally			
а	The organizatio					5a		No
	Any related or					5u 5b		No
-		e 5a or 5b, describe in Part III						
6	For persons lis	ted in form 990, Part VII, Sectio contingent on the net earnings of		rganization pay or accrue a	any			
а	The organization	on?				6a		No
b	Any related or	ganization?				6b		No
	If "Yes," to line	e 6a or 6b, describe in Part III						
7		ted in Form 990, Part VII, Section described in lines 5 and 6? If "Ye			on-fixed	7	Yes	
8		unts reported in Form 990, Part V initial contract exception describ				8	Yes	
9	If "Yes" to line	8, dıd the organızatıon also follo	w the rebuttable pres	umption procedure describ	ed in Regulations	<b>F</b>		
-	section 53 49			Presente account		9	Yes	

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 50053T Schedule



# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported ın prıor Form 990 or Form 990-EZ
See Addıtıonal Data Table							

Page **2** 

Schedule J (Form 990) 2011

# Part III Supplemental Information

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

Ident if ier	Ret urn Reference	Explanation
Part 1 Line 1a		First-class travel Under HHMI policies, HHMI reimburses its Trustees, President, Vice Presidents, and certain advisory group members for the reasonable cost of airfare at one class above coach for domestic or international flights of three hours or more. If a particular aircraft does not have a business class section, one class above coach may be first class. In this case HHMI would reimburse the traveling Trustee or officer for the reasonable cost of first-class travel if the flight is three hours or more. As an alternative, HHMI may reimburse for the cost of coach airfare plus the cost of an upgrade to travel at one level above coach for a flight of three hours or more. Housing for personal use. HHMI's President currently resides in an HHMI-owned apartment on the headquarters campus, for which he pays HHMI at a fair market rental rate. Because HHMI's President is also required to spend time at HHMI's Janelia campus, where he runs a research laboratory as well as attends meetings and participates in conferences, HHMI makes a one-bedroom apartment available to him at that location. HHMI's Vice President and Director, Janelia Farm Research Campus is required as a condition of employment to reside on the Janelia campus in housing built for that purpose. HHMI's Vice President and Chief Scientific Officer receives a mortgage subsidy from HHMI under a Housing Assistance Program for certain individuals who relocate to take positions with HHMI. The Executive Vice President and Chief Operating Officer also receives housing assistance from HHMI under this program. The vice President for Science Education also receives housing expense reimbursement policy, if an employee is relocating at HHMI's request, HHMI may reimburse for up to two househunting trips by the relocating employee and members of his or her household. Under this policy, HHMI reimbursed a highly compensated employee who was relocating at HHMI's request, HHMI will ordinarily provide a tax gross-up payments. Under HHMI's moving expense reimbursement policy,
Part I Line 7		HHMI has an incentive compensation plan for its senior investment staff under which a portion of their compensation is determined based on performance of HHMI's portfolio against market benchmarks HHMI also makes one-time payments to some of its other employees, including but not limited to officers, in recognition of exceptional performance
Part I Line 8		When recruiting individuals for high-level positions, HHMI typically enters into initial contracts. HHMI has entered into initial contracts with its President and a number of Vice Presidents. HHMI's standard practice is to have independent compensation consultants regularly review and confirm the reasonableness of compensation of HHMI's officers and key employees, regardless of whether the initial contract exception applies

Schedule J (Form 990) 2011

# Software ID: Software Version:

**EIN:** 59-0735717

Name: HOWARD HUGHES MEDICAL INSTITUTE

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

(A) Name		(B) Breakdown of		C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Robert Tjian PhD	(1) (11)	1,133,137	0	15,000	22,000	29,300	1,199,437	
Cheryl A Moore	(I) (II)	784,937	0	118,232	16,500	21,209	940,878	
Craıg A Alexander Esq	(1) (11)	549,678	0	16,500		24,608	590,786	
Sean B Carroll PhD	(I) (II)	576,362	0	268,464	22,000	19,650	886,476	
Jack E Dixon PhD	(1) (11)	699,364	0	58,278	22,000	28,648	808,290	
Mohamoud Jıbrell	(I) (II)	274,661	0	14,400	14,400	21,886	325,347	
Nıtın V Kotak	(1) (11)	305,327	0	16,500	16,775	17,495	356,097	
Avice A Meehan	(1) (11)	395,116	0	16,500	21,984	9,875	443,475	
Gerald M Rubin PhD	(I) (II)	660,026	0	16,500	21,750	84,090	782,366	
Landıs Zımmerman	(I) (II)	833,899	483,862	16,500		22,920	1,357,181	
Heidi E Henning Esq	(1) (11)	405,185	0	16,500	21,960	20,244	463,889	
Susan S Plotnick	(1) (11)	204,212	0	16,500	0	22,444	243,156	
Rıchard A Pender	(1) (11)	459,661	427,564	16,500	0	20,006	923,731	
Robert J Kolyer Jr	(I) (II)	402,240	270,511	16,500	22,000	22,873	734,124	
Stephen M Kıtsoulıs	(1) (11)	349,188	242,883	0	22,000	21,502	635,573	
Mark A Barnard	(1) (11)	348,512	157,626	16,500	22,000	21,986	566,624	
Peter J Bruns PhD	(1) (11)	124,750	0	0	0	0	124,750	
Thomas R Cech PhD	(1) (11)	545,705	400,000	17,000	0	22,407	985,112	

