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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1100 FAIRVIEW AVENUE NORTH

City or town, state or country, and ZIP + 4
SEATTLE, WA 981091024

D Employer identification number
23-7156071

E Telephone number
(206) 667-4876

G Gross receipts $ 523,405,356

F Name and address of principal officer
LAWRENCE COREY
1100 FAIRVIEW AVENUE NORTH
SEATTLE, WA 981091024

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW FHCRC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1971

M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE ELIMINATION OF CANCER AND RELATED DISEASES AS CAUSES OF HUMAN SUFFERING AND DEATH

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3,132
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-37,143

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	388,454,000	369,203,443
	9	Program service revenue (Part VIII, line 2g)	51,692,311	59,744,175
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,756,524	4,138,847
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,703,489	9,290,457
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	470,606,324	442,376,922
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	80,189,368	79,888,530
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	214,220,175	224,888,268
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	59,204	83,076
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,913,589		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	131,738,614	131,299,306
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	426,207,361	436,159,180
	19	Revenue less expenses Subtract line 18 from line 12	44,398,963	6,217,742

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	714,148,481	714,068,907
	21	Total liabilities (Part X, line 26)	461,116,144	481,168,125
	22	Net assets or fund balances Subtract line 21 from line 20	253,032,337	232,900,782

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2013-05-10
Signature of officer | Date

RANDALL C MAIN CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SARA ELIZABETH J HYRE	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00235495
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLARK NUBER PS 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004			EIN ▶ 91-1194016 Phone no ▶ (425) 454-4919

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

FRED HUTCHINSON CANCER RESEARCH CENTER'S (THE CENTER) MISSION IS THE ELIMINATION OF CANCER AND RELATED DISEASES AS CAUSES OF HUMAN SUFFERING AND DEATH THE CENTER CONDUCTS RESEARCH TO IMPROVE PREVENTION AND TREATMENT OF CANCER AND RELATED DISEASES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 134,810,746 including grants of $ 44,670,654) (Revenue $ 19,609,323)

VACCINE AND INFECTIOUS DISEASE DIVISION THE VACCINE AND INFECTIOUS DISEASE DIVISION, VIDD, WAS ESTABLISHED BY THE FRED HUTCHINSON CANCER RESEARCH CENTER, FIRST AS AN INSTITUTE IN 2007 AND AS A SCIENTIFIC DIVISION OF THE CENTER IN 2010, TO ADDRESS THE GROWING NEED FOR TREATMENT AND PREVENTION STRATEGIES FOR INFECTIOUS DISEASES WORLDWIDE BY INTEGRATING BIOMETRIC, LABORATORY, AND CLINICAL SCIENCE, THE RESEARCHERS AT VIDD AIM TO DEVELOP NOVEL VACCINES FOR INFECTIOUS DISEASES THAT THREATEN GLOBAL HEALTH, TO SHED LIGHT ON THE WORKINGS OF THE HUMAN IMMUNE SYSTEM, AND TO DEVELOP NOVEL TREATMENT AND PREVENTION STRATEGIES TO LESSEN THE BURDEN OF INFECTIOUS DISEASES AND CANCERS CAUSED BY INFECTION, PARTICULARLY IN THE IMMUNOCOMPROMISED HOST

4b (Code) (Expenses $ 114,559,825 including grants of $ 22,039,124) (Revenue $ 16,663,661)

PUBLIC HEALTH SCIENCES DIVISION THE GOAL OF THE PUBLIC HEALTH SCIENCES DIVISION IS TO IDENTIFY STRATEGIES THAT WOULD ULTIMATELY REDUCE THE INCIDENCE OF AND MORTALITY FROM CANCER AND OTHER DISEASES THE PUBLIC HEALTH SCIENCES DIVISION IS MADE UP OF SIX MAJOR PROGRAMS BIOSTATISTICS & BIOMATHEMATICS, CANCER PREVENTION, COMPUTATIONAL BIOLOGY, EPIDEMIOLOGY, AND TRANSLATIONAL RESEARCH

4c (Code) (Expenses $ 99,963,257 including grants of $ 7,438,090) (Revenue $ 14,540,471)

CLINICAL RESEARCH DIVISION FROM LABORATORY BENCH TO BEDSIDE, THE CLINICAL RESEARCH DIVISION WORKS TO DEVELOP AND ANALYZE NEW TREATMENTS FOR CANCERS AND OTHER DISEASES

(Code) (Expenses $ 31,279,005 including grants of $ 4,839,183) (Revenue $ 4,549,786)

HUMAN BIOLOGY DIVISION THE MISSION OF THE HUMAN BIOLOGY DIVISION IS TO CULTIVATE INTERDISCIPLINARY RESEARCH TO ADVANCE UNDERSTANDING OF HUMAN BIOLOGY AND THE COMPLEX PROBLEMS OF NEOPLASIA AND OTHER HUMAN DISEASES THE DIVISION IS STRUCTURED TO FOSTER LABORATORY-BASED AND COMPUTATIONAL RESEARCH AT THE INTERFACE OF BASIC, CLINICAL, AND POPULATION SCIENCES DENISE GALLOWAY IS THE INTERIM DIRECTOR OF HUMAN BIOLOGY

(Code) (Expenses $ 30,118,171 including grants of $ 901,479) (Revenue $ 4,380,934)

BASIC SCIENCES DIVISION THE BASIC SCIENCES DIVISION AT THE FRED HUTCHINSON CANCER RESEARCH CENTER WAS FOUNDED IN 1981 WITH THE GOAL OF PROVIDING A UNIQUE AND EXCITING ENVIRONMENT TO FOSTER CREATIVE AND GROUNDBREAKING RESEARCH THE DIVISION CONSISTS OF 27 LABORATORIES, EACH WORKING IN DIVERSE AREAS RELATED TO ALL ASPECTS OF BIOLOGY THE LABS EMPLOY STRUCTURAL, GENETIC, MOLECULAR, CELLULAR, DEVELOPMENTAL, AND EVOLUTIONARY BIOLOGY METHODS TO ADDRESS UNRESOLVED QUESTIONS IN BIOLOGY USING A WIDE RANGE OF MODEL SYSTEMS

4d Other program services (Describe in Schedule O)

(Expenses $ 61,397,176 including grants of $ 5,740,662) (Revenue $ 8,930,720)

4e **Total program service expenses** ▶$ 410,731,004

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part 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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
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? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	22		No
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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	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? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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		No
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? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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	**1a** 546			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a** 3,132			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ UG 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? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

18 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 ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 ▶

RANDALL C MAIN
1100 FAIRVIEW AVENUE NORTH
SEATTLE, WA 981091024
(206) 667-4876

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	7,869,694	0	970,144

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶345

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such 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*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEATTLE CANCER CARE ALLIANCE 825 EASTLAKE AVE E SEATTLE, WA 98109	PATIENT CARE SERVICES	1,607,937
METROPOLITAN BUILDING MAINTENANCE CO 3829 AURORA AVE N SEATTLE, WA 98103	MAINTENANCE SERVICES	1,278,518
GREEN RUBINO 1938 FAIRVIEW AVE E STE 200 SEATTLE, WA 98102	MARKETING SERVICES	1,073,452
BARC FIRST FLOOR NAPIE JOHANNESBURG, WESTERN CAPE 2092 ZAF SF	RESEARCH SERVICES	875,442
UNIVERSITY OF CF 12424 RESEARCH PKWY SUITE 300 ORLANDO, FL 328263249	RESEARCH SERVICES	826,894

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶59

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 725,880				
	b Membership dues	1b				
	c Fundraising events	1c 4,589,884				
	d Related organizations	1d				
	e Government grants (contributions)	1e 328,727,322				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 35,160,357				
	g Noncash contributions included in lines 1a-1f $ 6,261,189					
	h **Total.** Add lines 1a-1f ▶		369,203,443			
Program Service Revenue		Business Code				
	2a INTERAFFILIATE AGMTS	541711	36,737,557	36,737,557		
	b RESEARCH ACTIVITIES	541711	12,467,368	12,467,368		
	c PATIENT SVCS AT SCCA	622110	10,539,250	10,539,250		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		59,744,175			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▶		3,866,859			3,866,859
	4 Income from investment of tax-exempt bond proceeds ▶		250,515			250,515
	5 Royalties ▶		6,511,134			6,511,134
		(i) Real / (ii) Personal				
	6a Gross rents	3,314,050 /				
	b Less rental expenses	0 /				
	c Rental income or (loss)	3,314,050 /				
	d Net rental income or (loss) ▶		3,314,050			3,314,050
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	79,618,000 / 43,148				
	b Less cost or other basis and sales expenses	79,639,675 / 0				
	c Gain or (loss)	-21,675 / 43,148				
	d Net gain or (loss) ▶		21,473			21,473
	8a Gross income from fundraising events (not including $ 4,589,884 of contributions reported on line 1c) See Part IV, line 18 a	771,977				
	b Less direct expenses b	1,375,259				
	c Net income or (loss) from fundraising events ▶		-603,282			-603,282
	9a Gross income from gaming activities See Part IV, line 19 a	82,055				
	b Less direct expenses b	13,500				
	c Net income or (loss) from gaming activities ▶		68,555			68,555
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See Instructions ▶		442,376,922	59,744,175	0	13,429,304

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	72,416,568	72,416,568		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	7,471,962	7,471,962		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,369,222	3,753,854	3,245,465	369,903
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	171,696,733	137,705,120	30,468,184	3,523,429
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,717,391	10,337,108	2,101,343	278,940
9 Other employee benefits	19,854,451	16,072,805	3,347,817	433,829
10 Payroll taxes	13,250,471	10,591,228	2,379,315	279,928
11 Fees for services (non-employees)				
a Management				
b Legal	1,371,466	14,948	1,356,518	
c Accounting	275,916	14,126	261,790	
d Lobbying	140,528		140,528	
e Professional fundraising *See Part IV, line 17* . .	83,076			83,076
f Investment management fees	666,607		666,607	
g Other	27,081,720	11,729,519	14,645,253	706,948
12 Advertising and promotion	392,748		320,523	72,225
13 Office expenses	3,308,024	1,605,139	1,543,327	159,558
14 Information technology	2,691,966		2,691,966	
15 Royalties . .				
16 Occupancy	11,189,330	171,875	11,017,455	
17 Travel	2,857,329	2,193,552	538,069	125,708
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	642,839	531,458	91,199	20,182
20 Interest	14,126,140	10,591,363	3,534,777	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,736,149	22,641,146	3,095,003	
23 Insurance	1,537,403		1,537,403	
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)				
a RESEARCH SUPPLIES	22,316,977	22,316,977		
b EQUIP RENT & MAINT	6,440,469	2,476,871	3,899,015	64,583
c ALLOC OF INDIRECT COSTS	0	70,386,976	-70,386,976	
d				
e				
f All other expenses	10,523,695	7,708,409	2,020,006	795,280
25 **Total functional expenses.** Add lines 1 through 24f	436,159,180	410,731,004	18,514,587	6,913,589
26 **Joint costs.** Check here ▶ ☐ 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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		9,037	1	4,275
	2	Savings and temporary cash investments		61,510,742	2	32,986,577
	3	Pledges and grants receivable, net		34,026,493	3	30,959,498
	4	Accounts receivable, net		18,046,009	4	17,375,292
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		621,757	7	660,124
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,446,837	9	1,724,061
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 680,995,194			
	b	Less accumulated depreciation	10b 324,915,036	325,355,893	10c	356,080,158
	11	Investments—publicly traded securities		125,674,643	11	99,628,066
	12	Investments—other securities See Part IV, line 11		40,827,536	12	62,539,963
	13	Investments—program-related See Part IV, line 11		71,213,967	13	77,786,370
	14	Intangible assets		2,530,782	14	2,482,655
	15	Other assets See Part IV, line 11		32,884,785	15	31,841,868
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		714,148,481	16	714,068,907
Liabilities	17	Accounts payable and accrued expenses		35,760,069	17	41,732,382
	18	Grants payable			18	
	19	Deferred revenue		26,711,012	19	31,465,334
	20	Tax-exempt bond liabilities		372,159,052	20	367,774,147
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		26,486,011	25	40,196,262
	26	**Total liabilities.** Add lines 17 through 25		461,116,144	26	481,168,125
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		162,996,337	27	141,600,782
	28	Temporarily restricted net assets		38,223,000	28	38,055,000
	29	Permanently restricted net assets		51,813,000	29	53,245,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		253,032,337	33	232,900,782
	34	Total liabilities and net assets/fund balances		714,148,481	34	714,068,907

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	442,376,922
2	Total expenses (must equal Part IX, column (A), line 25)	2	436,159,180
3	Revenue less expenses Subtract line 2 from line 1	3	6,217,742
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	253,032,337
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-26,349,297
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	232,900,782

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ 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 the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document?		**(v)** Did you notify the organization in col (i) of your support?		**(vi)** Is the organization in col (i) organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	321,146,537	309,432,567	345,330,959	388,454,000	369,203,443	1,733,567,506
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	321,146,537	309,432,567	345,330,959	388,454,000	369,203,443	1,733,567,506
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						1,733,567,506

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4	321,146,537	309,432,567	345,330,959	388,454,000	369,203,443	1,733,567,506
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,577,277	21,557,624	17,490,065	24,718,143	13,942,558	92,285,667
9 Net income from unrelated business activities, whether or not the business is regularly carried on	990,242					990,242
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						1,826,843,415

12 Gross receipts from related activities, etc (See instructions) **12** 238,056,259

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	94 890 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	94 620 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2010 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
FRED HUTCHINSON CANCER RESEARCH CENTER	23-7156071

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	140,528	
c	Total lobbying expenditures (add lines 1a and 1b)	140,528	
d	Other exempt purpose expenditures	437,255,261	
e	Total exempt purpose expenditures (add lines 1c and 1d)	437,395,789	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

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)	**(a)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(e)** Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	106,714	112,213	118,859	140,528	478,314
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	0	0	0	0	

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)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
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 similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_____

4 Number of states where property subject to conservation easement is located ▶_____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ 732,646

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☑ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☑ Other DONOR RESTRICTION

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
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 Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	94,229,707	82,001,707	75,830,000	100,751,000	
b Contributions	27,184,000	14,234,000	5,559,524	4,053,000	
c Investment earnings or losses	-2,276,000	14,988,000	7,831,043	-18,913,000	
d Grants or scholarships	0	0	0	0	
e Other expenditures for facilities and programs	1,225,000	16,994,000	7,218,860	10,061,000	
f Administrative expenses	0	0	0	0	
g End of year balance	117,912,707	94,229,707	82,001,707	75,830,000	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 75 000 %

b Permanent endowment ▶ 22 000 %

c Term endowment ▶ 3 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		52,389,138		52,389,138
b Buildings		380,208,685	190,547,015	189,661,670
c Leasehold improvements				
d Equipment		172,995,992	134,368,021	38,627,971
e Other		75,401,379		75,401,379
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				356,080,158

