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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 province, country, and ZIP or foreign postal code
SEATTLE, WA 981091024

D Employer identification number
23-7156071

E Telephone number
(206) 667-4876

G Gross receipts $ 730,762,044

F Name and address of principal officer
GARY GILLILAND MD PHD
1100 FAIRVIEW AVENUE NORTH
SEATTLE, WA 981091024

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

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTP //WWW FREDHUTCH ORG/EN HTML

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

L Year of formation 1971

M State of legal domicile WA

Part I Summary

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**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	3,310
6	Total number of volunteers (estimate if necessary)	**6**	1,500
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**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	392,162,684	444,937,511
9	Program service revenue (Part VIII, line 2g)	78,324,260	83,150,136
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,286,585	19,556,798
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,892,747	2,702,440
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	598,666,276	550,346,885
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	69,178,860	80,167,197
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)	265,210,850	289,055,678
16a	Professional fundraising fees (Part IX, column (A), line 11e)	557,221	642,148
b	Total fundraising expenses (Part IX, column (D), line 25) ▶13,636,804		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	146,149,431	153,176,493
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	481,096,362	523,041,516
19	Revenue less expenses Subtract line 18 from line 12	117,569,914	27,305,369

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	954,391,644	978,694,575
21	Total liabilities (Part X, line 26)	469,801,996	481,057,977
22	Net assets or fund balances Subtract line 21 from line 20	484,589,648	497,636,598

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

****** 2018-05-02
Signature of officer Date

CHRIS BUNDESMANN CORPORATE CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SARA ELIZABETH J HYRE	SARA ELIZABETH J HYRE	2018-04-26		P00235495

Firm's name ▶ CLARK NUBER PS — Firm's EIN ▶ 91-1194016
Firm's address ▶ 10900 NE 4TH STREET SUITE 1400 BELLEVUE, WA 98004 — 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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

AT FRED HUTCHINSON CANCER RESEARCH CENTER, HOME TO THREE NOBEL LAUREATES, INTERDISCIPLINARY TEAMS OF WORLD-RENOWNED SCIENTISTS SEEK NEW AND INNOVATIVE WAYS TO PREVENT, DIAGNOSE AND TREAT CANCER, HIV/AIDS AND OTHER LIFE-THREATENING 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 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 $ 170,700,724 including grants of $ 44,932,150) (Revenue $ 28,913,953)
See Additional Data

4b (Code) (Expenses $ 140,952,459 including grants of $ 8,628,749) (Revenue $ 23,875,076)
See Additional Data

4c (Code) (Expenses $ 111,447,778 including grants of $ 22,667,460) (Revenue $ 18,877,458)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 67,796,582 including grants of $ 3,938,838) (Revenue $ 11,483,649)

4e **Total program service expenses** ▶ 490,897,543

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	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 and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	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	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, 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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	923		
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	3,310		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶UG , SF , UK , EI , CA , CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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		Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 20			
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**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ 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 ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶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 or note to any line 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 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 organization compensated any current officer, director, or trustee

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								12,167,230	0	1,069,132

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 ▶ 518

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	RESEARCH SERVICES	2,678,461
DFNET RESEARCH INC 140 LAKESIDE AVE SEATTLE, WA 98122	RESEARCH SERVICES	2,527,910
PACIFIC BUILDING SERVICES 11110 NORTHRUP WAY BELLEVUE, WA 98004	JANITORIAL SERVICES	1,932,666
SEATTLE CANCER CARE ALLIANCE 825 EASTLAKE AVE E SEATTLE, WA 98109	PATIENT CARE SERVICES	1,898,159
LABKEY SOFTWARE 617 EASTLAKE AVE E 400 SEATTLE, WA 98109	RESEARCH DATA SERVICES	1,411,521