(B) Break	down of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	<b>(D)</b> Nontaxable	(E) Total of columns	(F) Compensation
<b>(i)</b> Base Compensation	I incentive I		(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(I) 10 (II)	9,586	0	0	0	20,397	128,983	
(I) 23 (II)	2,729	0	13,563	14,409	20,200	280,901	
(I) 11 (II)	.5,567	254,907	5,500	7,333	6,937	390,244	
(I) 40 (II)	1,956	0	207,707	22,000	19,496	651,159	
(I) 32 (II)	.2,116	219,373	16,500	16,500	19,746	594,235	
(I) 51 (II)	.9,686	0	15,250	20,500	31,423	586,859	
(I) 32 (II)	.0,934	194,895	16,500	16,500	21,574	570,403	
(I) 42 (II)	.9,576	0	21,350	22,000	23,512	496,438	
	(i) Base Compensation (i) 10 (i) 23 (i) 23 (i) 11 (i) 23 (i) 32 (i) 32 (i) 51 (i) 51 (i) 32 (i) 32 (i) 42	(i) Base Compensation (i) 108,586 (ii) 232,729 (ii) 232,729 (ii) 115,567 (ii) 401,956 (ii) 322,116 (ii) 519,686 (ii) 519,686 (ii) 320,934 (ii) 429,576	(i) Base Compensation         (ii) Bonus & incentive compensation           (i) 108,586         0           (i) 232,729         0           (i) 115,567         254,907           (i) 401,956         0           (i) 322,116         219,373           (i) 519,686         0           (i) 320,934         194,895           (i) 429,576         0	(1) Base Compensation         incentive compensation         (11) Other compensation           (1)         108,586         0         0         0           (1)         232,729         0         13,563         0         0           (1)         232,729         0         13,563         0	(i) Base Compensation         (ii) Bonus & Incentive compensation         (iii) O ther compensation         compensation           (i)         108,586         0         0         0         0           (i)         108,586         0         0         0         0           (i)         232,729         0         13,563         14,409           (ii)         115,567         254,907         5,500         7,333           (i)         401,956         0         207,707         22,000           (i)         322,116         219,373         16,500         16,500           (i)         519,686         0         15,250         20,500           (i)         320,934         194,895         16,500         16,500           (i)         429,576         0         21,350         22,000	(i) Base Compensation         (ii) Bonus & incentive compensation         (iii) O ther compensation         compensation         benefits           (i)         108,586         0         0         0         0         20,397           (i)         232,729         0         13,563         14,409         20,200           (i)         115,567         254,907         5,500         7,333         6,937           (i)         401,956         0         207,707         22,000         19,496           (i)         322,116         219,373         16,500         16,500         19,746           (i)         519,686         0         15,250         20,500         31,423           (i)         320,934         194,895         16,500         16,500         21,574           (i)         429,576         0         21,350         22,000         23,512	(i) Base Compensation         (ii) Bonus & incentive compensation         (iii) Other compensation         compensation         compensation         (B)(1)-(D)           (i)         108,586         0         0         0         20,397         128,983           (i)         232,729         0         13,563         14,409         20,200         280,901           (i)         115,567         254,907         5,500         7,333         6,937         390,244           (i)         401,956         0         207,707         22,000         19,496         651,159           (i)         322,116         219,373         16,500         16,500         19,746         594,235           (i)         519,686         0         15,250         20,500         31,423         586,859           (i)         320,934         194,895         16,500         16,500         21,574         570,403           (i)         429,576         0         21,350         22,000         23,512         496,438

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule K (Form 990)

# Supplemental Information on Tax Exempt Bonds

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

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

Department of the Treasury Internal Revenue Service Name of the organization

HOWARD HUGHES MEDICAL INSTITUTE

Employer identification number

59-0735717

De	rt I Bond Issues													
Pa	rt I Bond Issues (a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	<b>(e)</b> Issue Price	(f)	Description	ofPurpose	<b>(g)</b> De	feased	Beh Iss	On alf of suer		Pool ncing
									Yes	No	Yes	No	Yes	No
Α	Loudoun County IDA	52-1310230	545910AL5	02-27-2003	500,000,00		INANCE CONSTRUCTION OF			х		х		х
В	Loudoun Cty IDA	52-1310230	545910AP6	10-02-2009	23,000,000 FINANCE CONTRUCTION OF JANELIA FAR				х		х		х	
с	MEDCO	52-1376562	574205FY1	02-15-2008	83,500,000 FINANCE CONSTRUCITON OF				х		х		х	
D	Medco 52-1376562 574205FZ8 05-15-2008					76,500,000 REFUNDING OF ISSUE TO FINANCE HQ C				х		х		х
Pa	rt III Proceeds					•						_		
					A		l	3		С			D	
1	Amount of bonds retired					0		0			(	)		0
2	A mount of bonds defeased					0		0			(	)		0
3	Total proceeds of issue				534	,028,000		23,022,042		84,9	953,297	7	76	,500,000
4	Gross proceeds in reserve fi					0		0			(	)		0
5	Capitalized interest from pro	oceeds			54	,203,000		904,914		5,9	954,687	7		0
6	Proceeds in refunding escro					0		0			(	)		0
7	Issuance costs from procee	ds				200,000		0		e	531,673	3		0
8	Credit enhancement from pr	oceeds				0		0			(	)		0
9	Working capital expenditure	s from proceeds				0		43,305			(	)		0
10	Capital expenditures from pi	roceeds			479	,625,000		22,073,823		78,3	366,937	7		0
11	O ther spent proceeds					0		0			(	)	76	,500,000
12	O ther unspent proceeds					0		0			(	)		0
13	Year of substantial completi	on			2006		20	2011		2010		1993		
					Yes	No	Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as pa	art of a current refur	nding issue?			Х		Х			Х	×		
15	Were the bonds issued as pa	art of an advance rei	fundıng ıssue?			Х		Х			Х			Х
16	Has the final allocation of pr	roceeds been made?	·		×		x		Х			x		
17	Does the organization maint allocation of proceeds?	aın adequate books	and records to sup	pport the final	x		х		Х			x		
Par	t IIII Private Business	Use												
					A			B		<u> </u>			D	
1	Was the organization a partr		or a member of an	LLC, which owned	Yes	No X	Yes	No X	Yes		No X	Ye	s	No
	property financed by tax-exe Are there any lease arrange		ult in privata busin	accure of band				├						
2	financed property?	-				Х		X			Х			
For P	rivacy Act and Paperwork Reduct	tion Act Notice, see t	he Instructions for F	Form 990.	Cat	No 50193E	1			S	chedule	K (Form	<b>990) 20</b> :	11

OMB No 1545-0047

2011 **Open to Public** 

Inspection

#### Schedule K (Form 990) 2011

	dule K (Form 990) 2011									Page <b>2</b>
Part	<b>III Private Business Use</b> (Continued)			<u> </u>						<u> </u>
			/ Yes	No	B Yes	No	Yes	C No	Yes	D No
За	Are there any management or service contracts that may result in private use?	business	×		×		X			
Ь	If 'Yes' to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the fina property?		х		x		х			
с	Are there any research agreements that may result in private business us financed property?	e of bond-	х			x		x		
d	If Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper		x		х		х			
4	Enter the percentage of financed property used in a private business use b other than a section 501(c)(3) organization or a state or local government		0 %		0 %			0 %	/o	0 %
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government			0 %		0 %	0 %			
6	Total of lines 4 and 5			0 %		0 %		0 %		1
7	Has the organization adopted management practices and procedures to en post-issuance compliance of its tax-exempt bond liabilities?	sure the	x		x		х			
Par	t IV Arbitrage				_					
		A Yes	No	Yes	B No	Ye	C Yes No		D Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	×			x			x	х	
2	Is the bond issue a variable rate issue?	x		x		x			X	
За	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	×		x		x			x	
b	Name of provider	BARCLAYS	•	JP MORGA	N CHASE	JP MO	RGAN			
с	Term of hedge		10		3(	)		30		30
d	Was the hedge superintegrated?		x		x			x		х
e	Was a hedge terminated?		×		x			x		х
4a	Were gross proceeds invested in a GIC?		х		X			х		Х
b	Name of provider	0		0		0		0		
с	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?		x		×			x		х
6	Did the bond issue qualify for an exception to rebate?		х		x			x	x	
Pa	art V Procedures To Undertake Corrective Action		I				I	I		