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) MORTGAGE-BACKED SECURITIES	1,841,379	C
(B) COLLATERIZED MORTGAGE OBLIGATIONS	350,914	C
(C) ASSET BACKED SECURITIES	366,519	C
(D) HEDGE FUNDS	27,660,575	C
(E) LIMITED PARTNERSHIPS	24,441,227	C
(F) IKARIA STOCK	7,879,349	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	62,539,963	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN SEATTLE CANCER CARE ALLIANCE	77,786,370	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	77,786,370	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED CREDIT ON CASH FLOW HEDGES	40,196,262
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	40,196,262

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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

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
	PART III, LINE 4	IN JANUARY 2010, THE QTIP TRUST OF THE 1993 KULLMAN FAMILY TRUST DONATED TO THE CENTER A COLLECTION OF FORTY BLACK AND WHITE PHOTOGRAPHS WHICH HAD AN APPRAISED VALUE OF $710,646 AT THE TIME OF THE DONATION THE ARTWORK DONATION AGREEMENT REQUIRES THE CENTER TO DISPLAY THE ARTWORK AS A COLLECTION AT ITS MAIN CAMPUS IN SEATTLE, WASHINGTON FOR AT LEAST TWENTY YEARS THE ARTWORK DONATION AGREEMENT STATES THAT "THE CENTER SHALL HAVE THE RIGHT TO USE AND DISPLAY THE ARTWORK IN THE MANNER THAT BEST SERVES THE INTEREST OF THE CENTER " AT THE END OF THE REQUIRED TWENTY YEAR DISPLAY PERIOD, THE CENTER WILL DETERMINE IF OPPORTUNITIES EXIST THAT MAY ALLOW THE VALUE OF THE DONATED ARTWORK TO FUND THE CENTER'S RESEARCH
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE CENTER'S SPENDING POLICY FOR ENDOWMENT FUNDS IS TO APPROPRIATE FOR DISTRIBUTION EACH YEAR 5% OF THE ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR THREE YEARS, PROVIDED THAT THE FAIR VALUE OF THE ENDOWMENT FUND EXCEEDS THE CORPUS FOR A PORTION OF THE CENTER'S BOARD-DESIGNATED INVESTMENTS, THE CENTER DOES NOT APPROPRIATE FOR DISTRIBUTION ANY AMOUNT OF INVESTMENT RETURN AS ALL OF THE RETURN EARNED IS HELD TO GROW THE FUND FOR FUTURE REPAYMENT OF LONG-TERM DEBT FOR THE REMAINING BOARD DESIGNATED INVESTMENTS, THE CENTER MAKES ALL INVESTMENT RETURN AVAILABLE FOR EXPENDITURE ON PROGRAMMATIC INITIATIVES IN ESTABLISHING THESE POLICIES, THE CENTER CONSIDERED THE LONG-TERM EXPECTED RETURNS ON ITS ENDOWMENT AND BOARD-DESIGNATED INVESTMENTS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		429,000
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		747,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,394,000
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		10,000
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,424,000
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		9,000
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		520,000
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		18,000
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,920,000
EAST ASIA AND THE PACIFIC -	0	0	PROGRAM SERVICES	RESEARCH SERVICES	38,000
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICES	RESEARCH SERVICES	352,000
NORTH AMERICA - CANADA AND MEXICO, BUT	0	0	PROGRAM SERVICES	RESEARCH SERVICES	714,000
SUB-SAHARAN AFRICA - ANGOLA,	0	0	PROGRAM SERVICES	RESEARCH SERVICES	705,000
3a Sub-total	0	0			4,551,000
b Total from continuation sheets to Part I	0	0			4,729,000
c Totals (add lines 3a and 3b)	0	0			9,280,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 33

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 ONCE THE NOTICE OF AWARD HAS BEEN RECEIVED AND THE CENTER PROJECT ID ACTIVATED, THE SUBAWARD CAN BE SET UP THE STRUCTURE OF THE SUBAWARD WILL DEPEND ON HOW THE PRIME IS SET UP GENERALLY AT THE CENTER, A NEW PO IS REQUISITIONED FOR EACH SUBAWARD FOR EACH YEAR OF A PROJECT THIS ALLOWS THE RESEARCH COORDINATOR (RC) TO CLOSELY MONITOR SUBAWARD INVOICES AND ENCUMBRANCES FOR OUR SUBRECIPIENTS, IT MEANS A SEPARATE BUDGET ID AND FINAL INVOICE EACH YEAR CARRYOVER BETWEEN YEARS IS NOT AUTOMATIC THERE ARE 5 PRIMARY STEPS 1) STEP ONE IS WITHIN OSR THE GRANT SPECIALIST NOTIFIES THE CONTRACT SPECIALIST THAT A GRANT WHICH INCLUDES A SUBAWARD HAS BEEN FUNDED AND PROVIDES TO THE CONTRACT SPECIALIST A COPY OF THE AWARD, THE SIGNED SUBAWARD APPLICATION (IF AVAILABLE) AND ANY SPECIAL INSTRUCTIONS A SIGNED SUBAWARD APPLICATION IS IMPORTANT BECAUSE IT SHOWS THAT THE SUBRECIPIENT ORGANIZATION HAS REVIEWED AND APPROVED THE BUDGET AND SCOPE OF WORK 2) THE RC SENDS THE CONTRACT SPECIALIST A SUBCONTRACT ACUISITION FORM (SAF) THIS FORM PROVIDES AUTHORIZATION FOR THE CONTRACT SPECIALIST TO ISSUE THE SUBAWARD INCLUDED IN THIS FORM IS A SCOPE OF WORK, BUDGET AND PERTINENT SUBRECIPIENT INFORMATION IT IS NECESSARY TO PROVIDE THE SCOPE OF WORK AND BUDGET ON THE SAF AS THESE TIMES MAY HAVE CHANGED FROM WHAT WAS ORIGINALLY SUBMITTED IN THE SUBAWARD APPLICATION 3) THE CONTRACT SPECIALIST REQUISITIONS THE SUBAWARD PO, WHICH THE RC MUST APPROVE AN EMAIL IS SENT TO THE RC NOTIFYING THEM THAT THE REQUISITION IS PENDING AND REQUIRES APPROVAL BECAUSE OSR DOES NOT HAVE FUNDS COMMITMENT AUTHORITY THE RC IS REQUIRED TO APPROVE ALL REQUISITIONS 4) OSR COLLECTS INFORMATION REQUIRED TO CORRECTLY SET UP THE SUBAWARD THESE ITEMS INCLUDE IRO AND IACUC APPROVAL DATES, CONFIRMATION OF SUBAWARD F&A RATES AND A-133 AUDIT REPORTS, REVIEW OF PRIME SPECIAL TERMS AND CONDITIONS TO DETERMINE FLOW-DOWN, CONFIRMATION THAT THE SUBRECIPIENT IS NOT DEBARRED, AND OTHER SIMILAR REGULATORY AND ADMINISTRATIVE REQUIREMENTS WHILE MUCH OF THIS INFORMATION IS COLLECTED BY OSR, THE RC MAY, IN ADDITION TO COMPLETING THE SAF, BE ASKED TO ASSIST IN THE COLLECTION OF SOME OF THE DOCUMENTATION 5) OSR WRITES THE SUBAWARD AGREEMENT, AND MAILS IT TO THE SUBRECIPIENT FOR SIGNATURE SOME AGREEMENTS CAN BE SIGNED BY OSR BEFORE MAILING, WHILE OTHERS WILL BE SENT UNSIGNED THIS IS DETERMINED BY THE CONTRACT SPECIALIST BASED ON THE TERMS OF AWARD AND STATUS OF ADMINISTRATIVE AND REGULATORY REQUIREMENTS A COPY OF THE INITIAL SUBAWARD IS SENT THE RC ONCE THE SUBAWARD HAS BEEN FULLY SIGNED, A COPY IS SENT TO THE RC FOR THEIR FILES NO INVOICES SHOULD BE APPROVED BY THE RC UNTIL THEY HAVE RECEIVED A FULLY EXECUTED AGREEMENT

Identifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 THE ACCRUAL METHOD WAS USED IN ACCOUNTING FOR EXPENDITURES IN PARTS I AND II

Additional Data

Software ID:
Software Version:
EIN: 23-7156071
Name: FRED HUTCHINSON CANCER RESEARCH CENTER

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	369,130	WIRE			
		SUB-SAHARAN AFRICA	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	396,882	WIRE			
		NORTH AMERICA	THE STATISTICAL AND COMPUTATIONAL ANALYSIS OF FLOW CYTOM	81,421	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORKS MICRO	40,481	CHECK			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	339,991	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	HPTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORK	200,324	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	815,852	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	MODELING PROSTATE CANCER CONTROL PREVENTION, SCREENING,	259,665	WIRE			
		SOUTH AMERICA	HIV TESTING AND TREATMENT TO PREVENT ONWARD HIV TRANSMIS	27,728	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	29,268	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	A PROSPECTIVE STUDY OF COLORECTAL CANCER ONE-CARBON ME	95,601	WIRE			
		SOUTH AMERICA	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	5,213	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	THE PATHOGENESIS OF FMD FACIOSCAPULOHUMERAL MUSCULAR	252,929	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	326,838	WIRE			
		NORTH AMERICA	BHGI INTERNATIONAL LEARNING LABORATORIES	75,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	COLORECTAL CANCER GENOME-WIDE ASSOCIATION STUDIES CONSOR	273,687	CHECK			
		EAST ASIA AND THE PACIFIC	BARRETT'S AND ESOPHAGEAL ADENOCARCINOMA GENETIC SUSCEPTI	689,327	WIRE			
		NORTH AMERICA	A RANDOMIZED PHASE II TRIAL OF CMV PREVENTION IN ACUTE L	24,456	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	DYNAMICS OF GRADIENT SENSING IN SINGLE CELLS	67,508	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	102,246	WIRE			
		NORTH AMERICA	EXPANSION OF CARDIAC AND HEMATOPOIETIC PREGENITORS BY WN	159,116	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	EVALUATION OF A HEPATITIS B OUTREACH INTERVENTION FOR CA	55,210	CHECK			
		NORTH AMERICA	THE GENETICS OF PARALLEL REPRODUCTIVE ISOLATION IN STICK	217,836	CHECK			
		SUB-SAHARAN AFRICA	HVTN LABORATORY PROGRAM	232,287	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	IMMUNOBIOLOGY OF TOLERANCE FAHCT	16,000	WIRE			
		SUB-SAHARAN AFRICA	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	13,500	WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND)	BARRETT'S AND ESOPHAGEAL ADENOCARCINOMA GENETIC SUSCEPTI	18,115	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL	7,842	WIRE			
		NORTH AMERICA	HVTN LABORATORY PROGRAM	163,992	CHECK			
		SUB-SAHARAN AFRICA	EARLY AND REINFECTION IN HIGH RISK WOMEN	29,146	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	HVTN LABORATORY PROGRAM	6,359	CHECK			
		NORTH AMERICA	WASHINGTON VACCINE ALLIANCE	122,527	CHECK			
		SUB-SAHARAN AFRICA	HVTN LABORATORY PROGRAM	1,226,344	WIRE			

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☑ Mail solicitations
b ☑ Internet and e-mail solicitations
c ☑ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
SEE PART IV P O BOX 3257 PORTLAND, OR 97208	DIRECT MAIL		No	629,059	64,006	565,053
SEE PART IV 1511 ROUTE 22 SUITE C-25 BREWSTER, NY 10509	TELEMARKETING		No	22,065	19,070	2,995
Total . . . . . ▶				651,124	83,076	568,048

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

AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, ND, NC, MS, MO, MN, MI, ME, MD, MA, OR, OK, OH, NY, NM, NJ, NH, UT, TN, SC, RI, PA, WV, WI, WA, VA

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 HOLIDAY AUCTION (event type)	(b) Event #2 CLIMB FOR CANCER (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	3,390,624	608,034	1,363,203	5,361,861
	2 Less Charitable contributions	2,883,712	607,234	1,098,938	4,589,884
	3 Gross income (line 1 minus line 2)	506,912	800	264,265	771,977
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	172,910		51,228	224,138
	8 Entertainment	1,924		30,000	31,924
	9 Other direct expenses	598,276	320,657	200,264	1,119,197
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,375,259)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-603,282

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			82,055	82,055
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			13,500	13,500
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☑ Yes 95 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(13,500)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				68,555

9 Enter the state(s) in which the organization operates gaming activities WA

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

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	0 %
b	An outside facility	13b	100 000 %

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

Name ▶ ACCOUNTING DEPARTMENT

Address ▶ 1100 FAIRVIEW AVENUE NORTH
SEATTLE, WA 98109

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ KRISTEN SCHERRER

Gaming manager compensation ▶ $ 5,000

Description of services provided ▶ PLANNING RAFFLE, PROCURING PRIZES, AND COORDINATING WITH VOLUNTEERS

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
	SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	(I) NAME OF FUNDRAISER LEWIS KENNEDY ASSOCIATES INC (I) ADDRESS OF FUNDRAISER PO BOX 3257 PORTLAND, OR 97208 (I) NAME OF FUNDRAISER HARRIS CONNECT GROUP HOLDINGS LLC (I) ADDRESS OF FUNDRAISER 1511 ROUTE 22, SUITE C-25 BREWSTER, NY 10509

