

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2001

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

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2001 calendar year, OR tax year beginning 7/1/2001 and ending 6/30/2002

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Whitehead Institute for Biomedical Research</u>		D Employer identification number <u>06-1043412</u>
		Number and street (or P. O. box if mail is not delivered to street address)		E Telephone number
		Room/suite		<u>(617) 258-5000</u>
City or town		State or country	ZIP + 4	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
<u>Cambridge</u>		<u>MA</u>	<u>02142-1401</u>	

G Web site www.wi.mit.edu

H and **I** are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates N/A

H(c) Are all affiliates included? N/A Yes No (If "No" attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN N/A

J Organization type (check only one) 501(c)(3) (insert no. 4947(a)(1) or 527

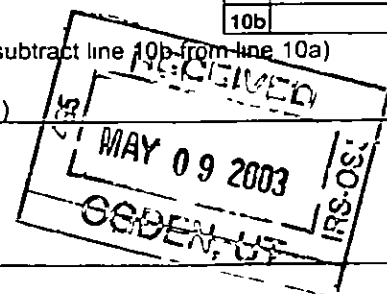
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 208,791,756

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

R e v e n u e	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	<u>19,281,351</u>		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	<u>113,633,725</u>		
	d Total (add lines 1a through 1c) (cash \$ <u>132,103,280</u> noncash \$ <u>811,796</u>)	1d		<u>132,915,076</u>	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		<u>171,396</u>	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		<u>440,933</u>	
	5 Dividends and interest from securities	5		<u>8,727,247</u>	
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		<u>0</u>	
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	<u>70,995</u>		
	65,945,417	8b	<u>69,176</u>		
	79,927,365	8c	<u>1,819</u>		
b Less cost or other basis and sales expenses					
c Gain or (loss) (attach schedule) Statement 1					
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		<u>-13,980,129</u>		
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		<u>0</u>		
10a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		<u>0</u>	
11 Other revenue (from Part VII, line 103)	11		<u>520,692</u>		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		<u>128,795,215</u>		
E x p e n s e s	13 Program services (from line 44, column (B))	13	<u>103,390,813</u>		
	14 Management and general (from line 44, column (C))	14	<u>27,650,056</u>		
	15 Fundraising (from line 44, column (D))	15	<u>1,081,871</u>		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		<u>132,122,740</u>	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<u>-3,327,525</u>		
N e t A s s e t s	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>419,336,643</u>		
	20 Other changes in net assets or fund balances (attach explanation) Statement 2	20	<u>-14,345,989</u>		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		<u>401,663,129</u>	



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 0			
23 Specific assistance to individuals (attach schedule)	23 0			
24 Benefits paid to or for members (attach schedule)	24 0			
25 Compensation of officers, directors, etc	25 1,109,644	372,879	736,765	
26 Other salaries and wages	26 30,607,653	20,751,711	9,366,617	489,325
27 Pension plan contributions	27 2,144,281	1,402,941	699,316	42,024
28 Other employee benefits	28 4,963,573	3,703,372	1,184,263	75,938
29 Payroll taxes	29 2,261,730	1,479,784	745,802	36,144
30 Professional fundraising fees	30 229,928			229,928
31 Accounting fees	31 154,651		154,651	
32 Legal fees	32 120,371		120,371	
33 Supplies	33 28,070,118	27,243,920	812,224	13,974
34 Telephone	34 596,790	258,547	330,879	7,364
35 Postage and shipping	35 152,660	91,762	47,128	13,770
36 Occupancy	36 6,935,928	5,165,778	1,770,150	
37 Equipment rental and maintenance	37 5,279,581	4,179,872	1,098,166	1,543
38 Printing and publications	38 800,900	214,073	530,350	56,477
39 Travel	39 659,543	433,861	199,960	25,722
40 Conferences, conventions, and meetings	40 265,466	143,249	117,956	4,261
41 Interest	41 2,584,157	2,500,960	83,197	
42 Depreciation, depletion, etc (attach schedule) Statement 3	42 21,150,159	18,969,424	2,180,735	
43 Other expenses not covered above (itemize) a Statement 4	43a 24,035,607	16,478,680	7,471,526	85,401
b	43b 0			
c	43c 0			
d	43d 0			
e	43e 0			
f	43f 0			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 132,122,740	103,390,813	27,650,056	1,081,871

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? <u>Education and research</u>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
a <u>Biomedical research and education to foster the understanding of biological systems, organisms, and processes with the ultimate goal of improving human health and well-being</u> <u>During the year, there were 117 active grants from 69 grantors</u> (Grants and allocations \$ _____)	103,390,813
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e <u>Other program services (attach schedule)</u> (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	103,390,813