# Part VI Supplemental Information

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

Identifier	Ret urn Reference	Explanation
Schedule O	0	

efile GRAPHIC pr	int - DO NO	DT PRO	JCESS	As Filed	Dutu							00758
Schedule L Form 990 or 990-EZ)		Т				nterested P		ns		ОМ	B No 154	
101111 990 01 990-LZJ		"Yes"	on For <del>n</del>	n 990, Part IV,	lines 2	anization answer 5a, 25b, 26, 27, 2 V lines 38a or 40	28a, 28b	, or 28c,			201	1
epartment of the Treasury nternal Revenue Service		🕨 Atta			•	EZ. ISee separa		uctions.		C	)pen to Inspec	
Name of the organiza HOWARD HUGHES MEDIC								E	mployer id	lent if ica	tion numb	er
					<u>)(2)</u>		(-)(4)		9-07357			
Part I Excess B Complete if						art IV, line 25a c					ne 40b	
												(c)
1 (a)	Name of disqu	lalified	person			<b>(b)</b> Desc	ription	oftrans	action		Co Yes	rected?
											Tes	
	to and/or F e if the organiz	tion a (b) L or fro	Intere nswered oan to om the	s <b>ted Perso</b> d "Yes" on For <b>(c)</b> Origin	ns. m 990,	Part IV, line 26 ( <b>d)</b> Balance due		<u>m 990-E</u> I n	Z, Part V (f) Approv	ved	a (g)Writ	
purpose		_	zation?	principal am	nount			1	commit	ee?		
		Τo	From				Yes	No	Yes	No	Yes	No
											_	
				<u> </u>								
Fotal		• •			► \$							
Part IIII Grants	or Assistan	ice Be	netitt	ina interes	sted Pr	ersons			•			
	or Assistan e ıf the orga					<b>ersons.</b> m 990, Part IV	, line i	27.				
	e if the orga	nızatıo	on ansv	vered "Yes" ( <b>b)</b> Relationship	on For betwee	m 990, Part IV en interested per	_		nount of g	rant or ty	pe of assi	stance
Complet	e if the orga	nızatıo	on ansv	vered "Yes" ( <b>b)</b> Relationship	on For betwee	m 990, Part IV	_		nount of g	rant or ty	pe of assi	stance
Complet	e if the orga	nızatıo	on ansv	vered "Yes" ( <b>b)</b> Relationship	on For betwee	m 990, Part IV en interested per	_		nount of g	rant or ty	pe of assi	stance
Complet	e if the orga	nızatıo	on ansv	vered "Yes" ( <b>b)</b> Relationship	on For betwee	m 990, Part IV en interested per	_		nount of g	rant or ty	pe of assi	stance
Complet	e if the orga	nızatıo	on ansv	vered "Yes" ( <b>b)</b> Relationship	on For betwee	m 990, Part IV en interested per	_		nount of g	rant or ty	pe of assi	stance

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

# Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the	<b>(c)</b> Amount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) American Express Company	Shared Trustee/Dırector	447,040	see Supplemental Information		Νo

### Part V

## Supplemental Information

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

Identifier	Return Reference	Explanation
Reportable Business Transactions		A trustee of HHMI is also a director of American Express Company HHMI paid American Express Company for travel and related services provided to HHMI in the ordinary course of business

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPH	IC print - DO	NOT PROCESS	As Filed Data -		DLN: 93493057007583
SCHEDULE (Form 990 or 990		Supplementa	I Information to	o Form 990 or 990-EZ	омв № 1545-0047 <b>2011</b>
Department of the Treasur Internal Revenue Service	·	Complete to prov Form 99	Open to Public Inspection		
Name of the orga HOWARD HUGHES M				<b>Employe</b> 59-073	identification number 5717
ldentifier	Return Reference			Explanation	

Authority over Financial Account in a	Core Form, Part V, Line 4b	HHMI has signature authority over investment accounts in the above foreign countries through their custodian, Bank of New York Mellon ARGENTINA AUSTRALIA AUSTRIA BELGIUM BERMUDA BRAZIL CANADA CHILE CHINA COLOMBIA CZECH REPUBLIC DENMARK EGYPT ESTONIA FINLAND FRANCE GERMANY GREECE
Foreign		HONG KONG HUNGARY INDIA INDONESIA IRELAND ISRAEL ITALY JAPAN JORDAN LUXEMBOURG
Country		MALAYSIA MAURITIUS MEXICO MOROCCO NETHERLANDS NEW ZEALAND NORWAY PERU PHILIPPINES
		POLAND PORTUGAL ROMANIA SINGAPORE SLOVENIA SOUTH AFRICA SOUTH KOREA SPAIN SRI LANKA
		SWEDEN SWITZERLAND TAIWAN THAILAND TURKEY UKRAINE UNITED KINGDOM URUGUAY VENEZUELA
		ZIMBABWE HHMI also has direct signature authority in Mauritius and Singapore

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

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

ldentifier	Return Reference	Explanation
Process for determining compensation	Core Form, Part VI, Section B, Lines 15a-b	The compensation for HHMI's President, other officers, and key employees is set using the following procedures Every other year, the Audit and Compensation Committee of HHMI's Board of Trustees engages one or more independent compensation consultants to conduct a study of comparable market data The study includes data for HHMI's President, other officers, and key employees. The independent compensation consultants also provide an opinion regarding the reasonableness of the compensation arrangements for the positions included in the study. The study includes comparable market data for all components of compensation for each person covered by the study, including base salary, incentive compensation (if any), and benefits. The Committee relies on the market data and opinion provided by the compensation consultant in making recommendations to the Board of Trustees regarding compensation for HHMI's President, other officers and key employees. The decision is made by independent Trustees. Any Trustee who has a conflict of interest with respect to a specific officer or key employee must recuse himself or herself from the decision on that person's compensation, and leave the meeting room during the debate and voting on it in the alternate years when a study is not done, the Audit and Compensation Committee confirms with the independent compensation consultants that the range of any proposed merit increases for HHMI employees, including senior management, is reasonable compared with generally prevailing compensation increases in the market over the past year. The Committee relies on the sadvice in recommending compensation and encipies, and the soft of rustees relies on this advice in making compensation decisions and decisions regarding compensation are prepared after each meeting and are submitted for approval at the next meeting Approved mnutes are kept in HHMI's records. All mnutes include the date of the meeting, identify those Trustees who attended and voted on the compensation arrangements, and note any recusals

ldentifier	Return Reference	Explanation
Governing documents etc available to the public	Core Form, Part VI, Section C, Line 19	HHMI's practice has been to make a copy of its charter and by-law's available on request HHMI's code of conduct, which addresses conflicts of interest, is available to the public on the HHMI web site A dow nloadable copy of HHMI's most recent audited financial statements is also available to the public on the web site. In addition, HHMI publishes an annual report that provides a summary of each year's activity, expenditures, and financial performance, this publication is widely distributed in print and is posted on the HHMI web site.