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 ▶ 82

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a** 1,310,594				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c** 15,592,614				
	d Related organizations **1d**				
	e Government grants (contributions) **1e** 384,098,353				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 43,935,950				
	g Noncash contributions included in lines 1a-1f $ 3,532,530				
	h Total. Add lines 1a-1f . . . . . ▶	444,937,511			
Program Service Revenue		Business Code			
	2a INTERAFFILIATE AGMTS	541711	46,679,914	46,679,914	
	b RESEARCH ACTIVITIES	541711	21,170,812	21,170,812	
	c PATIENT SVCS AT SCCA	622110	8,232,410	8,232,410	
	d SCCA INVESTMENT INCOME	622110	7,067,000	7,067,000	
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	83,150,136			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	5,202,565			5,202,565
	4 Income from investment of tax-exempt bond proceeds ▶	4,295			4,295
	5 Royalties . . . . . ▶	2,062,587			2,062,587
		(i) Real	(ii) Personal		
	6a Gross rents	3,591,005			
	b Less rental expenses	0			
	c Rental income or (loss)	3,591,005			
	d Net rental income or (loss) . . . . . ▶	3,591,005			3,591,005
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	192,234,792			
	b Less cost or other basis and sales expenses	177,884,854			
	c Gain or (loss)	14,349,938			
	d Net gain or (loss) . . . . . ▶	14,349,938			14,349,938
	8a Gross income from fundraising events (not including $ 15,592,614 of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 707,456				
	b Less direct expenses . . . **b** 2,518,080				
	c Net income or (loss) from fundraising events . . ▶	-1,810,624			-1,810,624
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 67,800				
	b Less direct expenses . . . **b** 12,225				
	c Net income or (loss) from gaming activities . . ▶	55,575			55,575
	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 DEBT EXTINGUISHMENT	900099	-1,196,103		-1,196,103
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	-1,196,103			
	12 Total revenue. See Instructions . . . . . ▶	550,346,885	83,150,136	0	22,259,238

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	62,418,030	62,418,030		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,075,667	1,075,667		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	16,673,500	16,673,500		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,655,514	5,289,771	5,891,541	474,202
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	408,340	408,340		
7 Other salaries and wages	220,722,736	190,917,105	24,552,584	5,253,047
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,294,666	13,222,463	1,703,232	368,971
9 Other employee benefits	24,576,690	21,067,670	2,925,661	583,359
10 Payroll taxes	16,397,732	13,964,122	2,038,439	395,171
11 Fees for services (non-employees)				
a Management				
b Legal	1,232,477	596,086	636,391	
c Accounting	488,140	9,633	478,507	
d Lobbying	198,055		198,055	
e Professional fundraising services See Part IV, line 17	642,148			642,148
f Investment management fees	1,018,259		1,018,259	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,220,465	23,711,341	12,096,398	1,412,726
12 Advertising and promotion	2,659,039		2,477,841	181,198
13 Office expenses	6,060,613	3,388,670	1,470,239	1,201,704
14 Information technology	3,069,395		3,069,395	
15 Royalties				
16 Occupancy	6,852,076	5,015,916	1,729,782	106,378
17 Travel	5,057,486	4,453,509	404,021	199,956
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,407,873	2,320,892	69,585	17,396
20 Interest	15,545,591	13,991,032	1,476,831	77,728
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,909,401	20,083,897	3,586,410	239,094
23 Insurance	1,816,720		1,816,720	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a RESEARCH SUPPLIES	26,945,818	26,945,818		
b EQUIP RENT & MAINT	7,749,383	3,857,692	3,688,466	203,225
c ALLOC OF INDIRECT COSTS	0	53,791,856	-53,791,856	
d				
e All other expenses	10,945,702	7,694,533	970,668	2,280,501
25 **Total functional expenses.** Add lines 1 through 24e	523,041,516	490,897,543	18,507,169	13,636,804
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	700	1	700
	2	Savings and temporary cash investments	32,852,996	2	35,182,388
	3	Pledges and grants receivable, net	33,610,065	3	57,145,621
	4	Accounts receivable, net	21,913,434	4	28,617,539
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	611,588	7	1,373,731
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,690,571	9	2,614,474
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 731,251,116			
	b	Less accumulated depreciation — 10b: 365,484,440	364,872,982	10c	365,766,676
	11	Investments—publicly traded securities	276,288,313	11	260,685,882
	12	Investments—other securities See Part IV, line 11	70,513,199	12	57,250,321
	13	Investments—program-related See Part IV, line 11	121,764,264	13	137,063,675
	14	Intangible assets	2,064,565	14	3,502,359
	15	Other assets See Part IV, line 11	28,208,967	15	29,491,209
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	954,391,644	16	978,694,575
Liabilities	17	Accounts payable and accrued expenses	37,440,730	17	37,125,247
	18	Grants payable		18	
	19	Deferred revenue	40,192,112	19	59,506,734
	20	Tax-exempt bond liabilities	358,610,676	20	360,377,769
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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	33,558,478	25	24,048,227
	26	**Total liabilities.** Add lines 17 through 25	469,801,996	26	481,057,977
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	347,966,648	27	330,316,598
	28	Temporarily restricted net assets	62,979,000	28	87,203,000
	29	Permanently restricted net assets	73,644,000	29	80,117,000
		Organizations that do not follow SFAS 117 (ASC 958), 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	484,589,648	33	497,636,598
	34	Total liabilities and net assets/fund balances	954,391,644	34	978,694,575