Part IV Balance Sheets

(See Specific Instructions on page 24)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year	(B) End of year
Assets			
45	Cash - non-interest-bearing	4,400	4,300
46	Savings and temporary cash investments	15,517,873	9,341,558
47a	Accounts receivable	6,411,869	
b	Less allowance for doubtful accounts	1,351,677	6,411,869
48a	Pledges receivable	483,049	
b	Less allowance for doubtful accounts	198,130	483,049
49	Grants receivable	6,300,558	6,592,084
50	Receivables from officers, directors, trustees, and key employees (attach schedule) Statement 5	0	1,000,000
51a	Other notes and loans receivable (attach schedule)		
b	Less allowance for doubtful accounts	0	0
52	Inventories for sale or use	0	
53	Prepaid expenses and deferred charges	1,995,831	906,555
54	Investments - securities (attach schedule) Statement 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	335,218,654	311,989,631
55a	Investments - land, buildings, and equipment basis		
b	Less accumulated depreciation (attach schedule)	0	0
56	Investments - other (attach schedule) Statement 5	0	33,930
57a	Land, buildings, and equipment basis	220,886,052	
b	Less accumulated depreciation (attach schedule) Statement 3	86,431,341	134,454,711
58	Other assets (describe) Statement 5	13,608,890	9,799,555
59	Total assets (add lines 45 through 58) (must equal line 74)	502,660,553	481,017,242
Liabilities			
60	Accounts payable and accrued expenses	6,662,368	10,148,602
61	Grants payable	0	
62	Deferred revenue	6,059,858	5,997,715
63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	
64a	Tax-exempt bond liabilities (attach schedule) Statement 6	65,955,296	54,811,735
b	Mortgages and other notes payable (attach schedule) Statement 6	4,632,923	8,300,000
65	Other liabilities (describe) capital lease for equipment	13,465	96,061
66	Total liabilities (add lines 60 through 65)	83,323,910	79,354,113
Net Assets or Fund Balances			
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	405,397,033	391,137,456
68	Temporarily restricted	13,939,610	10,525,673
69	Permanently restricted		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		
71	Paid-in or capital surplus, or land, building, and equipment fund		
72	Retained earnings, endowment, accumulated income, or other funds		
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	419,336,643	401,663,129
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	502,660,553	481,017,242

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

a	Total revenue gains, and other support per audited financial statements	a	115,143,402
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ -10,809,497		
(2)	Donated services and use of facilities \$ 625,000		
(3)	Recoveries of prior year grants \$ -3,536,492		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) thru (4)	b	-13,720,989
c	Line a minus line b	c	128,864,391
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Loss on disposal of assets \$ -69,176		
	\$		
	Add amounts on lines (1) and (2)	d	-69,176
e	Total revenue per line 12, Form 990 (line c plus line d)	e	128,795,215

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	132,816,916
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 625,000		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	Loss on disposal of assets \$ 69,176		
	\$		
	Add amounts on lines (1) thru (4)	b	694,176
c	Line a minus line b	c	132,122,740
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	132,122,740

Part V List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Dr. Susan Lindquist c/o Whitehead Institute, Nine Cambridge Ctr, Cambridge MA 02142	President - effective 10/1/01 40 hours	309,102	18,512	0
Dr. Gerald Fink c/o Whitehead Institute, Nine Cambridge Ctr, Cambridge MA 02142	President - through 9/30/01, faculty thereafter 40 hours	380,422	27,230	0
John Pratt c/o Whitehead Institute, Nine Cambridge Ctr, Cambridge MA 02142	Vice President/Treasurer 40 hours	266,325	31,825	0
Arthur Brill c/o Whitehead Institute, Nine Cambridge Ctr, Cambridge MA 02142	Secretary 1 hour	0	0	0
Margaret Sand c/o Whitehead Institute, Nine Cambridge Ctr, Cambridge MA 02142	Asst Secretary 40 hours	153,795	25,289	0
See attached Statement 7 for Board of Directors				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes

No

If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information

(See Specific Instructions on page 27.)