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 344

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 13

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ONCE THE NOTICE OF AWARD HAS BEEN RECEIVED AND THE CENTER PROJECT IDENTIFICATION ACTIVATED, THE SUBAWARD CAN BE SET UP THE STRUCTURE OF THE SUBAWARD WILL DEPEND ON HOW THE PRIME IS SET UP GENERALLY, AT THE CENTER, A NEW PURCHASE ORDER (PO) IS REQUISITIONED FOR EACH SUBAWARD FOR EACH YEAR OF A PROJECT THIS ALLOWS THE RESEARCH COORDINATOR (RC) TO CLOSELY MONITOR SUBAWARD INVOICES AND ENCUMBRANCES FOR OUR SUBRECIPIENTS, IT MEANS A SEPARATE BUDGET IDENTIFICATION AND FINAL INVOICE EACH YEAR CARRYOVER BETWEEN YEARS IS NOT AUTOMATIC THERE ARE 5 PRIMARY STEPS IN THIS PROCESS 1) STEP ONE IS WITHIN THE OFFICE OF SPONSORED RESEARCH (OSR) THE GRANT SPECIALIST NOTIFIES THE CONTRACT SPECIALIST THAT A GRANT WHICH INCLUDES A SUBAWARD HAS BEEN FUNDED, AND PROVIDES TO THE CONTRACT SPECIALIST A COPY OF THE AWARD, THE SIGNED SUBAWARD APPLICATION (IF AVAILABLE) AND ANY SPECIAL INSTRUCTIONS A SIGNED SUBAWARD APPLICATION IS IMPORTANT BECAUSE IT SHOWS THAT THE SUBRECIPIENT ORGANIZATION HAS REVIEWED AND APPROVED THE BUDGET AND SCOPE OF WORK, 2) THE RC SENDS THE CONTRACT SPECIALIST A SUBCONTRACT ACQUISITION FORM (SAF) THIS FORM PROVIDES AUTHORIZATION FOR THE CONTRACT SPECIALIST TO ISSUE THE SUBAWARD, AND INCLUDES A SCOPE OF WORK, BUDGET, AND PERTINENT SUBRECIPIENT INFORMATION IT IS NECESSARY TO PROVIDE THE SCOPE OF WORK AND BUDGET ON THE SAF AS THESE ITEMS MAY HAVE CHANGED FROM WHAT WAS ORIGINALLY SUBMITTED IN THE SUBAWARD APPLICATION, 3) THE CONTRACT SPECIALIST REQUISITIONS THE SUBAWARD PO, WHICH THE RC MUST APPROVE AN E-MAIL IS SENT TO THE RC NOTIFYING THEM THAT THE REQUISITION IS PENDING AND REQUIRES APPROVAL BECAUSE OSR DOES NOT HAVE FUNDS COMMITMENT AUTHORITY, THE RC IS REQUIRED TO APPROVE ALL REQUISITIONS, 4) OSR COLLECTS INFORMATION REQUIRED TO CORRECTLY SET UP THE SUBAWARD THESE ITEMS INCLUDE INSTITUTIONAL REVIEW OFFICE (IRO) AND INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC) APPROVAL DATES, CONFIRMATION OF SUBAWARD FACILITIES AND ADMINISTRATIVE (F&A) RATES AND A-133 AUDIT REPORTS, REVIEW OF PRIME SPECIAL TERMS AND CONDITIONS TO DETERMINE FLOW-DOWN, CONFIRMATION THAT THE SUBRECIPIENT IS NOT DEBARRED, AND OTHER SIMILAR REGULATORY AND ADMINISTRATIVE REQUIREMENTS WHILE MUCH OF THE INFORMATION IS COLLECTED BY OSR, THE RC MAY, IN ADDITION TO COMPLETING THE SAF, BE ASKED TO ASSIST IN THE COLLECTION OF SOME OF THE DOCUMENTATION AND FINALLY, 5) OSR WRITES THE SUBAWARD AGREEMENT, AND MAILS IT TO THE SUBRECIPIENT FOR SIGNATURE SOME AGREEMENTS CAN BE SIGNED BY OSR BEFORE MAILING, WHILE OTHERS WILL BE SENT UNSIGNED THIS IS DETERMINED BY THE CONTRACT SPECIALIST BASED ON THE TERM OF AWARD AND STATUS OF ADMINISTRATIVE AND REGULATORY REQUIREMENTS A COPY OF THE INITIAL SUBAWARD IS SENT TO THE RC ONCE THE SUBAWARD HAS BEEN FULLY SIGNED NO INVOICES SHOULD BE APPROVED BY THE RC UNTIL THEY HAVE RECEIVED A FULLY EXECUTED AGREEMENT

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-7156071
Name: FRED HUTCHINSON CANCER RESEARCH CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADMINISTRATORS OF THE TULANE800 E COMMERCE RD SUITE 203 HARAHAN,LA 70123	72-0423889	501(C)(3)	31,005				HVTN LABORATORY PROGRAM
AIDS RESEARCH ALLIANCE OF AMERICA1400 S GRAND AVE SUITE 701 LOS ANGELES,CA 90015	95-4264845	501(C)(3)	783,190				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALERE WELLBEING INCP O BOX 402617 ATLANTA,GA 303842617	20-0231080		33,760				IMPROVING SMOKING CESSATION QUITLINES
BATTELLE MEMORIAL INSTITUTE1100 DEXTER AVE NORTH SUITE 400 SEATTLE,WA 981093598	31-4379427	501(C)(3)	81,626				IMPROVING EARLY DETECTION OF BREAST CANCER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BATTELLE MEMORIAL INSTITUTE1100 DEXTER AVE NORTH SUITE 400 SEATTLE, WA 981093598	31-4379427	501(C)(3)	9,390				RADIATION DOSE-DEPENDENT INTERVENTIONS
BATTELLE MEMORIAL INSTITUTE PACIFIC NW NATIONAL LABORATORY RICHLAND, WA 99352	31-4379427	501(C)(3)	2,956				TARGETED RADIOTHERAPY WITH 90Y-BC8 MONOCLONAL ANTIBODY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BATTELLE MEMORIAL INSTITUTE1100 DEXTER AVE NORTH SUITE 400 SEATTLE,WA 981093598	31-4379427	501(C)(3)	45,175				THERAPY OF LYMPHOMA/LEUKEMIA WITH MONOCLONAL ANTIBODIES
BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA ROOM BCM280 HOUSTON,TX 77030	74-1613878	501(C)(3)	324,712				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BAYLOR COLLEGE OF MEDICINEP O BOX 201361 HOUSTON,TX 772161361	74-1613878	501(C)(3)	20,071				PEDIATRIC GLIOBLASTOMA THERAPIES
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE1500 E DUARTE RD DUARTE,CA 910103012	95-3432210	501(C)(3)	35,819				BARRETT'S AND ESOPHAGEAL ADENOCARCINOMA GENETIC SUSCEPTIBILITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE1500 E DUARTE RD DUARTE,CA 910103010	95-3432210	501(C)(3)	8,455				CTRIP NOTCH-MEDIATED EXPANSION OF CORD BLOOD PROGENITOR
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE1500 E DUARTE RD DUARTE,CA 910103012	95-3432210	501(C)(3)	90,814				TARGETED MODIFICATION OF HOST AND PROVIRAL DNA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BENAROYA RESEARCH INSTITUTE1201 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501(C)(3)	1,724				CORE CENTER OF EXCELLENCE IN HEMATOLOGY
BENAROYA RESEARCH INSTITUTE1201 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501(C)(3)	33,001				HEMATOPOIETIC CELL TRANSPLANTATION AND IRON OVERLOAD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BENAROYA RESEARCH INSTITUTE1201 NINTH AVENUE SEATTLE,WA 98101	91-0653422	501(C)(3)	79,854				MIXED HEMATOPOIETIC CHIMERISM AFTER STEM CELL ALLOGRAFTS
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON,MA 02215	04-2103881	501(C)(3)	16,455				HVTN LABORATORY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BOARD OF TRUSTEES OF THE LELAND STANFORD JR UNIVERSITYP O BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	50,793				CANCER CENTER SUPPORT GRANT (COMPREHENSIVE)
BOARD OF TRUSTEES OF THE LELAND STANFORD JR UNIVERSITYP O BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	33,279				IMMUNE MEDIATED DISORDERS AFTER ALLOGENEIC HEMATOPOIETIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BOARD OF TRUSTEES OF THE LELAND STANFORD JR UNIVERSITYP O BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	35,336				IMPROVING OUTCOMES ASSESSMENT IN CHRONIC GVHD
BOARD OF TRUSTEES OF THE LELAND STANFORD JR UNIVERSITYP O BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	47,979				OBJECTIVE PHYSICAL ACTIVITY AND CARDIOVASCULAR HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BOARD OF TRUSTEES OF THE LELAND STANFORD JR UNIVERSITYP O BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	126,864				PACIFIC OVARIAN CANCER RESEARCH CONSORTIUM
BOARD OF TRUSTEES UNIVERSITY OF ILLINOISP O BOX 20787 SPRINGFIELD,IL 627080787	37-6000511	UNIVERSITY	52,485				HVTN LABORATORY PROGRAM

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BOARD OF TRUSTEES UNIVERSITY OF ILLINOISP O BOX 20787 SPRINGFIELD,IL 627080787	37-6000511	UNIVERSITY	896,343				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
BRIGHAM AND WOMENS HOSPITAL INC FINANCE P O BOX 3887 BOSTON,MA 022413887	40-2312909	501(C)(3)	69,693				BARRETT'S ESOPHAGUS PREDICTORS OF PROGRESSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BRIGHAM AND WOMENS HOSPITAL INC FINANCE P O BOX 3887 BOSTON, MA 022413887	40-2312909	501(C)(3)	38,918				BIOCONDUCTOR AN OPEN COMPUTING RESOURCE FOR GENOMICS
BRIGHAM AND WOMENS HOSPITAL INC FINANCE P O BOX 3887 BOSTON, MA 022413887	40-2312909	501(C)(3)	70,605				BIOCONDUCTOR AN OPEN COMPUTING RESOURCE FOR GENOMICS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BRIGHAM AND WOMENS HOSPITAL INC FINANCE P O BOX 3887 BOSTON, MA 022413887	40-2312909	501(C)(3)	179,457				COLORECTAL CANCER GENOME-WIDE ASSOCIATION STUDIES
BRIGHAM AND WOMENS HOSPITAL INC FINANCE P O BOX 3887 BOSTON, MA 022413887	40-2312909	501(C)(3)	656,915				GENOME-WIDE ASSOCIATION STUDY OF NONSYNONYMOUS SNPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BRIGHAM AND WOMENS HOSPITAL INC FINANCE P O BOX 3887 BOSTON, MA 022413887	40-2312909	501(C)(3)	914,889				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
BRIGHAM AND WOMENS HOSPITAL INC FINANCE P O BOX 3887 BOSTON, MA 022413887	40-2312909	501(C)(3)	47,615				OBJECTIVE PHYSICAL ACTIVITY AND CARDIOVASCULAR HEALTH

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BROAD INSTITUTE INC7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	14,975				BREAST CANCER BIOMARKER DISCOVERY CONSORTIUM
BROAD INSTITUTE INC7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	359,672				GENOME-WIDE ASSOCIATION STUDY OF NONSYNONYMOUS SNPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BROAD INSTITUTE INC7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	562,474				IMPROVING EARLY DETECTION OF BREAST CANCER
BROAD INSTITUTE INC7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	945,127				MEASUREMENT OF CANCER-ASSOCIATED BIOMARKER PROTEINS IN C

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BROAD INSTITUTE INC7 CAMBRIDGE CENTER CAMBRIDGE,MA 02142	26-3428781	501(C)(3)	53,481				THE BREAST CANCER BIOMARKER DISCOVERY CONSORTIUM
CALIFORNIA RURAL INDIAN HEALTH BOARD INC4400 AUBURN BLVD 2ND FLOOR SACRAMENTO,CA 95841	23-7052541	501(C)(3)	25,832				A MULTI-STATE STUDY OF CANCER TREATMENT AND OUTCOME AMON

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CANCER RESEARCH AND BIOSTATISTICS 1730 MINOR AVENUE SUITE 1900 SEATTLE, WA 981011468	91-1828539	501(C)(3)	225,590				CENTER FOR COMPARATIVE EFFECTIVENESS RESEARCH IN CANCER
CANCER RESEARCH AND BIOSTATISTICS 1730 MINOR AVENUE SUITE 1900 SEATTLE, WA 981011468	91-1828539	501(C)(3)	2,983,728				SOUTHWEST ONCOLOGY GROUP STATISTICAL CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE CLEVELAND,OH 441067037	34-1018992	501(C)(3)	480,394				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE CLEVELAND,OH 441067037	34-1018992	501(C)(3)	313,267				IDENTIFY AND VALIDATE NOVEL EPIGENETIC MOLECULAR MARKERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CEDARS SINAI MEDICAL CENTER6500 WILSHIRE BLVD SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)(3)	8,254				IN VIVO EFFECTS OF SULFORAPHANE SUPPLEMENTATION
CEDARS SINAI MEDICAL CENTER6500 WILSHIRE BLVD SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)(3)	173,432				PACIFIC OVARIAN CANCER RESEARCH CONSORTIUM

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CEDARS SINAI MEDICAL CENTER 6500 WILSHIRE BLVD SUITE 1150 LOS ANGELES,CA 90048	95-1644600	501(C)(3)	3,179				VITAMIN D AND PROSTATE CANCER BIOMARKERS AND GENETIC
CENTER FOR MEDICAL TECHNOLOGY POLICY401 EAST PRATT ST SUITE 631 BALTIMORE,MD 21202	26-1409553	501(C)(3)	144,998				CENTER FOR COMPARATIVE EFFECTIVENESS RESEARCH IN CANCER

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CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI,OH 452293039	31-0833936	501(C)(3)	41,704				DEVELOPMENT OF SAFE AND EFFICIENT GENE THERAPY STRATEGIES
CITY AND COUNTY OF SAN FRANCISCO1380 HOWARD ST RM 408 SAN FRANCISCO, CA 941032614	94-6000417	CITY-CNT OF SF	304,913				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

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CITY OF PHILADELPHIA 1401 JOHN KENNEDY BLVD SUITE 1380 PHILADELPHIA, PA 19102	23-6003047	CITY OF PHILADELPHIA	229,309				HPTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORK
CLINICAL ALLIANCE FOR RESEARCH AND EDUCATION3289 WOODBURN RD SUITE 250 ANNANDALE, VA 22003	20-2651141		221,568				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

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COMSYS INFO TECHNOLOGY SERVICES LLCP O BOX 905378 CHARLOTTE,NC 282905378	75-1300240		347,240				CLINICAL COORDINATING CENTER FOR THE WOMEN'S HEALTH INITIATIVE
CONCEPT SYSTEMS INCORPORATED136 EAST STATE ST ITHACA,NY 14850	16-1473796		72,342				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

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CORNELL UNIVERSITYP O BOX 22 ITHACA,NY 148510022	15-0532082	501(C)(3)	63,361				TOWARDS A MODEL OF FANCONI ANEMIA
DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02215	04-2263040	501(C)(3)	5,147				IMMUNE MEDIATED DISORDERS AFTER ALLOGENEIC HEMATOPOIETIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DANA FARBER CANCER INSTITUTE450 BROOKLINE AVENUE BOSTON,MA 02215	04-2263040	501(C)(3)	60,278				IMPROVING OUTCOMES ASSESSMENT IN CHRONIC GVHD
DISTRICT OF COLUMBIA GOV DC TREASURY899 NORTH CAPITOL NE WASHINGTON,DC 20002	53-6001131	DISTRICT OF COLUMBIA	416,535				HPTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORK

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DUKE UNIVERSITY 2200 W MAIN ST SUITE 300 DURHAM,NC 277054677	56-0532129	501(C)(3)	2,148,189				HVTN LABORATORY PROGRAM
DUKE UNIVERSITY 2200 W MAIN ST SUITE 300 DURHAM,NC 277054677	56-0532129	501(C)(3)	61,023				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

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EMORY UNIVERSITY1599 CLIFTON RD NE ATLANTA,GA 303224250	58-0566256	501(C)(3)	169,839				CONTAINING BIOTERRORISM AND EMERGING INFECTIOUS DISEASES
EMORY UNIVERSITY1599 CLIFTON RD NE ATLANTA,GA 303224250	58-0566256	501(C)(3)	285,039				HARNESSING INNATE IMMUNITY TO ENHANCE IMMUNOGENICITY

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EMORY UNIVERSITY1599 CLIFTON RD NE ATLANTA,GA 303224250	58-0566256	501(C)(3)	965,927				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
EXAMINATION MANAGEMENT SERVICES INCP O BOX 202669 DALLAS,TX 752302669	75-1444139		156,144				CLINICAL COORDINATING CENTER FOR THE WOMEN'S HEALTH INITIATIVE

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FENWAY COMMUNITY HEALTH1340 BOYLSTON ST FINANCE 9TH FLOOR BOSTON,MA 02215	04-2510564	501(C)(3)	478,600				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
FENWAY COMMUNITY HEALTH1340 BOYLSTON ST FINANCE 9TH FLOOR BOSTON,MA 02215	04-2510564	501(C)(3)	12,703				LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL TRIAL