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	550,346,885
2	Total expenses (must equal Part IX, column (A), line 25)	2	523,041,516
3	Revenue less expenses Subtract line 2 from line 1	3	27,305,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	484,589,648
5	Net unrealized gains (losses) on investments	5	-14,258,419
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	497,636,598

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

Software ID:

Software Version:

EIN: 23-7156071

Name: FRED HUTCHINSON CANCER RESEARCH CENTER

Form 990, Part III, Line 4a:

VACCINE AND INFECTIOUS DISEASE DIVISION (VIDD) VIDD INTEGRATES THE LATEST IN COMPUTATIONAL, LABORATORY AND CLINICAL RESEARCH METHODS TO ADVANCE THE UNDERSTANDING OF MICROBIAL PATHOGENESIS AND INFECTIOUS DISEASE PROCESSES VIDD RESEARCHERS PARTNER WITH SCIENTISTS AT LABORATORY, CLINICAL AND FIELD SITES IN AFRICA, ASIA AND EUROPE THE DIVISION HAS SPECIFIC INITIATIVES IN UGANDA, CHINA AND THE REPUBLIC OF SOUTH AFRICA TO ADVANCE THE UNDERSTANDING OF INFECTION-RELATED CANCERS AND INFECTIOUS DISEASES THAT AFFECT HIGH-RISK POPULATIONS IN THESE REGIONS VIDD SCIENTISTS AROUND THE WORLD INCLUDING CLINICIANS, CLINICAL TRIALS SPECIALISTS, STATISTICIANS, COMPUTATIONAL BIOLOGISTS AND BASIC SCIENTISTS TAKE PRIDE IN THEIR COLLABORATIVE EFFORTS TO PREDICT, DETECT, TREAT AND PREVENT INFECTIOUS DISEASES IN HUMANS

Form 990, Part III, Line 4b:

CLINICAL RESEARCH DIVISION THE CLINICAL RESEARCH DIVISION CONDUCTS LABORATORY AND PATIENT-ORIENTED RESEARCH TO BETTER UNDERSTAND THE MECHANISMS THAT DRIVE CANCER AND OTHER HUMAN DISEASES INTEGRATING A VARIETY OF DISCIPLINES, OUR CLINICAL RESEARCHERS ARE CONTINUALLY DEVELOPING NEW THERAPEUTIC APPROACHES AND LEADING CLINICAL TRIALS THAT HELP MOVE DISCOVERIES FROM LABORATORY TO PATIENT OUR PIONEERING RESEARCH HAS SAVED HUNDREDS OF THOUSANDS OF LIVES

Form 990, Part III, Line 4c:

PUBLIC HEALTH SCIENCES DIVISION THE PUBLIC HEALTH SCIENCES DIVISION IDENTIFIES STRATEGIES THAT WOULD ULTIMATELY REDUCE THE INCIDENCE OF AND MORTALITY FROM CANCER AND OTHER DISEASES USING LARGE POPULATIONS AS THEIR "LABORATORY," OUR PUBLIC-HEALTH RESEARCHERS LOOK FOR LINKS BETWEEN CANCER AND ITS POSSIBLE TRIGGERS, FROM DIET AND LIFESTYLE TO ENVIRONMENTAL AND GENETIC FACTORS IDENTIFYING SUCH CANCER CAUSES CAN LEAD TO BETTER CANCER-DETECTION METHODS AND NEW WAYS TO HELP PEOPLE ADOPT HEALTHIER LIFESTYLES TO MINIMIZE OR AVOID THEIR RISK OF GETTING THE DISEASE IN THE FIRST PLACE OUR STATISTICAL, EPIDEMIOLOGICAL AND PREVENTION PROJECTS INCLUDE STUDIES AROUND THE WORLD

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

(Code) (Expenses $ 39,700,324 including grants of $ 3,672,921) (Revenue $ 6,724,592)