Yes or No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	None
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b	625,000
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12 for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>None</u> , section 4912 <u>None</u> , section 4955 <u>None</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		None
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		None
90a	List the states with which a copy of this return is filed <u>Massachusetts</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions.)	90b	686
91	The books are in care of <u>John Pratt</u> Telephone no <u>617-258-5104</u> Located at <u>Nine Cambridge Center, Cambridge, MA</u> ZIP + 4 <u>02142-1401</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A <input type="checkbox"/>

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32)

Note	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a Meeting registration fees					60,737
b Scientific services					110,659
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	440,933	
96 Dividends and interest from securities			14	8,727,247	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-13,980,129	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Patent royalties			15	518,358	
b Miscellaneous			01	2,334	
c					
d					
e					
104 Subtotal (add cols (B), (D), and (E))		0		-4,291,257	171,396
105 Total (add line 104, columns (B), (D), and (E))					-4,119,861

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	Whitehead Institute sponsors symposiums addressing current science and the impact of that science on society
93B	Whitehead Institute makes specialized scientific facilities and biologicals available to other research centers

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 33)

(a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.
	Signature of officer <i>John Pratt</i> Type or print name and title
Paid Preparer's Use Only	Preparer's signature <i>Key B. [Signature]</i> Firm's name (or yours if self-employed), address and ZIP + 4 PricewaterhouseCoopers One International Place

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Supplementary Information - (See separate instructions)

Name of the organization Whitehead Institute for Biomedical Research	Employer identification number 06-1043412
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jill Mesrov 320 Charles Street Cambridge, MA 02142	Director, Bioinformatics & Computational Biology, 40 hours	190,115	21,174	0
Dr. Robert Weinberg Nine Cambridge Center Cambridge, MA 02142	Faculty 40 hours	183,171	29,264	0
Dr. Eric Lander Nine Cambridge Center Cambridge, MA 02142	Faculty 40 hours	179,426	27,719	0
Alan Fein 320 Charles Street Cambridge, MA 02142	Deputy Director, Genome Center, 40 hours	175,095	27,518	0
Dr. Rudolf Jaenisch Nine Cambridge Center Cambridge, MA 02142	Faculty, 40 hours	173,594	27,231	0
Total number of other employees paid over \$50,000	185			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Realty Associates Fund III TA Associates Realty, 28 State Street - 10th Floor Boston, MA 02109	Investment advisors	599,561
Hamilton, Brooks, Smith, & Reynolds 530 Virginia Road, PO Box 9133 Concord, MA 01742	Legal - Intellectual Property	364,676
Tukman Capital Management, Inc 60 East Sir Francis Drake Boulevard, Suite 204 Larkspur, CA 94939	Investment advisors	297,713
Standard Pacific Capital, LLC 425 California Street, 26th Floor San Francisco, CA 9104	Investment advisors	259,207
MAS Funds One Tower Bridge, Suite 1150, PO Box 868 West Conshohocken, PA 19428	Investment advisors	234,418
Total number of others receiving over \$50,000 for professional services	21	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>596.</u> (Must equal amounts on line 38, Part VI-A or line 1 of Part VI-B) Statement 8	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit? Statement 5	X	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets? See Form 990, Part V		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting N/A

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts		
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d
e Public support (line 26c minus line 26d total)		26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f

27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year	
	(2000) _____ (1999) _____ (1998) _____ (1997) _____	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year		
	(2000) _____ (1999) _____ (1998) _____ (1997) _____	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c
d Add Line 27a total _____ and line 27b total _____		27d
e Public support (line 27c total minus line 27d total)		27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	X	
Notice of nondiscriminatory policy is placed annually in the Sunday education section of the Boston Globe		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500 000		
Over \$500 000 but not over \$1,000 000		
Over \$1 000 000 but not over \$1 500 000		
Over \$1 500 000 but not over \$17,000,000		
Over \$17 000 000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500 000		
\$175,000 plus 10% of the excess over \$1 000,000	41	
\$225,000 plus 5% of the excess over \$1 500 000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

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 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies demonstrations, seminars, conventions, speeches, lectures or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
X		
	X	None
	X	None
	X	None
	X	None
X		356
X		540
		896

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

STMT 8

Whitehead Institute for Biomedical Research
06-1043412

Cambridge, MA
FYE 6/30/02
Statement 1

2001

Part I

Line 8 - Gain (loss)

Publicly-Traded Securities

Total gross sales price	\$ 65,945,417
Total cost	<u>79,927,365</u>
	<u>\$ (13,981,948)</u>

Fixed Assets

Item	Date Acquired	Date of Disposal	Sales Price	Cost	Accum Deprec.	Net book value	Gain (Loss)
Research eqmt	various	FY 02	\$ 70,995	\$ 777,145	\$ 707,969	\$ 69,176	\$ 1,819
			<u>\$ 70,995</u>	<u>\$ 777,145</u>	<u>\$ 707,969</u>	<u>\$ 69,176</u>	<u>\$ 1,819</u>