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FISHER BIOSERVICESP O BOX 418395 BOSTON,MA 022418395	54-1348241		754,114				CLINICAL COORDINATING CENTER FOR THE WOMEN'S HEALTH INITIATIVE
FRONTIER SCIENCE AND TECHNOLOGYP O BOX 983027 BOSTON,MA 022983027	16-1056814	501(C)(3)	104,762				HPTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORK

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FRONTIER SCIENCE AND TECHNOLOGY P O BOX 983027 BOSTON, MA 022983027	16-1056814	501(C)(3)	95,803				HVTN LABORATORY PROGRAM
FRONTIER SCIENCE AND TECHNOLOGY P O BOX 983027 BOSTON, MA 022983027	16-1056814	501(C)(3)	48,298				HVTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORK

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FRONTIER SCIENCE AND TECHNOLOGY P O BOX 983027 BOSTON, MA 022983027	16-1056814	501(C)(3)	42,142				LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORKS
FRONTIER SCIENCE AND TECHNOLOGY P O BOX 983027 BOSTON, MA 022983027	16-1056814	501(C)(3)	44,080				RAPID SCALEUP OF HIV/AIDS CARE AND TREATMENT SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GENERAL HOSPITAL CORPORATIONP O BOX 3829 BOSTON,MA 022413829	04-2697983	501(C)(3)	202,240				EXPANSION OF CARDIAC AND HEMATOPOIETIC PREGENITORS
GENERAL HOSPITAL CORPORATIONP O BOX 3829 BOSTON,MA 022413829	04-2697983	501(C)(3)	45,054				MEASUREMENT OF CANCER-ASSOCIATED BIOMARKER PROTEINS

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GENERAL HOSPITAL CORPORATIONP O BOX 414876 BOSTON,MA 022414876	04-2697983	501(C)(3)	165,456				MENOPAUSAL SYMPTOMS INITIATIVE-FINDING LASTING ANSWERS
GROUP HEALTH COOPERATIVEP O BOX 34587 SEATTLE,WA 981249990	91-0511770	501(C)(3)	381,746				ACCEPTANCE AND COMMITMENT THERAPY FOR SMOKING CESSATI

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GROUP HEALTH COOPERATIVEP O BOX 34587 SEATTLE,WA 981249990	91-0511770	501(C)(3)	820,480				MENOPAUSAL SYMPTOMS INITIATIVE-FINDING LASTING ANSWERS
GROUP HEALTH COOPERATIVEP O BOX 34587 SEATTLE,WA 981249990	91-0511770	501(C)(3)	6,876				PREVENTION OF OVARIAN CANCER IN WOMEN

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H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE12902 MAGNOLIA DRIVE TAMPA,FL 33612	59-3238634	501(C)(3)	30,704				AFFINITY BASED STRATEGIES TO FAST TRACK DEVELOPMENT OF C
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE12902 MAGNOLIA DRIVE TAMPA,FL 33612	59-3238634	501(C)(3)	51,800				IMMUNE MEDIATED DISORDERS AFTER ALLOGENEIC HEMATOPOIETIC

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H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE12902 MAGNOLIA DRIVE TAMPA,FL 33612	59-3238634	501(C)(3)	20,488				IMPROVING OUTCOMES ASSESSMENT IN CHRONIC GVHD
HEKTOEN INSTITUTE FOR MED RESEARCH LLC2240 W OGDEN AVE CHICAGO,IL 606129982	36-2244897	501(C)(3)	133,560				HPTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORK

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HEMATOLOGICS INCP O BOX 24712 SEATTLE,WA 98124	91-1685196		42,400				BRIDGE FUNDING MOLECULAR ASSESSMENT OF MINIMAL RISK DIS
INDIANA UNIVERSITYP O BOX 66057 INDIANAPOLIS,IN 462666057	35-6001673	UNIVERSITY	326,018				MENOPAUSAL SYMPTOMS INITIATIVE-FINDING LASTING ANSWERS

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INFECTIOUS DISEASE CNSLTNTS MD PA DBA1701 N MILLS AVE ORLANDO,FL 32803	59-1634257		1,418,895				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DR CHICAGO,IL 60693	52-0595110	501(C)(3)	12,903				BIOCONDUCTOR AN OPEN COMPUTING RESOURCE FOR GENOMICS

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JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DR CHICAGO,IL 60693	52-0595110	501(C)(3)	80,474				BIOCONDUCTOR AN OPEN COMPUTING RESOURCE FOR GENOMICS
JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DR CHICAGO,IL 60693	52-0595110	501(C)(3)	9,753				GENETIC PROGRESSION OF PANCREATIC MUCINOUS CYSTIC NEOPLA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DR CHICAGO,IL 60693	52-0595110	501(C)(3)	37,195				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
KAISER FOUNDATION HOSPITALS1800 HARRISON ST 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(C)(3)	18,005				BARRETT'S AND ESOPHAGEAL ADENOCARCINOMA GENETIC SUSCEPTI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KAISER FOUNDATION HOSPITALS1800 HARRISON ST 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(C)(3)	354,824				CLINICAL COORDINATING CENTER FOR THE WOMEN'S HEALTH INITIATIVE
KAISER FOUNDATION HOSPITALS1800 HARRISON ST 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(C)(3)	637,986				MENOPAUSAL SYMPTOMS INITIATIVE-FINDING LASTING ANSWERS

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KAISER FOUNDATION HOSPITALS1800 HARRISON ST 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(C)(3)	7,873				PARTNERSHIP FOR THE ADVANCEMENT OF CANCER RESEARCH NMS
KAISER FOUNDATION HOSPITALS1800 HARRISON ST 16TH FLOOR OAKLAND,CA 946123433	94-1105628	501(C)(3)	49,911				UNDERSTANDING AND PREVENTING BREAST CANCER DISPARITIES

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LABKEY CORPORATION 2226 EASTLAKE AVE E 101 SEATTLE, WA 98102	20-8266728	501(C)(3)	165,824				CROSS-SPECIES HIV IMMUNOLOGY STATISTICS AND DATA CENTER
LABKEY CORPORATION 2226 EASTLAKE AVE E 101 SEATTLE, WA 98102	20-8266728	501(C)(3)	368,213				HVTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORK

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LOUISIANA STATE UNIVERSITY HEALTH 433 BOLIVAR ST NEW ORLEANS, LA 701122223	72-6087770	UNIVERSITY	44,528				IMMUNIZATION OF ORAL MUCOSA FOR INDUCTION OF RECTAL AND
MASSACHUSETTS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	222,708				HVTN LABORATORY PROGRAM

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MAYO CLINIC ROCHESTERP O BOX 4008 ROCHESTER, MN 559034008	41-6011702	501(C)(3)	64,014				BARRETT'S AND ESOPHAGEAL ADENOCARCINOMA GENETIC SUSCEPTI
MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK RD MILWAUKEE, WI 532260509	39-0806261	501(C)(3)	33,058				HEMATOPOIETIC STEM CELL AND CORD BLOOD TRANSPLANTATION

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MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK RD MILWAUKEE, WI 532260509	39-0806261	501(C)(3)	4,204				HEMATOPOIETIC STEM CELL TRANSPLANTATION
MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK RD MILWAUKEE, WI 532260509	39-0806261	501(C)(3)	21,661				IMPROVING OUTCOMES ASSESSMENT IN CHRONIC GVHD

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MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE SUITE 303 MSC 804 CHARLESTON,SC 294258040	57-6000722	UNIVERSITY	12,400				HVTN LABORATORY PROGRAM
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE SUITE 303 MSC 804 CHARLESTON,SC 294258040	57-6000722	UNIVERSITY	11,549				RADIATION DOSE-DEPENDENT INTERVENTIONS

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MIRIAM HOSPITAL 593 EDDY ST PROVIDENCE,RI 02903	05-0258905	501(C)(3)	182,914				HVTN LABORATORY PROGRAM
MIRIAM HOSPITAL 593 EDDY ST PROVIDENCE,RI 02903	05-0258905	501(C)(3)	14,823				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

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MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	18,336				A POOLED ANALYSIS OF RISK FACTORS OF SMALL INTESTINE
NATIONAL INSTITUTES OF HEALTH10 CENTER DR CRC RM 3-330 BETHESDA, MD 20892	52-0858115	NATIONAL INSTITUTES	190,000				HARNESSING INNATE IMMUNITY TO ENHANCE IMMUNOGENICITY

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NATIONAL MARROW DONOR PROGRAMP O BOX 1450 MINNEAPOLIS, MN 554858428	84-0865803	501(C)(3)	93,607				HEMATOPOIETIC STEM CELL AND CORD BLOOD TRANSPLANTATION
NEW YORK BLOOD CENTER INC1200 PROSPECT AVENUE WESTBURY, NY 11590	13-1949477	501(C)(3)	1,147,062				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

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NEW YORK UNIVERSITY SCHOOL OF MEDICINE545 FIRST AVENUE NEW YORK, NY 10016	13-5562309	UNIVERSITY	80,924				HARNESSING INNATE IMMUNITY TO ENHANCE IMMUNOGENICITY
NEW YORK UNIVERSITY SCHOOL OF MEDICINE545 FIRST AVENUE NEW YORK, NY 10016	13-5562309	UNIVERSITY	32,543				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

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NORTHEASTERN UNIVERSITY360 HUNTINGTON AVE BOSTON,MA 02115	04-1679980	501(C)(3)	170,989				NOVEL CULTIVATION METHODS FOR THE DOMESTICATION OF VAGIN
NORTHWEST COMMUNITIES EDUCATION CENTERP O BOX 800 GRANGER,WA 98932	91-0969818	501(C)(3)	26,160				PARTNERSHIP FOR A HISPANIC DIABETES PREVENTION PROGRAM

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NORTHWEST PORTLAND AREA INDIAN2121 SW BROADWAY STE 300 PORTLAND,OR 97201	93-0718154	501(C)(3)	26,938				A MULTI-STATE STUDY OF CANCER TREATMENT AND OUTCOME
NY CITY DEPT OF HLTH AND MENTAL HYGIENE42-09 28TH ST CN 48 QUEENS,NY 111014132	13-6400434	501(C)(3)	488,989				HPTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORK

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OHIO STATE UNIVERSITY RSRCH FOUNDATION1960 KENNY RD COLUMBUS,OH 432101063	31-6401599	501(C)(3)	19,412				A RANDOMIZED PHASE II TRIAL OF CMV PREVENTION IN ACUTE L
OHIO STATE UNIVERSITY RSRCH FOUNDATION1960 KENNY RD COLUMBUS,OH 432101063	31-6401599	501(C)(3)	41,865				EPIDEMIOLOGY OF PUTATIVE GENETIC GENETIC VARIANTS

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OHIO STATE UNIVERSITY RSRCH FOUNDATION 1960 KENNY RD COLUMBUS,OH 432101063	31-6401599	501(C)(3)	13,343				GWAS OF HORMONE TREATMENT AND CVD AND METABOLIC OUTCOMES
OREGON HEALTH & SCIENCE UNIVERSITY0690 SW BANCROFT ST PORTLAND,OR 97239	93-1176109	UNIVERSITY	476,211				HARNESSING INNATE IMMUNITY TO ENHANCE IMMUNOGENICITY

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OREGON HEALTH & SCIENCE UNIVERSITY0690 SW BANCROFT ST PORTLAND,OR 97239	93-1176109	UNIVERSITY	1,110,213				IMMUNE CORRELATES OF PROTECTION AGAINST HIV AND SIV INFE
OREGON HEALTH & SCIENCE UNIVERSITY0690 SW BANCROFT ST PORTLAND,OR 97239	93-1176109	UNIVERSITY	634,967				IMMUNIZATION OF ORAL MUCOSA FOR INDUCTION OF RECTAL AND

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OREGON HEALTH & SCIENCE UNIVERSITY0690 SW BANCROFT ST PORTLAND,OR 97239	93-1176109	UNIVERSITY	93,900				THE PACIFIC NORTHWEST PROSTATE CANCER SPORE
OREGON UNIVERSITY SYSTEM5219 UNIVERSITY OF OREGON EUGENE,OR 974035219	93-6001786	UNIVERSITY	89,712				TILLING THE ZEBRAFISH GENOME A REVERSE GENETICS APPROACH

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PRESIDENT AND FELLOWS OF HARVARD COLLEGEP O BOX 415649 BOSTON,MA 022415649	04-2103580	501(C)(3)	180,034				EPIGENOMIC PROFILING OF HISTONE TURNOVER KINETICS
PRESIDENT AND FELLOWS OF HARVARD COLLEGEP O BOX 415649 BOSTON,MA 022415649	04-2103580	501(C)(3)	114,214				GENOME-WIDE PROFILING OF HISTONE VARIANTS IN DROSOPHILA

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PRESIDENT AND FELLOWS OF HARVARD COLLEGEP O BOX 415649 BOSTON,MA 022415649	04-2103580	501(C)(3)	42,421				GENOME-WIDE PROFILINGOF HISTONE VARIANTS IN DROSOPHILA
PRESIDENT AND FELLOWS OF HARVARD COLLEGEP O BOX 415649 BOSTON,MA 022415649	04-2103580	501(C)(3)	24,502				HVTN LABORATORY PROGRAM

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PRESIDENT AND FELLOWS OF HARVARD COLLEGEP O BOX 415649 BOSTON,MA 022415649	04-2103580	501(C)(3)	36,535				STATISTICAL METHODS FOR PROSPECTIVE EVALUATION
PROVIDENCE HEALTH & SERVICES-OREGON4805 NE GLISAN ST SUITE 5F40 PORTLAND,OR 97213	93-0386906	HOSPITAL	8,880				A RANDOMIZED PHASE II TRIAL OF CMV PREVENTION IN ACUTE L

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PUBLIC HEALTH FOUNDATION ENTERPRISES INC 12801 CROSSROADS PARKWAY SOUTH 200 CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	1,087,008				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
PUGET SOUND BLOOD CENTER AND PROGRAM921 TERRY AVENUE SEATTLE, WA 981041256	91-1019655	501(C)(3)	11,240				CORE CENTER OF EXCELLENCE IN HEMATOLOGY

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PUGET SOUND BLOOD CENTER AND PROGRAM921 TERRY AVENUE SEATTLE, WA 981041256	91-1019655	501(C)(3)	11,414				THERAPIES FOR HEMATOPOIETIC SYNDROME, BONE MARROW STROMA
REGENTS OF THE UNIV OF CALIFORNIA ACCOUNTING OFFICE - EMF BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	UNIVERSITY	81,534				BARRETT'S ESOPHAGUS PREDICTORS OF PROGRESSION

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REGENTS OF THE UNIV OF CALIFORNIA ACCOUNTING OFFICE - EMF BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	UNIVERSITY	129,121				MECHANISM-BASED CLASSIFICATION AND TARGETING OF CASTRATI
REGENTS OF THE UNIV OF CALIFORNIA ACCOUNTING OFFICE - EMF BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	UNIVERSITY	36,781				MODELING PROSTATE CANCER CONTROL PREVENTION AND SCREENING