HUMAN BIOLOGY DIVISION THE HUMAN BIOLOGY DIVISION INTEGRATES FUNDAMENTAL, APPLIED AND TRANSLATIONAL SCIENCE TO IMPROVE THE DIAGNOSIS, TREATMENT AND PREVENTION OF CANCER AND OTHER DISEASES HUMAN BIOLOGY RESEARCHERS COME TOGETHER TO FORM A MULTIDISCIPLINARY TEAM THAT IS INFLUENCED BY INDIVIDUAL ADVANCES THEIR DIVERSE EXPERTISE INCLUDE MOLECULAR AND CELL BIOLOGY, GENOMICS, GENETICS, VIROLOGY, INFECTIOUS DISEASE, COMPUTATIONAL BIOLOGY, PATHOLOGY AND CLINICAL RESEARCH GROUNDED IN HIGH-QUALITY BASIC SCIENCE, THE RESEARCH PERFORMED IN HUMAN BIOLOGY BLENDS FUNDAMENTAL, APPLIED, AND TRANSLATIONAL RESEARCH PERFORMED IN MODEL ORGANISMS AND IN VITRO SYSTEMS

(Code) (Expenses $ 28,096,258 including grants of $ 265,917) (Revenue $ 4,759,057)

BASIC SCIENCES DIVISION THE BASIC SCIENCES DIVISION ANSWERS FUNDAMENTAL BIOLOGICAL QUESTIONS AND PRODUCES NEW INSIGHTS ON THE BASIC BIOLOGY OF LIFE PROCESSES AND CANCER DEVELOPMENT OUR FACULTY INCLUDE STRUCTURAL, GENETIC, MOLECULAR, CELLULAR, DEVELOPMENTAL AND EVOLUTIONARY BIOLOGY INVESTIGATORS WORKING IN DIVERSE AREAS RELATED TO ALL ASPECTS OF BIOLOGY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD ANDERSON SECRETARY	2 00 0 00	X		X				0	0	0
HOLLY DILLON TRUSTEE	8 00 0 00	X						0	0	0
THERESA GILLESPIE TRUSTEE	1 00 0 00	X						0	0	0
STEPHEN GRAHAM TRUSTEE	1 00 0 00	X						0	0	0
CHRISTINE GREGOIRE CHAIR	5 00 0 00	X		X				0	0	0
RONALD HOWELL TRUSTEE	1 00 0 00	X						0	0	0
HENRY JAMES TRUSTEE	1 00 0 00	X						0	0	0
MATT MCILWAIN VICE CHAIR	5 00 0 00	X		X				0	0	0
NORMAN METCALFE TREASURER	5 00 0 00	X		X				0	0	0
PETER NEUPERT TRUSTEE	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL REED TRUSTEE	3 00 0 00	X						0	0	0
PAULA REYNOLDS IMMEDIATE PAST CHAIR	3 00 0 00	X						0	0	0
JAMES SINEGAL BOARD MEMBER EMERITUS	1 00 0 00	X						0	0	0
KATHRYN SURACE-SMITH TRUSTEE	5 00 0 00	X						0	0	0
STEVE ZARUBY TRUSTEE	3 00 0 00	X						0	0	0
CARL BEHNKE TRUSTEE	3 00 0 00	X						0	0	0
MIKE CLAYVILLE TRUSTEE	2 00 0 00	X						0	0	0
MARK FLEISCHAUER TRUSTEE	7 00 2 00	X						0	0	0
SATYA NADELLA TRUSTEE	1 00 0 00	X						0	0	0
BRYAN WHITE TRUSTEE	3 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT HERBOLD TRUSTEE	1 00 0 00	X						0	0	0
PHILIP KENT TRUSTEE	1 00 0 00	X						0	0	0
LEIGH MORGAN TRUSTEE	1 00 0 00	X						0	0	0
KARL EGE TRUSTEE	1 00 0 00	X						0	0	0
RICHARD KOFFEY TRUSTEE	1 00 0 00	X						0	0	0
RICHARD MCCUNE TRUSTEE	1 00 0 00	X						0	0	0
CHARLES NOLAN TRUSTEE	1 00 0 00	X						0	0	0
VIJAY VASHEE TRUSTEE	1 00 0 00	X						0	0	0
STEVE STADUM EXECUTIVE VP & COO	40 00 1 50			X				650,656	0	0
FREDERICK R APPELBAUM EXECUTIVE VP & DEPUTY DIRECTOR	40 00 1 50			X				679,243	0	50,265