ldentifier	Return Reference	Explanation
Whistleblow er policy		HHMI has had a written whistleblower policy in place since 2003 This policy was approved by the Trustees during this past fiscal year

ldentifier	Return Reference	Explanation
Document Retention & Destruction Policy	Core Form, Part VI, Section B, Line 14	HHMI has had written document retention and destruction policies in place for many years These policies were adopted by HHMI's Trustees before the end of the tax year covered by this Form 990

ldentifier	Return Reference	Explanation
Other Changes of Net Assets	Core Form, Part XI, Line 5	Unrealized gains on investments

ldentifier	Return Reference	Explanation
Statement 1	Part III, Program Service, Iine 4a - Medical Research	Medical Research (A) The HHM Investigator Program (B) Janela Farm Research Campus (C) H ghlights from HHM Research Laboratones (Fiscal Year 2012) (D) Honors and Aw ands Received by HHM Scientists (A) The HHM Investigator Program The How and Hughes Medical Institute's approach to bomedical research can be summarized in three words people, not projects By appointing scientists as HHM investigators - rather than awarding research grants - the institute provides long-term, flexible funding that enables its researchers to pursue their scientific interests wherever they lead HHM believes that scientists of exceptional talent and imagination will make fundamental discoveres of lasting scientific value and b eneft to humanity if they are given the resources, time, and freedom to pursue challenging questions. The histuite nutritures the creativity and intellectual daring of scientists who are willing to set aside conventional wisdom or the "easy" question for a fundamental problem that may take many years to solve Among the characteristics that distinguish this group of scientists and questions and powerful alternative to funding biomedical research through grants. The flag ship HHMI Investigator Program employs more than 316 HMI researchers, among them 13 Nobel laureates and 161 members of the National Academy of Sciences. In the last decade, HHMI investigators have won 9 Nobel Prizes These exceptional scientists direct Institute research historatories on the campuses of 72 universities and other research organizations through hout the Linted States. Since the early 1990s, investigators have been selected through in gorous national competitions in the Out a States, with the arm of identifying those who have the potential to make significant contributions to science HHMI employs an open application process to ensure that it is sele citing the researchers from a broad and dee pool of scientific talt in 2012, HHMI anou need that would seek to appoint up to 30 new HHMI investigators through a national open competition. The

ldentifier	Return Reference	Explanation
Statement 1	Part III, Program Service, line 4a - Medical Research	ty is how it avoids triggering chronic immune activation and inflammation. According to a new study in mice, an antibacterial protein called Regill? is secreted by cells in the lining of the small intestine, killing any bacteria within a 50-micrometer radius - about the size of a speck of dust. The loss of this protective barrier, which the researchers call the 'demilitarized zone,' could be involved in inflammatory bow el disease or other disease es characterized by an inflamed intestine. (2) Genetic Controller Prepares Immune System for Diverse Threats Frederick W. Alt, Boston Children's Hospital http://www.hhm.org/news/a tl20110911.html Because the immune system cannot predict what invaders it will confront, it must be prepared to fend off virtually any foreign pathogen. This means manufacturing billions of distinct antibodies and pathogen-recognizing receptors, a feat that immune cells manage by reshuffling the segments of a limited number of antibody-encoding genes. Scient ists have now identified a genetic regulator that controls this reshuffling. Mutating the regulatory region causes a cell to create an incorrect mishmash of antibody parts. The fin ding is important not only for understanding how antibodies are made, but for understandin g how gene regulation can be coordinated across distant regions of the genome (3) Rival, Predator, Mate. Detecting the Chemical Cues Catherine Dulac, Harvard University http://www.hhm.org/news/dulac20110922.html. The vomeronasal organ (VNO) is a tubular structure locat ed in the nose of most mammals. It has long been assumed to be primarily devoted to detect ing the pheromones that tell individuals how to behave in the presence of a member of their rowin species - whether to mate or fight, for example. By studying the response of neurons in the VNOs of mice to chemical cues collected from a variety of species, researchers have discovered that the VNO is also sensitive to predators and competitors. Most neurons and receptors in the VNO are actually dedicated to the detect

ldentifier	Return Reference	Explanation
Statement 1- continued	Part III, Program Service, line 4a - Medical Research	(C) Highlights from HHMI Research Laboratories (Fiscal Year 2012) continued (4) Getting a Look at Toxic Anyloid Structures David Esenberg, University of California, Los Angeles ht t//www hhmi org/news/seeshebrg/2012/319 htm in neurodagenerative diseases like Alzheimer 's, the needle-like fibers that accumulate in the brain are not the real damage-doers. The culprits are intermediate protein structures, called small anyloid oligomers, made of a few proteins that msfold and aggregate. The oligomers' fleeting exstence makes them nearly impossible to study. By taking advantage of one anyloid protein that forms fibers more s lowly than most, scientists have printed down the structure of an anyloid oligomer. The structure-a cylinder of six protein chains-s unlike any of the 70,000 structures catalogued in the Protein Data Bank. (5) New Clues to Brain Development David H Rowitch, University of California, San Francisco. http://www.hhmi org/news/srowitch/20110928 html A new study con cludes that in the subventricular zone of the human brain, where new brain cells are made throughout development, new cells are generated only until 18 months of age. The findings are different than what's been seen in rodents and birds, and could explain some of the complexity of the human brain, the researchers say. The workreled on a new collection of s picelly preder brain samples established with HHMI support, which has also provided clue is to why the brain can't reverse the cellular damage that results from certain deseases (6) In the Brain. Each Taste has a Prace Chales Zuker, Columbia University College of Phy sicians and Surgeons http://www.hhmi org/news/zuker/20110902 html A new map charts out the brain sor faste, revealing that each taste, from sweet to safty, is sense d by a unique set of neurons. Selectively-tuned cells in the torigue are specialized to det cells of the three senses - sweet, bitter, safty, sour, and umam. But how does the brain know what the fongue is sensing? By watching neurons in the brain free as mece ta