Total net gain \$ (13,980,129)

Whitehead Institute for Biomedical Research
06-1043412

Cambridge, MA
FYE 6/30/02
Statement 2

2001

Part I

Line 20 - Other Changes in Fund Balances

Support designated for future periods	\$ (3,536,492)
Net change in unrealized appreciation of investments	<u>(10,809,497)</u>
	<u>\$ (14,345,989)</u>

2001

Part II, Line 42 - Depreciation and Part IV, Line 57 - Fixed Assets

<u>Assets</u>	<u>Deprec Method</u>	<u>Life (years)</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Book Value 6/30/02</u>	<u>FY 02 deprec. exp.</u>
Land			\$ 3,977,500	\$ ---	\$ 3,977,500	\$ ---
Building and improvements	S/L	10-60	65,347,113	27,409,798	37,937,315	2,566,757
Leasehold improvements	S/L	10-15	32,714,964	4,925,789	27,789,175	1,788,577
Artwork			297,167	---	297,167	---
Equipment	S/L	3-15	77,533,309	32,632,086	44,901,223	8,664,227
Equipment leased under capital leases	S/L	5	40,744,592	21,463,668	19,280,924	8,130,598
Construction in progress			<u>271,407</u>	<u>---</u>	<u>271,407</u>	<u>---</u>
			<u>\$ 220,886,052</u>	<u>\$ 86,431,341</u>	<u>\$ 134,454,711</u>	<u>\$ 21,150,159</u>

Whitehead Institute for Biomedical Research
06-1043412

Cambridge, MA
FYE 6/30/02
Statement 4

2001

Part II

Line 43 - Other Expenses

	(A) Total	(B) Program Services	(C) Management and General	(D) Fund- raising
Other professional fees	\$ 1,552,530	\$ 360,945	\$ 1,191,585	\$
Outside services	11,021,919	10,795,897	225,404	618
Investment advisors and trustee/custodian fees	2,392,492		2,392,492	
Tuition	1,678,187	1,112,073	566,114	
Fellowships (passthroughs)	1,582,638	1,582,638		
Research subcontracts	2,315,138	2,315,138		
Insurance	170,350		170,350	
Bond issuance and amortization expense	96,328	91,283	5,045	
Miscellaneous	<u>3,226,025</u>	<u>220,706</u>	<u>2,920,536</u>	<u>84,783</u>
	<u>\$ 24,035,607</u>	<u>\$ 16,478,680</u>	<u>\$ 7,471,526</u>	<u>\$ 85,401</u>

Whitehead Institute for Biomedical Research
06-1043412

Cambridge, MA
FYE 6/30/02
Statement 5

2001

Part IV

Line 50 - Receivable from officers and Schedule A Part III Line 2b

Borrower's name and title	Date of note	Purpose of loan	Maturity Date	Original amount	Balance due
Susan Lindquist President and Director	6/14/02	Relocation mortgage	6/14/32	\$ 1,000,000	\$ <u>1,000,000</u>

Security provided by borrower Promissory note secured by property
Interest rate None - qualified relocation loan
Repayment terms Loan amount due 30 years from the date of the note

Line 54 - Investments - Securities

	<u>Cost</u>	<u>Fair Market Value</u>
Cash and cash equivalents	\$ 20,716,613	\$ 20,716,693
Pooled trust funds (fixed income)	46,462,101	47,667,352
Pooled trust funds (domestic equities)	83,672,604	74,578,854
Domestic equities	46,654,059	50,511,067
Pooled trust fund (foreign equities)	21,510,973	21,307,861
Foreign equities	40,557,885	37,980,710
Real estate	6,424,306	8,098,419
Other	46,440,614	51,128,675
	<u>\$ 312,439,155</u>	<u>\$ 311,989,631</u>

Line 56 - Investments - other

	<u>Cost</u>	<u>Fair Market Value</u>
Charitable gift annuities - money markets	\$ 18,329	\$ 18,329
Charitable gift annuities - mutual funds	15,928	15,601
	<u>\$ 34,257</u>	<u>\$ 33,930</u>

Line 58 - Other assets

Support receivable	\$ 9,385,488
Loans to employees	<u>414,067</u>
	<u>\$ 9,799,555</u>