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE E CLURMAN EXECUTIVE VP & DEPUTY DIRECTOR	40 00 1 50			X				358,327	0	35,360
GARY GILLILAND PRESIDENT & DIRECTOR	40 00 0 00			X				1,501,581	0	51,234
JONATHAN A COOPER SR VP & DIRECTOR, BASIC SCIENCE	40 00 0 00			X				231,708	0	41,040
ERIC C HOLLAND SR VP & DIRECTOR, HUMAN BIOLOGY	40 00 0 00			X				804,647	0	55,167
GARNET L ANDERSON SR VP & DIRECTOR, PHS	40 00 0 00			X				306,431	0	44,508
MARGARET JULIANA MCELRATH SR VP & DIRECTOR, VIDD	40 00 1 50			X				374,689	0	47,425
RANDALL C MAIN VP & CHIEF FINANCIAL OFFICER	40 00 0 50			X				490,620	0	51,069
MATTHEW T TRUNNELL VP & CHIEF INFORMATION OFFICER	40 00 0 00			X				408,608	0	36,566
LYNNE R KORNBLATT VP & CHRO, HUMAN RESOURCES	40 00 0 00			X				17,083	0	0
KELLY O'BRIEN VP & DIRECTOR, DEVELOPMENT	40 00 0 00			X				533,954	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS J SHAEFFER VP, GENERAL COUNSEL	40 00 2 00			X				445,587	0	48,529
NICOLE C ROBINSON VP, INDST REL & CLIN RES SUPT	40 00 0 00			X				410,124	0	40,105
SCOTT N RUSCH VP, OPERATIONS & FACILITIES	40 00 5 00			X				260,065	0	47,673
MARK T GROUDINE EXECUTIVE VP & DEPUTY DIRECTOR	40 00 0 00			X				500,396	0	44,122
HOWARD ALBERT NACHTRIEB ADVISOR, DIRECTOR'S OFFICE	20 00 0 00			X				206,275	0	43,916
HERBERT L BONE III CORPORATE TREASURER	40 00 0 00			X				197,301	0	38,123
PAUL I WOLOSHIN VP, SHARED RESOURCES	40 00 0 00			X				234,832	0	42,708
LYNANN BRADBURY VP, COMMUNICATIONS & MARKETING	40 00 0 00			X				0	0	0
JENNIFER E GRIFFITH VP GOV'T & COMMUNITY RELATIONS	40 00 0 00			X				0	0	0
OLIVER W PRESS ACTING SR VP & DIRECTOR	40 00 0 00			X				627,306	0	43,041

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY E DAVIDSON SR VP & DIRECTOR, CLIN RES DIV	40 00 0 00			X				79,097	0	829
STANLEY R RIDDELL IIRC DIRECTOR	40 00 0 00					X		440,452	0	53,538
MYRA H TANITA ADVISOR, DIRECTOR'S OFFICE	40 00 0 00					X		455,280	0	36,008
F MARC STEWART MEDICAL DIRECTOR, SCCA	40 00 0 00					X		378,420	0	47,532
PETER S NELSON FULL MEMBER	40 00 0 00					X		355,977	0	53,515
GARY LYMAN FULL MEMBER	40 00 0 00					X		372,226	0	46,399
JENNIFER L SIZEMORE VP, COMM & MKTG THRU 6/23/16	0 00 0 00						X	541,391	0	19,896
LAWRENCE COREY PRES & DIR EMERITUS, FULL MBR	40 00 0 00						X	304,954	0	50,564

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

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 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	348,221,551	352,606,610	370,821,435	392,162,684	444,937,511	1,908,749,791
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	348,221,551	352,606,610	370,821,435	392,162,684	444,937,511	1,908,749,791
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						1,908,749,791

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	348,221,551	352,606,610	370,821,435	392,162,684	444,937,511	1,908,749,791
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,350,746	13,717,143	13,362,034	80,733,039	10,860,453	131,023,415
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				-14,651,168	-1,196,103	-15,847,271
11 **Total support.** Add lines 7 through 10						2,023,925,935

12 Gross receipts from related activities, etc (see instructions)	12	327,574,391

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	94 310 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	93 880 %

16a **33 1/3% support test—2016.** 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—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	DEBT EXTINGUISHMENT - 2015 AMOUNT $ -14,651,168 2016 AMOUNT $ -1,196,103