ldentifier	Return Reference	Explanation
Statement 1- continued	Part III, Program Service, line 4a - Medical Research	Scientists have now determined the three-dimensional structure of two proteins that help keep those clocks in sync. The activity of thousands of genes fluctuates over the course of a day to drive the body's circadian rhythms and the proteins CLOCK and BMAL1 are the key activators of that system When CLOCK and BMAL1 bind to one another inside cells, they i initiate the first genetic events that coordinate the 24-hour cycle. Knowing the structure of the CLOCK BMAL1 complex will help researchers understand the intricacies of how this re gulation is carried out and how mutations in the proteins cause the biological clock to go awiry (11) First Picture of a Protein Family Vital to Human Heath K. Christopher Garcia, Stanford University School of Medicine http://www.hhm.org/news/garcia20120601 html The 2.0 proteins in the Writ family are some of the most important proteins that control how an o rganism develops and grows, and they have long been considered potential drug targets for cancer and other diseases. But since they were discovered 30 years ago, scientists have not known what Writ proteins look like. This year, scientists solved the first structure of a Writ protein, revealing an unexpected three-dimensional shape that offers clues to how the proteins function. The new structure also clarifies the nature of the protein's receptor target for drug developers working to design anti-Wint therapies (12) Camera Captures Life Taking Shape Cell-by-Cell Philipo J. Keller, Janelia Farm Research Campus lets users track each cell in an embryo as it takes shape over hours or days, a transformation that involves intricate rearrangements and thousands of cell divisions. The technique captures lenges at high-speed and from flour different angles, then compiles them to produce dramatic images of biology in action. In a single movie, torpmism idout different angles, structure 2000 and the inverse sciences biological structures begin to emerge as a simple cluster of cells morphs into the elongated body of a fruit fly with tens o

ldentifier	Return Reference	Explanation
Statement 1- continued 2	Part III, Program Service, line 4a - Medical Research	(D) Honors and Awards Received by HHM Scientists (1) Horw ich Wins Lasker Award and Shaw Pirze HHM investigator Arthur L. Horw ich at yale University and Franz-Ulrich Hartl of the Max Planck Institute of Biochemistry shared the 2011 Albert Lasker Basic Medical Research Awards - considered among the most respected science pirzes in the world - honor visionaries whose insight and perseverance have led to dramatic advances that will prevent decease and prolong life. Horw ich and Hartl were honored for discovering that proteins cannot fold inside cells by themselves. They determined that a protein - dubbed "chaperonin" because of its assisting role - acts as a cage-like folding "machine" that provides a safe place for proteins to fold, away from outside interference. The Shaw Ptrz Found ation ation warded Arthur L. Horw wich, and Dr. Hartl the St. Imilion Shaw Ptrz in Life Sci ence and Medicine in recognition of their contributions to the understanding of the molecul lar mechanism of protein folding (2) 2012 Caircher Awards Go to Jessell, Rosbash The Gair dier Foundation selected HHMI researchers Thomas M. Jessell and Michael Rosbash has recipien tos of the prostigues 2012 Canada Cairdner International Awards in recognition of their contributions to medical science. The awards, which are presented annually, recognize scient ists responsible for some of the world's most significant medical discoveries. Jessell, an HHMI investigator at Clumbia Linvershity, was honored for discovering basic principles of communication within the proces that guides the adry develop met of neurons, as they establish the procese connections between the spinal cord and mis cles. Rosbash, an HHMI investigator at Brandes Linvershity, was highlighted for discoveries s that have revealed the genetic underprinnings of the circadian clock. Circadian clocks are active throughout the body's cells, where they use a commo genetic mechanismic control the rhythmic activates of various tissues Rosbash, Jeffrey C. Hall, emeritus professor of biology at

ldentifier	Return Reference	Explanation
Statement 1- continued 2	Part III, Program Service, line 4a - Medical Research	hel Green, Johns Hopkins School of Medicine, Gregory J Hannon, Cold Spring Harbor Laborat ory, Liqun Luo, Stanford University, Roy Parker, University of Arizona, Nikola P Pavletic h, Memorial Sloan Kettering Cancer Center, Louis J Pt?ek, University of California, San F rancisco, Alexander Y Rudensky, Memorial Sloan Kettering Cancer Center, and Xiaowei Zhuan g, Harvard University (7) Quake Aw arded Lemelson-MIT Prize HHMI investigator Stephen Quak e, who is at Stanford University, has been named recipient of the 2012 \$500,000 Lemelson-MIT Prize, which honors outstanding mid-career inventors dedicated to improving the world through technological invention. Quake is being recognized for his work in drug discovery, genome analysis and personalized medicine (8) Seven HHMI Researchers Elected to Institute of Medicine Elected this year to the National Academy of Sciences' Institute of Medicine were HHMI investigators Frederick W. Alt, Children's Hospital Boston, Carolyn R. Bertozzi, University of California, Berkeley, Vivian G. Cheung, University of Pennsylvania School of Medicine, George Q. Daley, Children's Hospital Boston, Richard L. Huganir, Johns Hopkins University School of Medicine, Jeremy Nathans, Johns Hopkins University School of Medicine e, and Li-Huei Tsai Massachusetts Institute of Technology (9) Bassler and Dixon Elected to Royal Society HHMI investigator Bonnie Bassler of Princeton University and Jack E. Dixon, HHMI's vice president and chief scientific officer, were elected foreign members of the Fellow ship of the Royal Society, the world's oldest scientific academy. Bassler has made s emmal studies of the process of cell-cell signaling in bacteria that have revolutionized the study of microbiology Dixon's research has focused on a group of proteins called prot ein tyrosine phosphatases that govern a key biochemical reaction in w hich a phosphate grou p is added to another protein. The reaction, called phosphorylation, serves as a signaling mechanism betw een living cells

ldentifier	Return Reference	Explanation
Statement 2	Part III, Program Service, line 4b - Science Education Programs	Science Education Programs (A) Graduate Science Education and Medical Research Training (B) Precollege and Undergraduate Science Education Program (C) Educational Resources (D) Tan gled Bank Studies (E) eLife - Open Access Journal HHMIs Department of Science Education in the life sciences HHMIs the largest private funder of science education in the Intersource and the United States During the fiscal year ended August 31, 2012, the Institute distributed \$62 million in grants to support science education. The Institute's science education programs support less between scientific research and teaching with the goal of increasing and enhancing student research opportunities. Most HHMI grants are awarded through competitions with specific objectives and eligibility oriteria and awards are generally made following a stingent process of peer review HHMI does not en ourgage and rarely funds unsolicited grant to proposals. HHMIs educational activities are fu inded through three major programs, the goals of each program and the major activities of the year are summarced below (A) Graduate Science Education and Medical Research Training This program forcing programs. In the program Inter care is a sindependent scientiss. Joot oral fellowiships for students who are disadvantaged or from groups underrepresented in the sciences, and awards research grants to physician-scientiss at the outset of their care ora is an idependent scientiss. To medical detaits will one day choose to work at the crossroads of basic and clinical research. To expand the program, HHMI has entered into participate in the Medical Research Flows Program. The flow ships enable students to take a year off from professional school to conduct laboratory research. To expand the program, HHMI has entered into participate in the Medical Research Flows Program. The flow ships for Advanced Study. The flow ships provide full support for up for yeares the advertion sing students who ave disclaving wellowiships for Advanced Study. The flow ships provide full suppor
ldentifier	Return Reference	Explanation
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Statement 2	Part III, Program Service, line 4b - Science Education Programs	tudents who study science Each four-year grant is in the range of \$800,000 to \$15 million - an amount that can have a big impact at these schools, which are collectively described as "primarily undergraduate institutions," or PUIs A total of 60 college students were selected to participate in HHMI's Exceptional Research Opportunities Program (EXROP) The EXROP program provides summer research experiences in the labs of HHMI investigators, prof essors, and at the Janelia Farm Research Campus Now in its tenth year, the EXROP program is designed to encourage the students to pursue careers in science (C) Educational Resour ces This program produces science education materials that feature some of the cutting-edg e research conducted by HHMI investigators and other scientists. The materials are designed o primarily for the nation's high school biology students and their teachers, but they als o find an audience among the general public and undergraduate-level students and educators. The 2011 Holiday Lectures on Science in December 2011 featured three of the nation's top scientists who discussed, "Bones, Stones, and Genes. The Origin of Modern Humans." Tim White, a paleoanthropologist at the University of California, Berkeley, John Shea, an archeo logist and anthropologist at Stony Brook University, and Sarah Tishkoff, a genetics from the Washington, DC area. Those lectures are later made available to a national and international audience through the distribution of free DVDs and the de velopment of accompanying teaching materials. Each year, more than 100,000 copies of the D VDs are distributed, the supporting website receives more than tw o million visits each year. At the National Association of Biology Teachers annual meeting, HHMI unveiled three short science films that use vivid storytelling to teach the vital concepts of adaptation and natural selection. The films, produced by HHMI's Biointeractive team and the Institute's new film production unit, each run for about 10 minutes, a length opt imzed for use in th