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REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE BIOLOGICAL SCIENCES III SUITE 1400 IRVINE,CA 926971050	95-2226406	UNIVERSITY	44,800				EARLY AND REINFECTION IN HIGH RISK WOMEN
REGENTS OF THE UNIVERSITY OF CALIFORNIA CASHIERS OFFICE P O BOX 989062 WEST SACRAMENTO,CA 957989062	94-6036494	UNIVERSITY	65,865				A PROSPECTIVE STUDY OF COLORECTAL CANCER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS OF THE UNIVERSITY OF CALIFORNIA CASHIERS OFFICE P O BOX 989062 WEST SACRAMENTO,CA 957989062	94-6036494	UNIVERSITY	25,909				BIOMARKER DISCOVERY FOR MITOCHONDRIAL TOXICANTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA CASHIERS OFFICE P O BOX 989062 WEST SACRAMENTO,CA 957989062	94-6036494	UNIVERSITY	190,452				BISPECIFIC ANTIBODY ENGINEERING FOR AML RIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS OF THE UNIVERSITY OF CALIFORNIA CASHIERS OFFICE P O BOX 989062 WEST SACRAMENTO,CA 957989062	94-6036494	UNIVERSITY	19,446				STATISTICAL METHODS FOR INTEGRATIVE ANALYSIS OF GENOMICS
REGENTS OF THE UNIVERSITY OF MICHIGAN24 FRANK LLOYD WRIGHT DRIVE ANN ARBOR,MI 48106	38-6006309	UNIVERSITY	22,955				A RANDOMIZED PHASE II TRIAL OF CMV PREVENTION IN ACUTE L

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS OF THE UNIVERSITY OF MICHIGAN24 FRANK LLOYD WRIGHT DRIVE ANN ARBOR, MI 48106	38-6006309	UNIVERSITY	51,660				CENTER FOR COMPARATIVE EFFECTIVENESS RESEARCH IN CANCER
REGENTS OF THE UNIVERSITY OF MICHIGAN24 FRANK LLOYD WRIGHT DRIVE ANN ARBOR, MI 48106	38-6006309	UNIVERSITY	243,788				MODELING PROSTATE CANCER CONTROL PREVENTION AND SCREENING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 P O BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	UNIVERSITY	748,480				CORE ASSAYS MRLI - W1, W3
REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 P O BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	UNIVERSITY	7,554				CTRIP NOTCH-MEDIATED EXPANSION OF CORD BLOOD PROGENITOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 P O BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	UNIVERSITY	65,411				IMMUNE MEDIATED DISORDERS AFTER ALLOGENEIC HEMATOPOIETIC
REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 P O BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	UNIVERSITY	78,656				IMPROVING OUTCOMES ASSESSMENT IN CHRONIC GVHD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 P O BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	UNIVERSITY	99,607				INTERGRATED SENSOR TECHNOLOGY FOR REAL-TIME RECORDING OF
REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 P O BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	UNIVERSITY	80,182				MENOPAUSAL SYMPTOMS INITIATIVE-FINDING LASTING ANSWERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS OF THE UNIVERSITY OF MINNESOTANW 5957 P O BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	UNIVERSITY	13,422				METABOLIC SYNDROME FOLLOWING TRANSPLANT FOR LEUKEMIA
REGENTS OF UNIVERSITY OF COLORADOP O BOX 910238 DENVER, CO 802910238	84-6000555	UNIVERSITY	26,684				CTRIP NOTCH-MEDIATED EXPANSION OF CORD BLOOD PROGENITOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS OF UNIVERSITY OF COLORADOP O BOX 910238 DENVER,CO 802910238	84-6000555	UNIVERSITY	1,046,667				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
REGENTS OF UNIVERSITY OF COLORADOP O BOX 910238 DENVER,CO 802910238	84-6000555	UNIVERSITY	26,225				VITAMIN D AND PROSTATE CANCER BIOMARKERS AND GENETIC VA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS UNIVERSITY OF CALIF AT LOS ANGELES405 HILGARD AVENUE LOS ANGELES,CA 900959000	95-6006143	UNIVERSITY	51,116				EVALUATION OF A HEPATITIS B OUTREACH INTERVENTION FOR CA
REGENTS UNIVERSITY OF CALIF AT LOS ANGELES405 HILGARD AVENUE LOS ANGELES,CA 900959000	95-6006143	UNIVERSITY	25,990				GWAS OF HORMONE TREATMENT AND CVD AND METABOLIC OUTCOMES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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REGENTS UNIVERSITY OF CALIF AT LOS ANGELES405 HILGARD AVENUE LOS ANGELES,CA 900959000	95-6006143	UNIVERSITY	201,670				HVTN LABORATORY PROGRAM
REGENTS UNIVERSITY OF CALIF AT LOS ANGELES405 HILGARD AVENUE LOS ANGELES,CA 900959000	95-6006143	UNIVERSITY	52,112				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

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REGENTS UNIVERSITY OF CALIF AT LOS ANGELES405 HILGARD AVENUE LOS ANGELES,CA 900959000	95-6006143	UNIVERSITY	72,524				MARKERS OF B-CELL STIMULATION AS POTENTIAL PREDICTORS OF
RESEARCH FOUNDATION OF STATE UNIVERSITYP O BOX 9 ALBANY,NY 122010009	14-1368361	501(C)(3)	26,172				OBJECTIVE PHYSICAL ACTIVITY AND CARDIOVASCULAR HEALTH IN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION OF STATE UNIVERSITYP O BOX 9 ALBANY,NY 122010009	14-1368361	501(C)(3)	82,221				POPULATION PHARMACOKINETICS / PHARMACODYNAMICS IN NONABL
RHODE ISLAND HOSPITAL593 EDDY ST PROVIDENCE,RI 02903	05-0258954	501(C)(3)	32,325				HVTN LABORATORY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SAINT JUDE CHILDRENS RESEARCH HOSPITAL262 DANNY THOMAS PL MEMPHIS,TN 381480949	62-0646012	501(C)(3)	13,511				LATE EFFECTS OF TREATMENT IN WILMS-TUMOR SURVIVORS AND O
SAINT LOUIS UNIVERSITY3700 WEST PINE MALL SAINT LOUIS,MO 63108	43-0654872	501(C)(3)	14,976				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SANGAMO BIOSCIENCES INC 501 CANAL BLVD SUITE A100 RICHMOND, CA 94804	68-0359556		441,408				TARGETED MODIFICATION OF HOST AND PROVIRAL DNA TO TREAT
SEA MAR COMMUNITY HEALTH CENTER 8915 14TH AVE S SEATTLE, WA 98108	91-1020139		121,251				UNDERSTANDING AND PREVENTING BREAST CANCER DISPARITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SEATTLE BIOMEDICAL RESEARCH INSTITUTE307 WESTLAKE AVE N SUITE 500 SEATTLE, WA 981095219	91-0961784	501(C)(3)	350,165				HARNESSING INNATE IMMUNITY TO ENHANCE IMMUNOGENICITY OF
SEATTLE BIOMEDICAL RESEARCH INSTITUTE307 WESTLAKE AVE N SUITE 500 SEATTLE, WA 981095219	91-0961784	501(C)(3)	43,601				N/A

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SEATTLE BIOMEDICAL RESEARCH INSTITUTE307 WESTLAKE AVE N SUITE 500 SEATTLE, WA 981095219	91-0961784	501(C)(3)	21,176				WASHINGTON VACCINE ALLIANCE
SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	4,702				A COMPREHENSIVE CATALOGUE OF MOUSE DNASEI HYPERSENSITIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	101,896				CANCER CENTER SUPPORT GRANT (COMPREHENSIVE)
SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	231,451				CONSORTIUM BIOSPECIMEN PROGRAM

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SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	10,865				DIETARY FRUCTOSE AND LOW-GRADE INFLAMMATION
SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	36,145				METABOLIC SYNDROME FOLLOWING TRANSPLANT FOR LEUKEMIA

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SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	25,064				PREGNANCY, MICROCHIMERISM, AND AUTOIMMUNE DISEASE
SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	49,570				STEM CELL TRANSPLANTATION BASIC/CLINICAL RESEARCH

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SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	110,227				TARGETED MODIFICATION OF HOST AND PROVIRAL DNA TO TREAT
SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	271,421				TARGETED THERAPY OF ALL WITH GENE-MODIFIED CENTRAL MEMOR

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	11,637				TOWARDS A MODEL OF FANCONI ANEMIA
SEATTLE CHILDREN'S HOSPITALP O BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	12,021				WHOLE GENOME ASSOCIATION ANALYSIS OF HEMATOPOIETIC CELL

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SEATTLE INST FOR BIOMED & CLINICAL RES 1100 OLIVE WAY SUITE 940 SEATTLE, WA 98101	91-1452438	501(C)(3)	45,251				IN VIVO EFFECTS OF SULFORAPHANE SUPPLEMENTATION ON NORMA
SEATTLE INST FOR BIOMED & CLINICAL RES 1100 OLIVE WAY SUITE 940 SEATTLE, WA 98101	91-1452438	501(C)(3)	120,214				THE PACIFIC NORTHWEST PROSTATE CANCER SPORE

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SLOAN KETTERING INSTITUTE FOR CANCER RESEARCHP O BOX 26338 NEW YORK, NY 10087	13-1624182	501(C)(3)	50,688				GENOME-WIDE ASSOCIATION STUDY OF ENDOMETRIAL CANCER
SLOAN KETTERING INSTITUTE FOR CANCER RESEARCHP O BOX 26338 NEW YORK, NY 10087	13-1624182	501(C)(3)	207,092				HEMATOPOIETIC STEM CELL AND CORD BLOOD TRANSPLANTATION

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SLOAN KETTERING INSTITUTE FOR CANCER RESEARCHP O BOX 26338 NEW YORK, NY 10087	13-1624182	501(C)(3)	39,736				HEMATOPOIETIC STEM CELL TRANSPLANTATION
STATE OF FLORIDA DEPT OF HEALTH 4052 BALD CYPRESS WAY BIN B20 TALLAHASSEE, FL 323991729	59-3502843		17,690				HPTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SUNNYSIDE COMMUNITY HOSPITAL INCP O BOX 719 SUNNYSIDE, WA 98944	91-1286274	501(C)(3)	49,500				PARTNERSHIP FOR A HISPANIC DIABETES PREVENTION PROGRAM
SWEDISH HEALTH SERVICESP O BOX 94085 SEATTLE, WA 981249485	91-0433740	501(C)(3)	38,758				BREAST AND OVARY CANCER CLINICAL VALIDATION CENTER

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SWEDISH HEALTH SERVICESP O BOX 94085 SEATTLE, WA 981249485	91-0433740	501(C)(3)	11,000				PACIFIC OVARIAN CANCER RESEARCH CONSORTIUM
SWEDISH HEALTH SERVICESP O BOX 94085 SEATTLE, WA 981249485	91-0433740	501(C)(3)	2,570				PREVENTION OF OVARIAN CANCER IN WOMEN PARTICIPATING

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TORREY PINES INST FOR MOLECULAR STUDIES11350 SW VILLAGE PARKWAY PORT ST LUCIE,FL 34987	33-0319501	501(C)(3)	33,533				IDENTIFICATION OF T CELL-DEFINED ANTIGENS IN OVARIAN CAN
TRANSLATIONAL GENOMICS RES INSTITUTE445 N 5TH ST SUITE 600 PHOENIX,AZ 85004	75-3065445	501(C)(3)	87,882				A PROSPECTIVE STUDY OF COLORECTAL CANCER

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TRANSLATIONAL GENOMICS RES INSTITUTE445 N 5TH ST SUITE 600 PHOENIX,AZ 85004	75-3065445	501(C)(3)	2,457,953				COLORECTAL CANCER GENOME-WIDE ASSOCIATION STUDIES
TRANSLATIONAL GENOMICS RES INSTITUTE445 N 5TH ST SUITE 600 PHOENIX,AZ 85004	75-3065445	501(C)(3)	1,147,764				EPIDEMIOLOGY OF PUTATIVE GENETIC GENETIC VARIANTS

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TRANSLATIONAL GENOMICS RES INSTITUTE445 N 5TH ST SUITE 600 PHOENIX,AZ 85004	75-3065445	501(C)(3)	348,262				EPIDEMIOLOGY OF PUTATIVE GENUINE GENETIC VARIANT
TRANSLATIONAL GENOMICS RES INSTITUTE445 N 5TH ST SUITE 600 PHOENIX,AZ 85004	75-3065445	501(C)(3)	135,035				GENOME-WIDE ASSOCIATION STUDY OF NONSYNONYMOUS SNPS

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TRANSLATIONAL GENOMICS RES INSTITUTE445 N 5TH ST SUITE 600 PHOENIX,AZ 85004	75-3065445	501(C)(3)	225,000				INFLAMMATION AND THROMBOSIS GENE PATHWAYS AND CARDIOVASC
TRUSTEES OF COLUMBIA UNIVERSITY IN NYP O BOX 29789 NEW YORK,NY 100879789	13-5598093	501(C)(3)	1,436,339				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL

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TRUSTEES OF THE UNIV OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	2,770				A RANDOMIZED PHASE II TRIAL OF CMV PREVENTION IN ACUTE L
TRUSTEES OF THE UNIV OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 191785541	23-1352685	501(C)(3)	6,182				GENOME-WIDE ASSOCIATION STUDY OF ENDOMETRIAL CANCER

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TRUSTEES OF THE UNIV OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 191785541	23-1352685	501(C)(3)	1,204,938				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
TRUSTEES OF THE UNIV OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	169,780				MENOPAUSAL SYMPTOMS INITIATIVE-FINDING LASTING ANSWERS

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UNIVERSITY OF ALABAMA BIRMINGHAM1530 THIRD AVENUE SOUTH BIRMINGHAM,AL 352940109	63-6005396	UNIVERSITY	932,250				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
UNIVERSITY OF FLORIDAP O BOX 113001 GAINESVILLE,FL 326113001	59-6002052	UNIVERSITY	90,229				METHODS FOR EVALUATING VACCINE EFFICACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF GEORGIA RESEARCH475 N LUMPKIN ST ATHENS, GA 30602	58-1353149	501(C)(3)	182,315				A PROSPECTIVE STUDY OF COLORECTAL CANCER ONE-CARBON ME
UNIVERSITY OF GEORGIA RESEARCH475 N LUMPKIN ST ATHENS, GA 30602	58-1353149	501(C)(3)	26,819				FUNCTIONAL METHODS FOR RADIATION EXPOSURE AND BIOMARKER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF HAWAII2530 DOLE ST HONOLULU,HI 96822	99-6000354	UNIVERSITY	100,354				COLORECTAL CANCER GENOME-WIDE ASSOCIATION STUDIES CONSOR
UNIVERSITY OF IDAHOP O BOX 443020 MOSCOW,ID 838443020	82-6000945	UNIVERSITY	70,933				WASHINGTON VACCINE ALLIANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF NEW MEXICO1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 871310001	85-6000642	UNIVERSITY	4,849				REDUCING OBESITY AT THE WORKPLACE A RANDOMIZED TRIAL
UNIVERSITY OF NEW MEXICO1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 871310001	85-6000642	UNIVERSITY	26,686				TREC COORDINATION CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF NEW MEXICO1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 871310001	85-6000642	UNIVERSITY	295				TREC MECHANISMS OF ENERGY BALANCE AND CANCER PREVENTION
UNIVERSITY OF NEW MEXICO1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 871310001	85-6000642	UNIVERSITY	298,854				UNDERSTANDING AND PREVENTING BREAST CANCER DISPARITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE9201 UNIVERSITY CITY BOULEVARD CHARLOTTE,NC 282230001	56-0791228	UNIVERSITY	80,319				STATISTICAL METHODS IN HIV VACCINE EFFICACY TRIALS
UNIVERSITY OF NORTH CAROLINAP O BOX 402420 ATLANTA,GA 303842420	56-6001393	UNIVERSITY	165,208				BARRETT'S AND ESOPHAGEAL ADENOCARCINOMA GENETIC SUSCEPTI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA P O BOX 402420 ATLANTA, GA 303842420	56-6001393	UNIVERSITY	248,140				CLINICAL COORDINATING CENTER FOR THE WOMEN'S HEALTH INIT
UNIVERSITY OF NORTH CAROLINA P O BOX 402420 ATLANTA, GA 303842420	56-6001393	UNIVERSITY	7,058				MEASUREMENT OF CANCER-ASSOCIATED BIOMARKER PROTEINS IN C