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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.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

Name of the organization	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 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 function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file**Form 1120-POL** for this year? ☐ 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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	194,087	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	
c Total lobbying expenditures (add lines 1a and 1b)	194,087	
d Other exempt purpose expenditures	525,377,734	
e Total exempt purpose expenditures (add lines 1c and 1d)	525,571,821	
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	

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

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**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable 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	621,679	102,901	155,750	194,087	1,074,417
d Grassroots nontaxable 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		100,000	155,750	194,087	449,837

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) 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?			
j	Total Add 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 carry over lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ 33,500

(ii) Assets included in Form 990, Part X ▶ $ 1,014,786

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ 46,900

b Assets included in Form 990, Part X ▶ $ 46,900

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

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

- a ☑ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☑ Other DONOR RESTRICTION

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	197,171,707	142,073,707	144,212,707	124,216,707	117,912,707
b Contributions	3,341,000	75,588,000	2,962,000	4,317,000	7,121,000
c Net investment earnings, gains, and losses	25,090,000	-12,328,000	-1,239,000	19,597,000	11,896,000
d Grants or scholarships					
e Other expenditures for facilities and programs	23,331,000	8,162,000	3,862,000	3,918,000	12,713,000
f Administrative expenses					
g End of year balance	202,271,707	197,171,707	142,073,707	144,212,707	124,216,707

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 71 000 %
- b Permanent endowment ▶ 22 000 %
- c Temporarily restricted endowment ▶ 7 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land	13,701,522	52,389,138		66,090,660
b Buildings		492,050,213	255,319,723	236,730,490
c Leasehold improvements				
d Equipment		164,828,597	110,164,717	54,663,880
e Other		8,281,646		8,281,646
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				365,766,676

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MORTGAGE-BACKED SECURITIES	1,742,414	F
(B) COLLATERIZED MORTGAGE OBLIGATIONS	439,453	F
(C) ASSET BACKED SECURITIES	459,442	F
(D) HEDGE FUNDS	36,809,588	F
(E) LIMITED PARTNERSHIPS	17,045,808	F
(F) DIRECTLY HELD SECURITIES	753,616	F
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	57,250,321	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) BENEFICIAL INTEREST IN SEATTLE CANCER CARE ALLIANCE	137,052,650	C
(2) INVESTMENT IN FH INTERNATIONAL	11,025	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	137,063,675	

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED CREDIT ON CASH FLOW HEDGES	24,048,227
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	24,048,227

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART III, LINE 4	IN JANUARY 2010, THE QTIP TRUST OF THE 1993 KULLMAN FAMILY TRUST DONATED A COLLECTION OF 40 BLACK AND WHITE PHOTOGRAPHS WHICH HAD AN APPRAISED VALUE OF $710,646 AT THE TIME OF THE DONATION THE DONATION AGREEMENT REQUIRES THE CENTER TO DISPLAY THE ARTWORK AS A COLLECTION AT ITS MAIN CAMPUS FOR AT LEAST 20 YEARS THE AGREEMENT STATES "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 20 YEARS, THE CENTER WILL DETERMINE IF OPPORTUNITIES EXIST THAT MAY ALLOW THE VALUE OF THE DONATED WORK TO FUND THE CENTER'S RESEARCH IN FISCAL YEAR 2012, ONE PAINTING WAS DONATED WITH AN APPRAISED VALUE OF $22,000 THIS WAS DONATED AS AN UNRESTRICTED GIFT AND THE CENTER SHALL HAVE THE RIGHT TO USE THE ARTWORK IN THE MANNER THAT BEST SERVES THE INTERESTS OF THE CENTER IN FISCAL YEAR 2015, TWO PAINTINGS WERE DONATED WITH AN APPRAISED VALUE OF $40,000 THESE WERE DONATED AS UNRESTRICTED GIFTS AND THE CENTER SHALL HAVE THE RIGHT TO USE THE ARTWORK IN THE MANNER THAT BEST SERVES THE INTERESTS OF THE CENTER IN FISCAL YEAR 2016, TWO CHIHULY GLASS PIECES AND ONE PAINTING WERE DONATED WITH A FAIR MARKET VALUE OF $211,214 THESE WERE DONATED AS UNRESTRICTED GIFTS AND THE CENTER SHALL HAVE THE RIGHT TO USE THE ARTWORK IN THE MANNER THAT BEST SERVES THE INTERESTS OF THE CENTER IN FISCAL YEAR 2017, TWO HAND CARVED WOOD CRAFTS WERE DONATED WITH A FAIR MARKET VALUE OF $33,500 THESE WERE DONATED AS UNRESTRICTED GIFTS AND THE CENTER SHALL HAVE THE RIGHT TO USE THE ARTWORK IN THE MANNER THAT BEST SERVES THE INTERESTS OF THE CENTER