ldentifier	Return Reference	Explanation
Statement 2- continued	Part III, Program Service, line 4b - Science Education Programs	(D) Tangled Bank Studios Launched in July 2011, Tangled Bank Studios, LLC, HHMI's documentary film production unit, aims to bring high-quality, educational science features to television. The film production unit is working with producers and broadcasters to produce and distribute informative films, about such topics as evolution, biology and earth science. A series of short-form films and materials for science educators will be produced in tandem. The film production unit is an initiative of the HHMI science education department, whose mission is to enhance education about all fields of science. Michael Rosenfeld, head of television and film at HHMI, is leading the initiative, working with writer and producer David Elisco as director of development. Rosenfeld, Elisco and colleagues currently have several projects in production and development for broadcast on PBS. (E) eLife - Open Access Journal HHMI, the Max Planck Society, and the Wellcome Trust have supported the establishment of a new, top tier scientific journal called eLife. The online journal is follow ing an open access model and is directed by practicing scientists. eLife Sciences Publications, Ltd is an independent non-profit entity governed by a separate board of directors. In 2012, eLife announced its senior editorial team Editor-in-chief Randy Schekman and managing executive editor. Mark Patterson will be joined by deputy editors, Fiona Watt, currently at the University of Cambridge, UK, and Detlef Weigel from the Max Planck Institute for Developmental Biology, Tubingen, Germany They will be supported by around 15-20 senior editorial board of eLife announced the names of the more than 150 reviewing editors who will help deliver on the initiative's commitment to change peer review. Additional information about eLife can be found at www elifesciences org

ldentifier	Return Reference	Explanation
Statement 3	PART III, Program Service, Line 4c - Support for International Science	Support for International Science (A)International Early Career Scientist Program (B)International Student Research Fellowships Program (C)The Kw aZulu-Natal Research Institute for Tuberculosis and HIV (K-RITH) (A) International Early Career Scientist Program, which awards each selected scientist \$650,000 over a period of five years with the goal of helping these talented individuals establish independent research programs. In this pilot program, HHMI identified scientists who are, or have the potential to become, scientific leaders. The 28 HHMI International Early Career scientists are at 22 institutions in 12 countries. Each scientist who was selected has directed his or her own laboratory for less than seven years. The countries represented by the HHMI International Early Career scientists are Argentina, Brazil, Chile, China, Hungary, India, Italy, Poland, Portugal, South Africa, Spain, and South Korea (B) International Student Research Fellowships Program in 2012, HHMI awarded more than \$2 million in fellowships to 50 promsing graduate students from 19 countries. The fellowships are designed to fund the students' graduate education at a pivotal point in their scientific careers - a time when they delve into intense laboratory research for their doctoral dissertations (C). The KwaZulu-Natal (UKZN) in South Africa, has established an international research center focued on making major scientific contributions to the worldw dee effort to control the devastating co-epidemic of tuberculosis (TB) and HIV. The KwaZulu-Natal Research Institute for Tuberculosis and HIV (K-RITH) is placing a major emphasis on establishing a world-class research program focused on the scientific discoveries about the infecting organisms and helping to train a new generation of scientists in Africa. HHMI has committed over \$70 million to K-RITH over 10 years, including support provided during its fiscal year ended August 31, 2012. UKZN is making substantial financial and in-kind committents to K-RITH as well. The need for more researc

ldentifier	Return Reference	Explanation
Goverance Document Changes	Core Form, Part VI, Section A, Line 4	The Institute's Certificate of Incorporation was Amended & Restated on February 21, 2012 to update provisions in accordance with changes in Delaware law and to restate prior amendments into a single, restated Certificate of Incorporation. The Institute's Bylaws were amended by its Trustees on February 7, 2012 to update certain provisions in accordance with the changes in Delaware law and to clarify procedures relating to indemnification rights provided for in the Bylaws.

ldentifier	Return Reference	Explanation
Tax Exempt Bond Liabilities Supplemental Information	Schedule K, Part VI	PART I The bond issued February 27, 2003 and described in A also includes CUSIPS 545910AM3, 545910AG6, 545910AH4,545910AJ0, and 545910AK7 PART II, Line 3 The bonds issued in A, B and C included interest income that made up the difference between the amount of the bond issue and the total proceeds PART IV \$375 million of the \$500 million of swaps pertaining to this bond were integrated. The other swaps were Bank of America (30 years), Goldman (30 years), JP Morgan (35 years) and JP Morgan Chase (30 years). PART IV, Line 3 Yes, In part

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJames A Baker, III, Esq TITLE Trustee HOURS

efile GRAPHIC print -	DO NOT PROCESS As Filed Data	-				DLN: 934	<u>930570</u>	07583						
SCHEDULE R (Form 990)		Related Organizations and Unrelated Partnerships												
		<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>Attach to Form 990.</li> <li>See separate instructions.</li> </ul>												
Department of the Treasury Internal Revenue Service		n to Pul spectio												
Name of the organization HOWARD HUGHES MEDICAL INSTITU	UTE				Employer ide	entification number								
					59-073571	7								
Part I Identificatio	on of Disregarded Entities (Comple	te if the organization	on answered "Yes	" on Form 990, Pa	art IV, line 33.)									
Name, address, a	(a) and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (stati or foreign country)		<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity								
See Additional Data Table														
or more relat	on of Related Tax-Exempt Organiz ed tax-exempt organizations during th (a) d EIN of related organization	ations (Complete e tax year.) (b) Primary activity	If the organization (c) Legal domicile (state or foreign country)	n answered "Yes" (d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	rt IV, line 34 becau (f) Direct controlling entity	Section 5 cont	<b>g)</b> 12(b)(13) trolled						
			or foreign country)			entry	organ Yes	No						
For Privacy Act and Paperwo	rk Reduction Act Notice, see the Instructior	ns for Form 990.	Cat No 5	0135Y		Schedule R (	 Form 990`	) 2011						