2001

Part IV

Line 64a - Tax-exempt obligations

Type of oblig.	Issuing agency	Issue Date	Purpose of issue	Original amount of issue	Completion date of project	Amount of issue outstanding
Bond	Massachusetts Industrial Finance Agency	10/93	Expansion of facilities	\$ 20,000,000	11/95 less OID	\$ 20,000,000 (282,888)
Bond	Massachusetts Industrial Finance Agency	8/95	Expansion of facilities	\$ 13,000,000	3/97	\$ 13,000,000
Loan	Massachusetts Health and Educational Facilities Authority	4/97	Leasehold improvements	\$ 8,000,000	6/99	\$ 4,291,916
Loan	Massachusetts Health and Educational Facilities Authority	8/97	Leasehold improvements	\$ 2,000,000	11/99	\$ 1,139,916
Loan	Massachusetts Health and Educational Facilities Authority	6/99	Leasehold improvements	\$ 3,000,000	11/01	\$ 2,561,287
Lease	Massachusetts Health and Educational Facilities Authority	5/98	Equipment lease	\$ 2,663,000	8/98	\$ 583,176
Lease	Massachusetts Health and Educational Facilities Authority	4/99	Equipment lease	\$ 38,000,000	6/00	\$ 13,518,328
						\$ 54,811,735

Line 64b - Mortgages and other notes payable

Revolving credit	Fleet National Bank	1/00	Leasehold improvements	\$ 8,300,000	6/02	\$ 8,300,000
						\$ 8,300,000

2001

Part V

Board of Directors

Dr Tenley E. Albright*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Dr Ronald Cape*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Mr. John K. Castle*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Dr. Charles D Ellis*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Mr. Peter C. Goldmark, Jr.*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Mr Norman Hascoe*
Emeritus WI Board Member
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Dr Rebecca Henderson*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Dr. Paul L. Joskow*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Mr. John F. Maypole*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Mr. Robert A. McCabe*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Mr. Patrick J. McGovern*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Dr. Abraham J Siegel, *
Emeritus WI Board Member
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Dr Robert J. Silbey*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Dr. Christopher Walsh*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Dr. Arnold N. Weinberg*
Emeritus WI Board Member
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Mr. John Whitehead*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Mr. Peter Whitehead*
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

Ms Susan Whitehead*
Chairperson of WI Board
c/o Whitehead Institute
Nine Cambridge Center
Cambridge, MA 02142

* These board members devote an average of two hours per week to board activities and receive no compensation, contributions to employee benefit plans, or other compensation, other than reimbursement for out-of-pocket expenses related to Board or committee activities

Whitehead Institute for Biomedical Research
06-1043412

Cambridge, MA
FYE 6/30/02
Statement 8

2001

Schedule A

Schedule A Part VI-B - Lobbying Activity by Nonelecting Public Charities

From time to time, senior Whitehead Institute management personnel contact legislators about pending legislation which may impact the Institute's activities. During the fiscal year, one hour of management time was spent meeting with representatives from two congressional offices to discuss the Institute's position on issues within the National Institutes of Health appropriation.

The Institute belongs to member organizations which may engage in lobbying activities. Dues of \$540 have been specifically identified as pertaining to lobbying.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (not automatic) 3-Month Extension complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print	Name of Exempt Organization Whitehead Institute for Biomedical Research	Employer identification number 06-1043412
File by the due date for filing your return See instructions	Number street and room or suite no. If a P O box see instructions Nine Cambridge Center	
	City, town or post office, state and ZIP code For a foreign address, see instructions Cambridge MA 02142-1401	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15/2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ tax year beginning 7/1/2001 and ending 6/30/2002

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions None

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit None

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions None

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature [Signature] Title Vice President + Treasurer Date 11/8/02

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box



Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II - Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization Whitehead Institute for Biomedical Research	Employer identification number 06-1043412
	Number, street, and room or suite no. If a P O box, see instructions Nine Cambridge Center	
	City, town or post office, state, and ZIP code For a foreign address see instructions Cambridge, MA 02142-1401	

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box



If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A

N/A

If this is

for the whole group, check this box



If it is for part of the group check this box



and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15/2003
- 5 For calendar year _____, or other tax year beginning 7/1/2001 and ending 6/30/2002
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Additional time is required to prepare the detailed schedules needed for the tax return. A complete and accurate return cannot be prepared by due date

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions None
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 021903 None
- c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions None

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title Vice President Date Feb 12, 2003

Notice to Applicant-To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ EXTENSION APPROVED

Alternate Mailing Address- Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

FEB 27 2003

Type or print	Name	LINDA WEISKOPF, FIELD DIRECTOR
	Number and street (include suite, room, or apt no.) Or a P O box number	SUBMISSION PROCESSING, OGDEN
	City or town province or state, and country (including postal or ZIP code)	