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE CENTER'S SPENDING POLICY FOR ENDOWMENT FUNDS IS TO APPROPRIATE FOR DISTRIBUTION EACH Y EAR 5% PERCENT OF THE ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR THREE YEARS, PROV IDED THAT THE FAIR VALUE OF THE ENDOWMENT FUND EXCEEDS THE CORPUS FOR A PORTION OF THE CE NTER'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 FUTUR E REPAYMENT OF LONG-TERM DEBT FOR THE REMAINING BOARD DESIGNATED INVESTMENTS, THE CENTER MAKES ALL INVESTMENT RETURN AVAILABLE FOR EXPENDITURE ON PROGRAMMATIC INITIATIVES IN ESTA BLISHING THESE POLICIES, THE CENTER CONSIDERED THE LONG-TERM EXPECTED RETURNS ON ITS ENDOW MENT 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.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			2,924,000
b Total from continuation sheets to Part I	0	0			16,673,000
c **Totals** (add lines 3a and 3b)	0	0			19,597,000

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. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 . . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 42

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. Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2	SOME GRANTS RECEIVED BY FHCRC ARE PASSED ON TO SUBRECIPIENTS, IN ALL OR IN PART ONCE THE NOTICE OF AWARD HAS BEEN RECEIVED FOR THE PRIME AWARD, FHCRC SETS UP A SUBAWARD AN INDIVIDUAL KNOWN AS A RESEARCH COORDINATOR (RC) IS ASSIGNED TO CLOSELY MONITOR ALL SUBAWARD ACTIVITY THERE ARE 4 PRIMARY STEPS IN THIS PROCESS (1) A COPY OF THE PRIME AWARD, THE SIGNED SUBAWARD APPLICATION (IF AVAILABLE) AND ANY SPECIAL INSTRUCTIONS ARE MAINTAINED A SIGNED SUBAWARD APPLICATION SHOWS THAT THE SUBRECIPIENT ORGANIZATION HAS REVIEWED AND APPROVED THE BUDGET AND SCOPE OF WORK (2) THE RC PREPARES A FORM THAT PROVIDES AUTHORIZATION TO ISSUE THE SUBAWARD, AND INCLUDES A SCOPE OF WORK, BUDGET, AND ANY PERTINENT SUBRECIPIENT INFORMATION (3) INFORMATION IS COLLECTED TO SET UP THE SUBAWARD IN THE ACCOUNTING SYSTEM, INCLUDING INSTITUTIONAL REVIEW OFFICE APPROVAL, INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE APPROVAL DATES, CONFIRMATION OF SUBAWARD FACILITIES AND ADMINISTRATIVE RATES AND A-133 OR UNIFORM GUIDANCE 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 FOR FOREIGN VENDORS, WE REQUIRE A COMPLETED W-8-BEN-E AND WE RUN THEIR LEGAL NAME THROUGH EXPORT GOV (4) THE SUBAWARD AGREEMENT IS COMPLETED AND MAILED TO THE SUBRECIPIENT FOR REVIEW OF TERMS AND CONDITIONS, APPLICABLE INSTITUTIONAL DESIGNATION, FEDERAL CONFLICT OF INTEREST, AND SIGNATURE THE RC MAINTAINS A COPY OF THE FULLY SIGNED AGREEMENT NO PAYMENTS ARE MADE TO THE SUBRECIPIENT UNTIL FHCRC RECEIVES THE FULLY EXECUTED AGREEMENT

Return Reference	Explanation
PART I, LINE 3	THE CASH METHOD WAS USED IN ACCOUNTING FOR EXPENDITURES IN PARTS I AND II

Return Reference	Explanation
SCHEDULE F, PART IV, LINE 1	FORM 926 IS NOT REQUIRED TO BE FILED BECAUSE THE TRANSFER TO A FOREIGN CORPORATION DOES NOT MEET THE REPORTING REQUIREMENTS IN THE IRC SEC 6038(A)(1)(A)