Part III Identif	<b>fication of Related</b> a it had one or more	l Orgar e related	<b>nizations Tax</b> d organizations	able as a Partners treated as a partner	<b>hip</b> (Complete ship during the	if th tax	ne organizati ( year.)	on ans	swere	d "Yes" or	۱ Form ۹	990, P	art IV	, line 34		
(a)     (b)     Leg       Name, address, and EIN     Primary activity     dom       of     (stat       related organization     fore		(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	nare of total Shar		e of total Share of end-of-		(h) Disproprtionate allocations?		-Code V amount in t Schedule	(i) Code V—UBI nount in box 20 of Schedule K-1 (Form 1065)		) al or ging ier?	<b>(k)</b> Percentage ownership
								Yes	No			Yes	No			
See Additional Data Table																
						+										
						+										
						+										
				able as a Corporat izations treated as a					ear.)	n answere	d "Yes"	on Fc	orm 99	0, Part IV,		
Name, address, and	(a) EIN of related organization		<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlli entity	ing	<b>(e)</b> Type of entity (C corp, S corp, or trust)			e end		<b>(g)</b> Share of Id-of-year assets		(h) Percentage ownership		
(1) HHMI Real Estate Inc 4000 Jones Bridge Road Chevy Chase, MD 20815 20-3967202		Inve	estment	DE	ННМІ		C Corp			16,747,718		8,3	335,046	100 000 %		
(2) Pleasant Valley Invest 80 Raffles Place 35-41UOI Singapore 048624 SN 98-0586696		Inve	estment	CJ	ннмі		For LP/US Corp			-8,396,719		29,:	387,078	51 000 %		
												Sched	lule R (	Form 990) 2011		

Page **2** 

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 3	5A, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	<b>1</b> g		No
<b>h</b> Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	<b>1</b> j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by related organization(s)	11		No
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	1	No
<b>n</b> Sharing of paid employees with related organization(s)	1n		No
• Reimbursement paid to related organization(s) for expenses	10		No
p Reimbursement paid by related organization(s) for expenses	<b>1</b> p		No
<b>q</b> Other transfer of cash or property to related organization(s)	1q	Yes	
<b>r</b> Other transfer of cash or property from related organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved					
(1) See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	ľ	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Dispropitionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man	<b>j)</b> aging ner?	<b>(k)</b> Percentage ow nership
			514)	Yes	No			Yes	No		Yes	No	

# Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions) Identifier Return Reference Explanation

#### Software ID: Software Version: EIN: 59-0735717 Name: HOWARD HUGHES MEDICAL INSTITUTE

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

Form 990, Schedule R, Part I - Ident					
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income (\$ )	<b>(e)</b> End-of-year assets (\$)	<b>(f)</b> Dırect Controlling Entity
HHMI Cayman I Company Walker Walkers House Mary Street George Town, Grand Cayman CJ	Investment	CJ	5,253,737	720,000	ннмі
HHMI II LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	40,949,774	357,341,422	ннмі
HHMI IV LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-4,300	46,593	ннмі
HHMI V LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-5,914,799	12,018	ннмі
HHMI XII LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-3,447	25,700	ннмі
HHMI XVI LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	1,509,291	484,708,163	ннмі
Sprugos Mauritius I Ltd 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	MP	-12,367,788	93,922,730	ннмі
Sprugos Investments II LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-22,616,679	111,471,497	ннмі
Sprugos Investments V LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-22,022,846	154,199,355	ннмі
Sprugos Investments VII LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-13,694,199	166,125,214	ннмі
Sprugos Investments VIII LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
Sprugos Investments X LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-8,560,964	146	ннмі
Sprugos Investments XI LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-4,702,022	130,510,809	ннмі
Sprugos Investments XII LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-7,839,078	26,391,524	ннмі
Sprugos Investments XIII LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-4,467,068	23,382,664	ннмі
Private Equity Holding LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
Private Equity Holding-Ahead LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-685,834	4,508,720	ннмі
Private Equity Holding-Alexa LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	-431,186	28,446	ннмі
Private Equity Holding-CS Capital LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	3,774,768	18,568,467	ннмі
Private Equity Holding-Eurocastle LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	- 50,545	3,955,297	ннмі

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

Form 990, Schedule R, Part I - Identif		_	les		
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income (\$ )	<b>(e)</b> End-of-year assets (\$ )	<b>(f)</b> Dırect Controllıng Entity
Private Equity Holding-Favrille LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
Private Equity Holding-KAP LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE		1	ННМІ
Private Equity Holding-Royce LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	7	3,465	ннмі
Private Equity Holding-Storeretro LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE		1	ннмі
Private Equity Holding-Xenoport LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
Fortress Pinnacle Investment Fund I LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ
Janelia Farm Holding LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	VA			ННМІ
Selden Island Holding LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	VA			ннмі
HHMI I LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
HHMI III LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
HHMI VI LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
HHMI VII LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	1,573,074	29,019,281	ннмі
HHMI VIII LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ
HHMI IX LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
HHMI X LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ
HHMI XI LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
HHMI XIII LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
HHMI XIV LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ
HHMI XV LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ
Sprugos Investments LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі
,		-	-		

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

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total Income (\$ )	<b>(e)</b> End-of-year assets (\$)	<b>(f)</b> Dırect Controllıng Entity	
Sprugos Investments III LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі	
Sprugos Investment IV LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ	
Sprugos Investment VI LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ	
Sprugos Investments IX LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ	
Sprugos-French LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі	
Private Equity Holding II LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ	
Private Equity Holding III LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ННМІ	
Relative Value Strategies LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE			ннмі	
PSG LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Investment	DE	286,788	35,256,626	ннмі	
HHMI-SA LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Research	DE		576,509	ннмі	
Tangled Bank Studios LLC 4000 Jones Bridge Road Chevy Chase, MD 20815	Film Prod	DE			ннмі	
K-RITH Real Estate Holdıng LLC 4000 Jones Brıdge Rd Chevy Chase, MD 20815	Real Estate	DE			ННМІ	