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF NORTH CAROLINA P O BOX 402420 ATLANTA, GA 303842420	56-6001393	UNIVERSITY	84,666				MECHANISM-BASED CLASSIFICATION AND TARGETING OF CASTRATI
UNIVERSITY OF NORTH CAROLINA P O BOX 402420 ATLANTA, GA 303842420	56-6001393	UNIVERSITY	45,014				OBJECTIVE PHYSICAL ACTIVITY AND CARDIOVASCULAR HEALTH IN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF NORTH CAROLINA P O BOX 402420 ATLANTA,GA 303842420	56-6001393	UNIVERSITY	37,249				STATISTICAL METHODS IN HIV VACCINE EFFICACY TRIALS
UNIVERSITY OF PITTSBURGHP O BOX 371220 PITTSBURGH,PA 152517220	25-0965591	501(C)(3)	5,495				A RANDOMIZED PHASE II TRIAL OF CMV PREVENTION IN ACUTE L

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF PITTSBURGHP O BOX 371220 PITTSBURGH, PA 152517220	25-0965591	501(C)(3)	20,373				COLORECTAL CANCER GENOME-WIDE ASSOCIATION STUDIES CONSOR
UNIVERSITY OF PITTSBURGHP O BOX 371220 PITTSBURGH, PA 152517220	25-0965591	501(C)(3)	11,967				EPIDEMIOLOGY OF PUTATIVE GENETIC GENETIC VARIANTS IN THE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF PITTSBURGHP O BOX 371220 PITTSBURGH,PA 152517220	25-0965591	501(C)(3)	21,893				GWAS OF HORMONE TREATMENT AND CVD AND METABOLIC OUTCOMES
UNIVERSITY OF PITTSBURGHP O BOX 371220 PITTSBURGH,PA 152517220	25-0965591	501(C)(3)	27,297				HVTN LABORATORY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF ROCHESTER910 GENESEE ST SUITE 200 ROCHESTER, NY 146113847	16-0743209	501(C)(3)	1,326,849				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
UNIVERSITY OF ROCHESTER910 GENESEE ST SUITE 200 ROCHESTER, NY 146113847	16-0743209	501(C)(3)	141,355				THE PATHOGENESIS OF FMD FACIOSCAPULOHUMERAL MUSCULAR

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF SOUTHERN CALIFORNIA 3500S FIGUEROA ST SUITE 102 LOS ANGELES,CA 900742095	95-1642394	501(C)(3)	101,314				BARRETT'S AND ESOPHAGEAL ADENOCARCINOMA GENETIC SUSCEPTI
UNIVERSITY OF SOUTHERN CALIFORNIA 3500S FIGUEROA ST SUITE 102 LOS ANGELES,CA 900898001	95-1642394	501(C)(3)	8,426				BREAST CANCER BIOMARKER DISCOVERY CONSORTIUM - SUPPLEMEN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF SOUTHERN CALIFORNIA 3500S FIGUEROA ST SUITE 102 LOS ANGELES,CA 900742095	95-1642394	501(C)(3)	83,916				COG CHAIR'S GRANT - PROJECT TARGET IDENTIFICATION FOR HI
UNIVERSITY OF SOUTHERN CALIFORNIA 3500S FIGUEROA ST SUITE 102 LOS ANGELES,CA 900742095	95-1642394	501(C)(3)	120,605				IMPROVING EARLY DETECTION OF BREAST CANCER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF SOUTHERN CALIFORNIA 3500S FIGUEROA ST SUITE 102 LOS ANGELES,CA 900742095	95-1642394	501(C)(3)	6,287				IRF8 AS A BIOMARKER OF AGING, MALIGNANT TRANSFORMATION,
UNIVERSITY OF SOUTHERN CALIFORNIA 3500S FIGUEROA ST SUITE 102 LOS ANGELES,CA 900898015	95-1642394	501(C)(3)	24,648				THE BREAST CANCER BIOMARKER DISCOVERY CONSORTIUM PHASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF TEXAS SOUTHWESTERN MEDICALP O BOX 841765 DALLAS,TX 752841765	75-6002868	UNIVERSITY	807,800				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
UNIVERSITY OF TEXAS MD ANDERSONP O BOX 4390 HOUSTON,TX 772104390	74-6001118		36,960				IMPROVING EARLY DETECTION OF BREAST CANCER WITH A BLOOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF TEXAS MD ANDERSONP O BOX 4390 HOUSTON,TX 772104390	74-6001118		19,483				THE BREAST CANCER BIOMARKER DISCOVERY CONSORTIUM PHASE
UNIVERSITY OF UTAH201 S PRESIDENTS CIRCLE RM 406 SALT LAKE CITY, UT 841129020	87-6000525	UNIVERSITY	85,837				GENOME-WIDE ASSOCIATION STUDY OF NONSYNONYMOUS SNPS IN C

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF UTAH201 S PRESIDENTS CIRCLE RM 406 SALT LAKE CITY, UT 841129020	87-6000525	UNIVERSITY	28,420				PROSTAGLANDIN SYNTHESIS, GENETICS AND COLORECTAL CANCER
UNIVERSITY OF UTAH201 S PRESIDENTS CIRCLE RM 406 SALT LAKE CITY, UT 841129020	87-6000525	UNIVERSITY	32,483				THE TIME DISTRIBUTION METHOD FOR MEASURING CLINICALLY VA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF VERMONT AND85 SOUTH PROSPECT ST BURLINGTON, VT 054050160	03-0179440	UNIVERSITY	12,003				A RANDOMIZED PHASE II TRIAL OF CMV PREVENTION IN ACUTE L
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	14,577				A MULTI-STATE STUDY OF CANCER TREATMENT AND OUTCOME AMON

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	27,655				A PROSPECTIVE STUDY OF COLORECTAL CANCER ONE-CARBON ME
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	57,410				A RANDOMIZED PHASE II TRIAL OF CMV PREVENTION IN ACUTE L

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	13,173				ADIPOSE TISSUE INFLAMMATION AND ESTROGEN SYNTHESIS
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	12,862				AFFINITY BASED STRATEGIES TO FAST TRACK DEVELOPMENT OF C

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	12,989				AIDS MALIGNANCY CLINICAL TRIALS (AMC)
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	27,112				AIDS MALIGNANCY CLINICAL TRIALS CONSORTIUM (AMC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	1,059				AN ALGORITHM FOR CONTROL OF BIOLOGICAL TIME
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	5,582				ANALYSIS OF A NOVEL SUBSET OF HUMAN CD8+ MEMORY CELLS WI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	54,703				ANALYZING HETEROGENEITY OF ONCOGENIC PATHWAY ACTIVATION
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	23,037				ASTATINE-211 CONDITIONING FOR NONMYELOABLATIVE HEMOPOIET

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	43,361				BARRETT'S AND ESOPHAGEAL ADENOCARCINOMA GENETIC SUSCEPTI
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	1,924,553				CANCER CENTER SUPPORT GRANT (COMPREHENSIVE)

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	457,568				CANCER IMMUNOTHERAPY TRIALS NETWORK CENTRAL OPERATIONS
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	39,342				CD38 PRETARGETED RADIOIMMUNOTHERAPY FOR MYELOMA

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	68,367				CD45 PRETARGETED RADIOIMMUNOTHERAPY FOR AML
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	133,111				CD8+CELL IMMUNITY TO CYTOMEGALOVIRUS

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	313,388				CENTER FOR BIOLOGICAL FUTURES
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	137,821				CENTER FOR COMPARATIVE EFFECTIVENESS RESEARCH IN CANCER

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	172,248				CHARACTERIZATION OF HIV-1 ANTIBODY RESPONSES IN CHRONICA
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	95,818				CHEMOPROTECTION AGAINST AMINOGLYCOSIDE-INDUCED OTOTOXICI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	3,615				CLINICAL COORDINATING CENTER FOR THE WOMEN'S HEALTH INIT
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	1,623,449				CLINICAL EPIDEMIOLOGY AND PATHOGENESIS OF ASYMPTOMATIC H

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	92,600				COLORECTAL CANCER GENOME-WIDE ASSOCIATION STUDIES CONSOR
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	748,752				CONSORTIUM BIOSPECIMEN PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	132,966				CONTROLLING HEMATOPOIETIC LINEAGE COMMITMENT FROM ESC TO
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	89,571				CORD BLOOD EXPANSION AND TRANSPLANTATION IN A NON-HUMAN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	3,119				CORE ASSAYS MRLI - W1, W3
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	6,345				CORE CENTER OF EXCELLENCE IN HEMATOLOGY

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	137,620				CYTOTOXIC T CELL RESPONSE TO HSV IN HIV INFECTED PEOPLE
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	27,998				CYTOTOXIC T-CELL REPONSES TO HSV IN HIV-INFECTED PERSONS

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	175,698				DEVELOPMENT OF NOVEL AIDS GENE THERAPY STRATEGIES IN THE
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	275,024				DEVELOPMENT OF SAFE AND EFFICIENT GENE THERAPY STRATEGIE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	3,452				DIETARY FRUCTOSE AND LOW-GRADE INFLAMMATION
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	290,524				EARLY AND REINFECTION IN HIGH RISK WOMEN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	28,438				ENHANCING LONG-TERM 5-A-DAY BEHAVIOR CHANGE IN WORKSITES
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	32,990				EVALUATION OF A HEPATITIS B OUTREACH INTERVENTION FOR CA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	8,250				EXOSOMAL RNAS SERUM PROSTATE CANCER BIOMARKERS
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	216,744				EXPANSION OF CARDIAC AND HEMATOPOIETIC PREGENITORS BY WN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	73,813				FHCRC/UW CANCER CONSORTIUM PHASE I CLINICAL TRIALS PROGR
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	4,165				FOAMY VIRUS ZOONOTIC TRANSMISSION FROM NEW WORLD MONKEYS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	111,497				FRED HUTCHINSON/UNIVERSITY OF WASHINGTON CANCER CONSORTI
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	5,722				GENE THERAPY FOR FANCONI ANEMIA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	4,825				HEMATOPOIETIC CHEMOPROTECTION IN GLIOBLASTOMA PATIENTS
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	220,067				HPTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	25,733				HPV CAPSID ANTIBODIES
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	8,864				HPV BIOLOGY, CLINICAL SIGNIFICANCE AND EPIDEMIOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	2,952,256				HVTN LABORATORY PROGRAM
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	66,520				HVTN SDMC LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	3,809,825				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	6,631				IDENTIFY AND VALIDATE NOVEL EPIGENETIC MOLECULAR MARKERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	266				IMMUNE CORRELATES OF PROTECTION AGAINST HIV AND SIV INFE
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	82,734				IMMUNOTHERAPY OF HEMATOLOGICAL MALIGNANCIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	53,177				IN UTERO TRANSPLANTATION IN PRIMATES
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	34,320				IN VIVO EFFECTS OF SULFORAPHANE SUPPLEMENTATION ON NORMA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	25,033				INFLAMMATORY DENDRITIC CELLS IN ADIPOSE TISSUE INFLAMMAT
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	751				INNATE RESISTANCE TO MUCOSAL HSV INFECTION IN HUMANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	321,559				INTERGRATED SENSOR TECHNOLOGY FOR REAL-TIME RECORDING OF
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	31,971				LAGLIDADG DELIVERY AND GENE REPAIR IN CANINE HEMATOPOIET

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	7,024				LATE EFFECTS OF TREATMENT IN WILMS TUMOR SURVIVORS AND O
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	80,151				LATE EFFECTS OF TREATMENT IN WILMS-TUMOR SURVIVORS AND O

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	75,479				LEADERSHIP FOR HIV/AIDS CLINICAL TRIALS NETWORKS MICRO
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	16,460				LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL TRIAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	22,287				LIVESTRONG SURVIVORSHIP CENTER OF EXCELLENCE
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	816				LYMPH NODE ALTERATIONS IN CANCER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	1,340,772				MECHANISMS AND COFACTORS OF HIV TRANSMISSION TO WOMEN
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	53,100				MENOPAUSAL SYMPTOMS INITIATIVE-FINDING LASTING ANSWERS F

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	99,325				MIXED HEMATOPOIETIC CHIMERISM AFTER STEM CELL ALLOGRAFTS
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	55,971				MODELING PROSTATE CANCER CONTROL PREVENTION, SCREENING,

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	10,352				NIGHT SHIFT WORK AND HORMONE LEVELS IN MEN
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	17,774				NORTH AMERICAN SHWACHMAN-DIAMOND SYNDROME REGISTRY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	77,876				NOVEL COMPUTATIONAL TOOLS FOR STUDYING THE HUMAN MICROBI
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	205,953				NOVEL CULTIVATION METHODS FOR THE DOMESTICATION OF VAGIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	15,906				NUTRITION AND PHYSICAL ACTIVITY ASSESSMENT STUDY (NPAAS)
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	10,940				ORAL CANCER MOLECULAR PROFILES & CLINICAL OUTCOMES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	20,088				OUTCOMES BASED GUIDELINE DEVELOPMENT FOR PROSTATE CANCER
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	440,932				PACIFIC OVARIAN CANCER RESEARCH CONSORTIUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	49,710				PRECLINICAL GENE THERAPY STUDIES IN CANINE MUSCULAR DYST
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	4,312				PRE-DOCTORAL FELLOW - KELLIE VIGNA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	73,202				PRETARGETED RADIOIMMUNOTHERAPY OF CD20+ LYMPHOMAS
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	13,689				PROSPR STATISTICAL COORDINATING CENTER (PSCC)