#### (e) (j) (a) (c) redominant (h) Name, (b) Legal (d) (f) (g) (i) General Disproprtionate Income (k) Primary Direct Share of end-Code V-UBI address, and Share of total or Domicile (related, allocations? Controlling ManagingPercentage EIN of activity (State income of-year assets amount on unrelated, Entity Box 20 of K-1 Partner? ownership related (\$) (\$) or excluded Foreign organization (\$) from tax Country under sections 512 - 514) Yes No Yes No Leland Hughes Investment Fund LLC ннмі 54 000 4000 Jones Investment DE EXCLUDED -18,912 Νo No % Bridge Road Chevy Chase, MD 20815 06-1746533 HH Ellington Master Fund LTD 53 Forest 97 000 ннмі Investment CT EXCLUDED 75,322 39,934,752 Νo No Avenue % Old Greenwich, CT 06870 <u>98-1</u>020904 Alchemy Plan (Aviator) LP Trafalgar Court Les 99 000 ннмі Investment GK EXCLUDED -479,693 232,169 No Νo Banques % St Peter Port GY1 3QL GΚ 98-0186264 JP Morgan Global Emerging Markets Fund 45 000 ннмі 26,132,377 174,450,950 Investment NY EXCLUDED Νo Νo % 245 Park Avenue New York, NY 10167 04-3395941 GEM HLT CO-INV Fund LP 900 North ннмі 62 000 Mıchıgan Investment ΙL EXCLUDED 1,545,615 21,105,745 Νo Νo % Avenue Suite 14 Chicago, IL 60611 26-3195475 ннмі Investment LΡ 300 97 000 ннмі 158,000,597 Investment DE EXCLUDED 1,325,265 Crescent Νo No % Court Suite 1111 Dallas, TX 75201 20-3752378 Harrington Partners LP 601 Carlson ннмі 3,411,365 48 000 20,037,767 Pkwv Suite Investment MN EXCLUDED 67,715,242 No Νo % 200 Minnetonka, MN 55305 20-1953018

#### Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Credit Opportunities PIE I LP										
1700 Broadway 38th Floor New York, NY 10019 26-1963557		ΝY	ннмі	EXCLUDED	34,055,392	130,606,269	No		No	99 000 %
Oz Global Credit Overseas Fund I LP	Investment	CJ	ннмі	EXCLUDED	2,599,111		No		No	97 000 %

Luminus

	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount I nvolved (\$ )	<b>(d)</b> Method of determining amount involved
(1)	HHMI Real Estate Inc	q	9,809,141	
(2)	Pleasant Valley Investments LP	q	8,973,608	
(3)	HH Ellington Master Fund LTD	b	40,000,000	
(4)	HHMI Investment LP	b	2,595,216	
(5)	Alchemy Plan (Aviator)LP	r	757,508	
(6)	GEM HLT Co-INV Fund LP	r	1,000,000	
(7)	Harrington Partners LP	r	50,801,491	
(8)	Luminus Credit Opportunities PIE I LP	r	43,623,313	
(9)	OZ Global Credit Overseas Fund I LP	r	86,226,114	

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

#### Software ID: Software Version: EIN: 59-0735717 Name: HOWARD HUGHES MEDICAL INSTITUTE

### Form 990, Special Condition Description:

	•	ecial C					-				
Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organızatıon (W- 2/1099-MISC)	from related organızatıons (W- 2/1099- MISC)	compensation from the organization and related organizations	
James A Baker III Esq Trustee	2 0	х						40,000	0	0	
Charlene Barshefsky Esq Trustee	2 0	х						40,000		0	
Joseph L Goldstein MD Trustee	2 0	х						45,250		0	
Hanna H Gray PhD Trustee	2 0	х						40,000		0	
Garnett L Keith Trustee, Chairman Finance Comm	4 0	х						50,000		0	
Fred R Lummıs Trustee	2 0	х						40,000		0	
Paul M Nurse PhD Trustee	2 0	х						41,000		0	
Alıson M Rıchard PhD Trustee, Chaırman Ed&Intl Comm	2 0	х						50,000		0	
Clayton S Rose PhD Trustee, Chaırman Audıt & Comp	6 0	х						50,000		0	
Kurt L Schmoke Esq Trustee, Chaırman	6 0	х						60,000		0	
Anne M Tatlock Trustee	2 0	х						40,000		0	
Robert Tjian PhD President	40 0			x				1,148,137		51,300	
Cheryl A Moore Executive VP & COO	40 0			х				903,169		37,709	
Craıg A Alexander Esq VP, General Counsel&Secretary	40 0			x				566,178		24,608	
Sean B Carroll PhD VP for Science Education	40 0			х				844,826		41,650	
Jack E Dixon PhD VP & Chief Scientific Officer	40 0			х				757,642		50,648	
Mohamoud Jıbrell VP for Informatıon Technology	40 0			x				289,061		36,286	
Nıtın V Kotak VP,CFO&Treasurer	40 0			x				321,827		34,270	
Avice A Meehan VP, Communications-thru 3/12	40 0			х				411,616		31,859	
Gerald M Rubin PhD VP&Exec Director, Janelia Farm	40 0			х				676,526		105,840	
Landıs Zımmerman VP & Chief Investment Officer	40 0			х				1,334,261		22,920	
Heıdı E Hennıng Esq Deputy Gen Counsel & Asst Sec	40 0			x				421,685		42,204	
Susan S Plotnick Assistant Treasurer	40 0			х				220,712		22,444	
Monique L Marcus Assistant Controller-Eff 11/11	40 0			х				28,461		6,423	
Rıchard A Pender Man Dır - US Equities	40 0				x			903,725		20,006	

#### (A) (B) (C) (E) (F) (D) Name and Title Position (check all Reportable Estimated Average Reportable hours that apply) compensation compensation amount of other per from the from related compensation Highest compensated employee organization (Wfrom the week organizations Institutional Trustee Individual trustae or director Key employee 2/1099-MISC) (W- 2/1099organization and MISC) related Former Office organizations Robert J Kolver Jr 40 0 Х 689,251 44,873 Man Dır - Absolute Return Stephen M Kitsoulis Х 40 0 592,071 43,502 Man Dir - Fixed Income Mark A Barnard Х 40 0 522,638 43,986 Man Dir - Private Equities William R Bishai PhD 40 0 Х 609,663 41,496 Director, K-RITH Anıl Madhok 40 0 557,989 36,246 Х Man Dir - Investments & COO Eric R Kandel MD 40 0 534,936 51,923 Х Senior Investigator Matthew R Lee 38,074 40 0 Х 532,329 Man Dir - Portfolio Strategies Roderick Mackinnon MD 450,926 45,512 40 0 Х Investigator Peter J Bruns PhD Х 124,750 10 0 Consultant Thomas R Cech PhD 40 0 Х 962,705 22,407 Investigator David A Clayton PhD Х 20,397 40 0 108,586 Group Leader Robert C Mullins 40 0 Х 246,292 34,609 Controller - Ret 11/11 Edward J Palmerino 40 0 Х 375,974 14,270 VP Finance&Treasurer-Ret 4/11

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