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	1,228				PROTEIN BIOMARKERS IN CHILDHOOD ACUTE MYELOID LEUKEMIA
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	12,143				RADIATION DOSE-DEPENDENT INTERVENTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	16,667				REDUCING OBESITY AT THE WORKPLACE A RANDOMIZED TRIAL
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	337,532				SEATTLE CANCER CONSORTIUM BREAST SPORE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	302,981				SEATTLE VACCINE TRIALS UNIT
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	32,242				STATISTICAL METHODS FOR MEDICAL STUDIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	89,248				STATISTICAL METHODS IN HIV/AIDS RESEARCH
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	143,667				STRATEGIES TO IMPROVE THE ADOPTIVE TRANSFER OF T CELLS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	233,183				T CELL IMMUNITY TO HSV-2 IN IMMUNE SERONEGATIVE SUBJECTS
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	237,900				TARGETED MODIFICATION OF HOST AND PROVIRAL DNA TO TREAT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	14,750				TARGETED RADIOTHERAPY WITH 90Y-BC8 MONOCLONAL ANTIBODY,
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	1,955				TGF-BETA SIGNALING AND COLON CANCER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	20,504				THE FANCONI ANEMIA-BRCA PATHWAY AND CHEMOSENSITIVITY OF
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	555,069				THE PACIFIC NORTHWEST PROSTATE CANCER SPORE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	263,959				THE PATHOGENESIS OF FMD FACIOSCAPULOHUMERAL MUSCULAR
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	77,508				THE ROLE OF ANTIBODIES IN MOTHER TO CHILD HIV TRANSMISSI

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	13,615				THE ROLE OF UNCULTIVATED BACTERIA IN BACTERIAL VAGINOSIS
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE, WA 98105	91-6001537	UNIVERSITY	233,286				THERAPY OF LYMPHOMA/LEUKEMIA WITH MONOCLONAL ANTIBODIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	170,107				UNDERSTANDING AND PREVENTING BREAST CANCER DISPARITIES I
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	181,866				WASHINGTON VACCINE ALLIANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTONNE COLUMBIA RD SEATTLE,WA 98105	91-6001537	UNIVERSITY	63,443				WEIGHT LOSS AND EXERCISE EFFECTS ON TELOMERE LENGTH IN P
UNIVERSITY OF WISCONSIN DRAWER 538 MILWAUKEE,WI 532780538	39-6006492	UNIVERSITY	2,638				CLINICAL COORDINATING CENTER FOR THE WOMEN'S HEALTH INIT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WISCONSIN DRAWER 538 MILWAUKEE,WI 532780538	39-6006492	UNIVERSITY	15,669				NUTRITION AND PHYSICAL ACTIVITY ASSESSMENT STUDY (NPAAS)
VACCINE & GENE THERAPY INSTITUTE FLORIDA9801 SW DISCOVERY WAY PORT ST LUCIE,FL 34987	36-4631835	501(C)(3)	297,409				HVTN LABORATORY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VANDERBILT UNIVERSITYDEPT OF FINANCE DEPT AT 40303 ATLANTA,GA 311920303	62-0476822	501(C)(3)	1,326,637				HVTN LEADERSHIP GROUP FOR A GLOBAL HIV VACCINE CLINICAL
VANDERBILT UNIVERSITYDEPT OF FINANCE DEPT AT 40303 ATLANTA,GA 311920303	62-0476822	501(C)(3)	17,872				IMMUNE MEDIATED DISORDERS AFTER ALLOGENEIC HEMATOPOIETIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VANDERBILT UNIVERSITYDEPT OF FINANCE DEPT AT 40303 ATLANTA,GA 311920303	62-0476822	501(C)(3)	13,815				IMPROVING OUTCOMES ASSESSMENT IN CHRONIC GVHD
VANDERBILT UNIVERSITYDEPT OF FINANCE DEPT AT 40303 ATLANTA,GA 311920303	62-0476822	501(C)(3)	25,180				OUTCOMES BASED GUIDELINE DEVELOPMENT FOR PROSTATE CANCER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VANDERBILT UNIVERSITY2301 VANDERBILT PLACE PMB 401591 NASHVILLE,TN 372401591	62-0476822	501(C)(3)	64,074				TILLING THE ZEBRAFISH GENOME A REVERSE GENETICS APPROAC
WAKE FOREST UNIVERSITY HEALTH SCIENCESMEDICAL CENTER BOULEVARD WINSTONSALEM,NC 27157	22-3849199	501(C)(3)	26,851				A RANDOMIZED PHASE II TRIAL OF CMV PREVENTION IN ACUTE L

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTONSALEM,NC 27157	22-3849199	501(C)(3)	21,389				CLINICAL COORDINATING CENTER FOR THE WOMEN'S HEALTH INIT
WASHINGTON STATE UNIVERSITY P O BOX 641039 PULLMAN,WA 991641039	91-6001108	UNIVERSITY	21,434				ENGINEERING ENZYMES FOR ANTI-TUMOR SUICIDE GENE THERAPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON STATE UNIVERSITYP O BOX 641039 PULLMAN,WA 991641039	91-6001108	UNIVERSITY	69,119				WASHINGTON VACCINE ALLIANCE
WASHINGTON UNIVERSITY700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	501(C)(3)	2,186				IMMUNE MEDIATED DISORDERS AFTER ALLOGENEIC HEMATOPOIETIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON UNIVERSITY700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	501(C)(3)	6,632				IMPROVING OUTCOMES ASSESSMENT IN CHRONIC GVHD
WASHINGTON UNIVERSITY700 ROSEDALE AVE CAMPUS BOX 1034 ST LOUIS,MO 631121408	43-0653611	501(C)(3)	4,436				RADIATION DOSE-DEPENDENT INTERVENTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA VALLEY FARM WORKERS CLINIC518 W FIRST AVENUE TOPPENISH,WA 98948	91-1019392	501(C)(3)	37,270				CENTER FOR HISPANIC HEALTH PROMOTION REDUCING CANCER DI
YALE UNIVERSITY P O BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	104,460				ADULT LEUKEMIA RESEARCH CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YALE UNIVERSITYP O BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	22,357				BARRETT'S AND ESOPHAGEAL ADENOCARCINOMA GENETIC SUSCEPTI
YALE UNIVERSITYP O BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	42,591				HIV TESTING AND TREATMENT TO PREVENT ONWARD HIV TRANSMIS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YALE UNIVERSITY P O BOX 1873 NEW HAVEN, CT 065081873	06-0646973	501(C)(3)	20,664				TREC COORDINATION CENTER

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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)(i)-(iii) 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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	FIRST CLASS AIR TRAVEL IS ALLOWED CONSISTENT WITH FEDERAL REIMBURSEMENT REGULATIONS AND GENERALLY ONLY WHEN COACH FARE IS NOT AVAILABLE AIRFARE AND NORMAL TRAVEL EXPENSES ARE PAID FOR THE PRESIDENT AND DIRECTOR'S SPOUSE FOR TRIPS INVOLVING FUNDRAISING FOR THE CENTER SOCIAL CLUB DUES ARE PAID FOR THE CENTER'S PRESIDENT & DIRECTOR AND VICE PRESIDENT OF DEVELOPMENT NONE OF THESE ITEMS ARE CONSIDERED TAXABLE COMPENSATION TO THESE INDIVIDUALS
	PART I, LINE 7	THE BONUS ARRANGEMENT FOR ALL OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES IS DISCRETIONARY AND ENTIRELY PERFORMANCE BASED

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-7156071
Name: FRED HUTCHINSON CANCER RESEARCH CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LAWRENCE COREY MD	(i)	606,356	156,250	16,500	0	45,396	824,502	0
	(ii)	0	0	0	0	0	0	0
FREDERICK R APPELBAUM MD	(i)	523,908	113,871	0	0	44,646	682,425	0
	(ii)	0	0	0	0	0	0	0
JANELL E BALDWIN	(i)	203,707	20,000	0	0	36,040	259,747	0
	(ii)	0	0	0	0	0	0	0
ANTHONY J BOZZUTI	(i)	233,912	30,000	16,500	0	48,361	328,773	0
	(ii)	0	0	0	0	0	0	0
JONATHAN A COOPER PHD	(i)	282,131	0	0	0	42,684	324,815	0
	(ii)	0	0	0	0	0	0	0
SUSAN C DOLBERT PHD	(i)	133,580	50,000	0	0	3,060	186,640	0
	(ii)	0	0	0	0	0	0	0
LINDA L GAINER	(i)	223,902	25,000	0	0	39,739	288,641	0
	(ii)	0	0	0	0	0	0	0
DENISE GALLOWAY PHD	(i)	280,411	0	0	0	43,604	324,015	0
	(ii)	0	0	0	0	0	0	0
MARK T GROUDINE MD PHD	(i)	412,578	125,000	0	0	45,318	582,896	0
	(ii)	0	0	0	0	0	0	0
RANDALL C MAIN	(i)	339,545	50,000	0	0	45,222	434,767	0
	(ii)	0	0	0	0	0	0	0
MARGARET JULIANA MCELRATH MD PHD	(i)	298,002	0	14,400	0	43,008	355,410	0
	(ii)	0	0	0	0	0	0	0
ULRICH W MUELLER PHD	(i)	234,166	30,000	0	0	48,244	312,410	0
	(ii)	0	0	0	0	0	0	0
HOWARD ALBERT NACHTRIEB	(i)	218,893	30,000	0	0	48,138	297,031	0
	(ii)	0	0	0	0	0	0	0
ROSS L PRENTICE PHD	(i)	414,412	0	0	0	45,279	459,691	0
	(ii)	0	0	0	0	0	0	0
SCOTT N RUSCH	(i)	186,791	20,000	0	0	39,762	246,553	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS J SHAEFFER	(i)	305,080	30,000	0	0	45,507	380,587	0
	(ii)	0	0	0	0	0	0	0
MYRA H TANITA	(i)	408,704	75,000	6,000	0	40,138	529,842	0
	(ii)	0	0	0	0	0	0	0
STEVEN G SELF PHD	(i)	274,341	0	16,500	0	44,420	335,261	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SAMIR M HANASH MD	(i)	337,366	0	0	0	43,774	381,140	0
	(ii)	0	0	0	0	0	0	0
MARTIN A CHEEVER MD	(i)	270,695	0	16,500	0	41,796	328,991	0
	(ii)	0	0	0	0	0	0	0
IRWIN D BERNSTEIN MD	(i)	291,183	0	16,500	0	42,614	350,297	0
	(ii)	0	0	0	0	0	0	0
JANET LEE STANFORD MD	(i)	250,446	0	16,500	0	48,447	315,393	0
	(ii)	0	0	0	0	0	0	0
BRIAN J REID MD	(i)	265,064	0	0	0	44,947	310,011	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No	(i) Pool financing Yes	(i) Pool financing No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		11-15-2007	5,200,000	REIMBURSE THE CENTER FOR COSTS OF ACQUIRING REAL PROPERTY & IMPROVEMENTS		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978E6G2	11-24-2009	15,381,009	REFUND BONDS ISSUED 11/1/2002		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978E6G2	11-24-2009	8,842,608	REFUND BONDS ISSUED 11/1/2002		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978E6G2	11-24-2009	32,093,411	REFUND BONDS ISSUED 11/1/2002		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	557,339	837,034	481,214	1,746,522
2	Amount of bonds defeased				
3	Total proceeds of issue	5,200,000	15,381,009	8,842,608	32,093,411
4	Gross proceeds in reserve funds		1,466,385	843,031	3,059,701
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	35,948	169,304	97,333	353,262
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	32,182	69,174	39,769	144,336
10	Capital expenditures from proceeds	5,131,870			
11	Other spent proceeds		13,676,147	7,862,475	28,536,111
12	Other unspent proceeds				
13	Year of substantial completion	2007	2009	2009	2009

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	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		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, BOND N	DESCRIPTION OF PURPOSE	TO REPAY A TAXABLE BRIDGE LOAN INCURRED BY THE CENTER TO ACQUIRE LAND AND THE 1100 EASTLAKE BUILDING IN SEATTLE, WASHINGTON TO CONSTRUCT, REMODEL, RENOVATE AND EQUIP HEALTH CARE FACILITIES LOCATED AT THE 1100 EASTLAKE BUILDING AND AT THE CENTER'S EXISTING SOUTH LAKE UNION CAMPUS IN SEATTLE TO CONSTRUCT A CONNECTION BETWEEN THE 1100 EASTLAKE BUILDING AND THE SOUTH LAKE UNION CAMPUS
SCHEDULE K, PART I		THE BOND ISSUES LISTED IN PART I WITH CUSIP NUMBERS 93978E6G2 (ALL ROWS), 93978HCL7 (ALL ROWS), 93978HBT1 (ALL ROWS) AND 93978HBV6 (ROW A ONLY) ARE POST-DECEMBER 31, 2002 REFUNDING ISSUES WHICH REFUND PRE-JANUARY 1, 2003 BOND ISSUES AND ARE THEREFORE NOT INCLUDED IN PART III, PRIVATE BUSINESS USE

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978E6G2	11-24-2009	18,735,275	REFUND BONDS ISSUED 11/1/2002		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978E6G2	11-24-2009	39,972,686	REFUND BONDS ISSUED 11/15/2001		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		11-04-2010	30,000,000	ACQUISITION OF A SIX-STORY OFFICE BUILDING		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HCL7	06-30-2011	49,522,564	REFUND BONDS ISSUED 11/15/2001		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,019,571	1,120,659	840,000	298,325
2	Amount of bonds defeased				
3	Total proceeds of issue	18,735,275	39,972,686	30,000,000	49,522,564
4	Gross proceeds in reserve funds	1,786,172	3,829,025		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	206,225	627,017	367,238	646,773
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	84,260		416,292	29,219
10	Capital expenditures from proceeds			29,216,470	
11	Other spent proceeds	16,658,619	35,516,644		48,846,572
12	Other unspent proceeds				
13	Year of substantial completion	2009	2009	2010	2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X	X			X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 500 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 500 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	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		X		X
2	Is the bond issue a variable rate issue?		X		X	X			X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HCL7	06-30-2011	33,478,278	REFUND BONDS ISSUED 11/24/2009		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HBT1	06-30-2011	34,532,776	REFUND BONDS ISSUED 11/15/2001		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HBT1	06-30-2011	17,411,441	REFUND BONDS ISSUED 11/24/2009		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HBT1	06-30-2011	5,580,783	REFUND BONDS ISSUED 11/24/2009		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	201,675			
2	Amount of bonds defeased				
3	Total proceeds of issue	33,478,278	34,532,776	17,411,441	5,580,783
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	437,232	285,850	144,126	46,196
8	Credit enhancement from proceeds		267,781	135,016	43,276
9	Working capital expenditures from proceeds	19,752			
10	Capital expenditures from proceeds				
11	Other spent proceeds	33,021,294	33,968,689	17,127,028	5,489,622
12	Other unspent proceeds		10,455	5,271	1,690
13	Year of substantial completion	2011	2011	2011	2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	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		X		X
2	Is the bond issue a variable rate issue?		X	X		X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X		X		X	
b	Name of provider			BARCLAYS BANK PLC		BARCLAYS BANK PLC			
c	Term of hedge			16 500000000000		16 500000000000		16 500000000000	
d	Was the hedge superintegrated?				X		X		X
e	Was a hedge terminated?				X		X		X
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HBV6	06-30-2011	352,651	REFUND BONDS ISSUED 11/24/2009		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HBV6	06-30-2011	84,147,349	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	352,651	84,147,349		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		3,488,245		
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,779	424,356		
8	Credit enhancement from proceeds	3,653	871,651		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		60,757,763		
11	Other spent proceeds	346,887			
12	Other unspent proceeds	332	18,605,334		
13	Year of substantial completion	2011	2012		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X				

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	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				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X					
b	Name of provider	BARCLAYS BANK PLC		BARCLAYS BANK PLC					
c	Term of hedge	19 500000000000		19 500000000000					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III **Grants or Assistance Benefitting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) IKARIA INC	ROBERT NELSEN ORGANIZATION TRUSTEE IS A DIRECTOR OF IKARIA	666,296	DIVIDEND INCOME RECEIVED FROM INTERESTED PERSON		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	1	22,000	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	31	4,661,305	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	3	1,132,526	MARKET VALUE
26 Other ▶ (PILLOWS)	X	1	4,900	MARKET VALUE
27 Other ▶ (AUCTION ITEMS)	X	308	440,458	MARKET VALUE
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 1

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	UNDER THE CENTER'S BYLAWS, THE FINANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND INVESTIGATING FINANCIAL TRANSACTIONS OF FHCRC INCLUDING RESPONSIBILITY OF INTERNAL AND EXTERNAL AUDITING AND FOR MAKING RECOMMENDATIONS TO THE BOARD CONCERNING THESE MATTERS FHCRC'S VICE PRESIDENT OF FINANCE & CHIEF FINANCIAL OFFICER AND HIS STAFF WORK CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM FHCRC ENGAGES TO PREPARE THE FORM 990 THE DRAFT FORM 990 IS ALSO REVIEWED BY THE CORPORATE TREASURER, THE EXECUTIVE VICE PRESIDENT & CHIEF OPERATING OFFICER AND THE VICE PRESIDENT & GENERAL COUNSEL PRIOR TO PROVIDING IT TO THE FINANCE COMMITTEE THE FINANCE COMMITTEE CONSULTS WITH THE CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, GENERAL COUNSEL AND CORPORATE TREASURER AND SUCH OTHER PERSONS THE FINANCE COMMITTEE MAY DESIGNATE TO REVIEW THE DRAFT FORM 990 SUBSEQUENT TO ITS REVIEW, THE FINANCE COMMITTEE REPORTS TO THE BOARD REGARDING ITS OVERSIGHT OF FORM 990 THE FINAL DRAFT IS PROVIDED TO THE FULL BOARD PRIOR TO FILING THE RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTEREST INVOLVING TRUSTEES OR THE PRESIDENT & DIRECTOR OF THE CENTER THE PRESIDENT & DIRECTOR OF THE CENTER IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTEREST INVOLVING OTHER OFFICERS, SCIENTIFIC STAFF AND OTHER KEY PERSONNEL DESIGNATED BY THE PRESIDENT & DIRECTOR UNDER THE FHCRC CONFLICT OF INTEREST POLICY AND RELATED GUIDELINES, AN ANNUAL CONFLICT OF INTEREST DISCLOSURE DOCUMENT AIMED AT DETERMINING FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS THAT CONSTITUTE A CONFLICT OF INTEREST UNDER THE POLICY, IS DISTRIBUTED TO AND MUST BE COMPLETED BY ALL COVERED PERSONS DISCLOSURES BY TRUSTEES AND THE PRESIDENT & DIRECTOR ARE REVIEWED BY THE OFFICE OF THE GENERAL COUNSEL WHO REPORTS ANY CONFLICTS TO THE EXECUTIVE COMMITTEE WITH RECOMMENDATIONS ON APPROPRIATE TERMS FOR A CONFLICT MANAGEMENT PLAN CONFLICT MANAGEMENT PLANS FOR TRUSTEES AND THE PRESIDENT & DIRECTOR ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND SIGNED BY THE PERSON WITH THE CONFLICT OF INTEREST AND THE CHAIR OF THE BOARD DISCLOSURE BY MEMBERS OF THE SCIENTIFIC STAFF, OFFICERS OTHER THAN THE PRESIDENT & DIRECTOR AND OTHER KEY PERSONNEL DESIGNATED BY THE PRESIDENT & DIRECTOR ARE REVIEWED BY THE OFFICE OF THE PRESIDENT & DIRECTOR, THE OFFICE OF THE GENERAL COUNSEL, AND THE DIRECTOR OF THE DIVISION IN WHICH THE PERSON HAS HIS OR HER PRIMARY APPOINTMENT OR RESPONSIBILITIES IF A CONFLICT IS DETERMINED TO EXIST UNDER THE POLICY A WRITTEN CONFLICT MANAGEMENT PLAN IS RECOMMENDED BY THE OFFICE OF THE GENERAL COUNSEL AND APPROVED AND SIGNED BY THE OFFICE OF THE DIRECTOR, THE OFFICE OF THE GENERAL COUNSEL AND THE DIVISION DIRECTOR AS WELL AS THE PERSON WHO HAS THE CONFLICT CONFLICT MANAGEMENT PLANS ARE DESIGNATED TO MANAGE, REDUCE AND ELIMINATE CONFLICTS TO PREVENT BIAS, IMPROPER INFLUENCE, OR MISUSE OF FHCRC OR GOVERNMENT RESOURCES THE CONFLICT MANAGEMENT PLANS FOR TRUSTEES USUALLY REQUIRE THE AFFECTED TRUSTEE TO RECUSE HIMSELF OR HERSELF FROM VOTING ON ANY MATTERS INVOLVING THE AFFECTED TRANSACTION OR RELATIONSHIP ALTHOUGH HE OR SHE IS ALLOWED TO PROVIDE FACTUAL INFORMATION IF REQUESTED BY THE BOARD OF THE EXECUTIVE COMMITTEE ALL TRANSACTIONS REQUIRING BOARD OR COMMITTEE APPROVAL MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS CONFLICT MANAGEMENT PLANS INVOLVING SCIENTIFIC STAFF, OFFICER OR OTHER KEY PERSONNEL USUALLY IMPOSE ONE OR MORE OF THE FOLLOWING CONDITIONS OR RESTRICTIONS 1) PUBLIC DISCLOSURE OF THE INTEREST, 2) MONITORING OF RESEARCH BY INDEPENDENT REVIEWERS, 3) MODIFICATION OF THE RESEARCH PLAN, 4) DISQUALIFICATION FROM PARTICIPATION IN ALL OF OR A PORTION OF THE RESEARCH BY THE PERSON WITH THE CONFLICT OF INTEREST, 5) DIVESTURE OF THE INTEREST, 6) SEVERANCE OF THE RELATIONSHIP CREATING THE CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT & DIRECTOR IS DETERMINED AND APPROVED BY THE BOARD COMPENSATION COMMITTEE. THE COMPENSATION OF OTHER OFFICERS AND KEY PERSONNEL AT FHCRC IS DETERMINED BY THE PRESIDENT & DIRECTOR SUBJECT TO RATIFICATION BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE HAS DEVELOPED, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, GUIDELINES FOR DETERMINING COMPENSATION AND BENEFITS. THE COMPENSATION COMMITTEE ALSO HIRES A QUALIFIED INDEPENDENT COMPENSATION SPECIALIST (''INDEPENDENT EXPERT'') EVERY TWO YEARS TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION PACKAGES OF ALL OFFICERS AND KEY EMPLOYEES. APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM THE INDEPENDENT EXPERT. NO PERSON WITH A CONFLICT OF INTEREST MAY PARTICIPATE IN DETERMINING OR APPROVING ANY EXECUTIVE COMPENSATION. MEETINGS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED IN MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING. THE ABOVE PROCESS WAS LAST UNDERTAKEN IN 2012

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -25,915,220 ADJUSTMENT FOR DECONSOLIDATION OF CONTROLLED AFFLIATE (SVRF) -434,077 TOTAL TO FORM 990, PART XI, LINE 5 -26,349,297

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) SEATTLE VACCINE RESEARCH FUND 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109 33-1111221	ANTI-RETROVITAL THERAPY FOR ELIGIBLE PARTICIPANTS	WA	501(C)(3)	LINE 11A, I	FRED HUTCHINSON CANCER RESEARCH CENTER	Yes	
(2) UPCID LTD POB 3935 MULAGO HOSPITAL UPPER MU KAMPALA UG	RESEARCH AND EDUCATION ON CANCER AND INFECTIOUS DISEASES	UG			FRED HUTCHINSON CANCER RESEARCH CENTER	Yes	
(3) HUTCHINSON CANCER RESEARCH INSTITUTE OF SOUTH AFRICA 6TH FLOOR 119 HERTZOG BLVD FORESHORE, CAPETOWN 8001 SF	RESEARCH	SF			FRED HUTCHINSON CANCER RESEARCH CENTER	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARITABLE REMAINDER TRUSTS (5) 1100 FAIRVIEW AVE NORTH SEATTLE, WA 981091024	INVESTMENT	WA	FRED HUTCHINSON CANCER RESEARCH CENTER	T			

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d 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)	1g		No
h 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)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r		No

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)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) UPCID LTD	K	485,217	BASED ON SPECIFIC COST CENTERS
(2) UPCID LTD	O	540,468	CIP COSTS INCURRED BY FH FOR UPCI
(3) UPCID LTD	Q	425,542	CASH TRANSFERS/ADVANCES TO UPCID
(4) UPCID LTD	L	474,321	PAYMENTS FOR RESEARCH SERVICES
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 23-7156071
Name: FRED HUTCHINSON CANCER RESEARCH CENTER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 31,279,005 including grants of $ 4,839,183) (Revenue $ 4,549,786)

HUMAN BIOLOGY DIVISION THE MISSION OF THE HUMAN BIOLOGY DIVISION IS TO CULTIVATE INTERDISCIPLINARY RESEARCH TO ADVANCE UNDERSTANDING OF HUMAN BIOLOGY AND THE COMPLEX PROBLEMS OF NEOPLASIA AND OTHER HUMAN DISEASES THE DIVISION IS STRUCTURED TO FOSTER LABORATORY-BASED AND COMPUTATIONAL RESEARCH AT THE INTERFACE OF BASIC, CLINICAL, AND POPULATION SCIENCES DENISE GALLOWAY IS THE INTERIM DIRECTOR OF HUMAN BIOLOGY

(Code) (Expenses $ 30,118,171 including grants of $ 901,479) (Revenue $ 4,380,934)

BASIC SCIENCES DIVISION THE BASIC SCIENCES DIVISION AT THE FRED HUTCHINSON CANCER RESEARCH CENTER WAS FOUNDED IN 1981 WITH THE GOAL OF PROVIDING A UNIQUE AND EXCITING ENVIRONMENT TO FOSTER CREATIVE AND GROUNDBREAKING RESEARCH THE DIVISION CONSISTS OF 27 LABORATORIES, EACH WORKING IN DIVERSE AREAS RELATED TO ALL ASPECTS OF BIOLOGY THE LABS EMPLOY STRUCTURAL, GENETIC, MOLECULAR, CELLULAR, DEVELOPMENTAL, AND EVOLUTIONARY BIOLOGY METHODS TO ADDRESS UNRESOLVED QUESTIONS IN BIOLOGY USING A WIDE RANGE OF MODEL SYSTEMS

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE DAVIS TRUSTEE, CHAIR	5 00	X		X				0	0	0
DOUGLAS WILLIAMS TRUSTEE, VICE CHAIR	3 00	X		X				0	0	0
RICHARD ANDERSON TRUSTEE, SECRETARY	3 00	X		X				0	0	0
KARL EGE TRUSTEE, TREASURER	6 00	X		X				0	0	0
HOLLIS DILLON TRUSTEE	1 00	X						0	0	0
KAREN GLOVER TRUSTEE	2 00	X						0	0	0
STEPHEN GRAHAM TRUSTEE	1 00	X						0	0	0
RONALD HOWELL TRUSTEE	1 00	X						0	0	0
HENRY JAMES TRUSTEE	1 00	X						0	0	0
RICHARD MCCUNE TRUSTEE	2 00	X						0	0	0
ROBERT NELSEN TRUSTEE	1 00	X						0	0	0
PETER NEUPERT TRUSTEE	1 00	X						0	0	0
CHARLES NOLAN TRUSTEE	3 00	X						0	0	0
PAULA REYNOLDS TRUSTEE	3 00	X						0	0	0
JAMES SINEGAL TRUSTEE	1 00	X						0	0	0
VIJAY VASHEE TRUSTEE	1 50	X						0	0	0
DOUGLAS WALKER TRUSTEE, IMMEDIATE PAST CHAIR	6 00	X						0	0	0
RICK KOFFEY TRUSTEE	5 00	X						0	0	0
LAWRENCE COREY MD PRESIDENT & DIRECTOR	40 00			X				779,106	0	45,396
FREDERICK R APPELBAUM MD SR VP & DIR, CLIN RES DIV	40 00			X				637,779	0	44,646
JANELL E BALDWIN VP, SHARED RESOURCES	40 00			X				223,707	0	36,040
ANTHONY J BOZZUTI VP & CHIEF INFORMATION OFFICER	40 00			X				280,412	0	48,361
JONATHAN A COOPER PHD SR VP & DIR, BASIC SCIENCE	40 00			X				282,131	0	42,684
SUSAN C DOLBERT PHD VP & DIR, DEVELOPMENT	40 00			X				183,580	0	3,060
LINDA L GAINER VP, EXTERNAL AFFAIRS & COMM	40 00			X				248,902	0	39,739

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENISE GALLOWAY PHD ACTING SR VP & DIR, HUMAN BIOLOGY	40 00			X				280,411	0	43,604
MARK T GROUDINE MD PHD SR VP & DEPUTY DIR, FHCRC	40 00			X				537,578	0	45,318
RANDALL C MAIN VP & CHIEF FINANCIAL OFFICER	40 00			X				389,545	0	45,222
MARGARET JULIANA MCELRATH MD PHD SR VP & CO-DIR, VIDD	40 00			X				312,402	0	43,008
ULRICH W MUELLER PHD VP, INDST REL & CLIN RES SUPT	40 00			X				264,166	0	48,244
HOWARD ALBERT NACHTRIEB VP, HUMAN RESOURCES	40 00			X				248,893	0	48,138
ROSS L PRENTICE PHD SR VP & DIR, PHS	40 00			X				414,412	0	45,279
SCOTT N RUSCH VP, OPERATIONS & FACILITIES	40 00			X				206,791	0	39,762
DOUGLAS J SHAEFFER VP, GENERAL COUNSEL	40 00			X				335,080	0	45,507
MYRA H TANITA EXEC VP & COO	40 00			X				489,704	0	40,138
STEVEN G SELF PHD CO-DIR, VIDD	40 00				X			290,841	0	44,420
SAMIR M HANASH MD FULL MEMBER- FACULTY	40 00					X		337,366	0	43,774
MARTIN A CHEEVER MD FULL MEMBER- FACULTY	40 00					X		287,195	0	41,796
IRWIN D BERNSTEIN MD FULL MEMBER- FACULTY	40 00					X		307,683	0	42,614
JANET LEE STANFORD MD FULL MEMBER- FACULTY	40 00					X		266,946	0	48,447
BRIAN J REID MD FULL MEMBER- FACULTY	40 00					X		265,064	0	44,947