Additional Data

Software ID:

Software Version:

EIN: 23-7156071

Name: FRED HUTCHINSON CANCER RESEARCH CENTER

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARRIBEAN	0	0	PROGRAM SERVICES	RESEARCH	3,000
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	78,000
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH	503,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH	15,000
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	1,107,000
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	182,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH	2,000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	1,034,000
CENTRAL AMERICA AND THE CARRIBEAN	0	0	GRANTMAKING	RESEARCH	12,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	RESEARCH	156,000
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	RESEARCH	1,535,000
NORTH AMERICA	0	0	GRANTMAKING	RESEARCH	1,532,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTMAKING	RESEARCH	1,463,000
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	RESEARCH	11,975,000

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	VACCINE AND INFECTIOUS DISEASE	1,001,720	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	345,120	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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	VACCINE AND INFECTIOUS DISEASE	3,344,845	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	934,405	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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	VACCINE AND INFECTIOUS DISEASE	198,901	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	40,183	CHECK		N/A	N/A

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 AND GREENLAND)	VACCINE AND INFECTIOUS DISEASE	345,245	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	116,406	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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 AND GREENLAND)	VACCINE AND INFECTIOUS DISEASE	81,662	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PUBLIC HEALTH SCIENCES	78,454	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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 AND GREENLAND)	PUBLIC HEALTH SCIENCES	87,317	CHECK		N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PUBLIC HEALTH SCIENCES	193,953	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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 AND GREENLAND)	VACCINE AND INFECTIOUS DISEASE	310,270	CHECK		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	48,809	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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 AND GREENLAND)	PUBLIC HEALTH SCIENCES	23,490	CHECK		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	68,291	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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 AND GREENLAND)	HUMAN BIOLOGY	377,014	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	435,067	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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)
		EAST ASIA AND THE PACIFIC	VACCINE AND INFECTIOUS DISEASE	155,520	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	208,584	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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	VACCINE AND INFECTIOUS DISEASE	165,046	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		NORTH AMERICA	PUBLIC HEALTH SCIENCES	966,853	CHECK		N/A	N/A

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	VACCINE AND INFECTIOUS DISEASE	247,761	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	441,419	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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	VACCINE AND INFECTIOUS DISEASE	994,479	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	716,928	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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	PUBLIC HEALTH SCIENCES	14,598	CHECK		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	298,235	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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 AND GREENLAND)	PUBLIC HEALTH SCIENCES	10,671	CHECK		N/A	N/A
		NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	29,670	CHECK		N/A	N/A

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 AND GREENLAND)	PUBLIC HEALTH SCIENCES	14,590	CHECK		N/A	N/A
		NORTH AMERICA	CLINICAL RESEARCH	13,839	CHECK		N/A	N/A

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	HUMAN BIOLOGY	170,928	CHECK		N/A	N/A
		NORTH AMERICA	PUBLIC HEALTH SCIENCES	37,694	CHECK		N/A	N/A

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	VACCINE AND INFECTIOUS DISEASE	53,664	CHECK		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	1,207,237	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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 AND GREENLAND)	CLINICAL RESEARCH	8,750	CHECK		N/A	N/A
		SUB-SAHARAN AFRICA	HUMAN BIOLOGY	6,523	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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)
		CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH SCIENCES	11,920	CHECK		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	58,485	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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	VACCINE AND INFECTIOUS DISEASE	413,726	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	2,385,607	ELECTRONIC FUND OR WIRE TRANSFER		N/A	N/A

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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" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email 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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) 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
1	PURSUANT 15660 NORTH DALLAS PARKWAY STE 100 DALLAS, TX 75248	MAIL, EMAIL, WEB SOLICITATIONS		No	1,244,413	480,828	763,585
2	GRIZZARD COMMUNICATIONS 3500 LENOX RD NE SUITE 1900 ATLANTA, GA 30326	MAIL, EMAIL, WEB SOLICITATIONS		No	242,531	161,320	81,211
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶	1,486,944	642,148	844,796

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue		(a) Event #1 HOLIDAY GALA (event type)	(b) Event #2 OBLITERIDE (event type)	(c) Other events 8 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	9,092,238	4,279,478	2,928,354	16,300,070
	2 Less Contributions	8,826,988	4,065,018	2,700,608	15,592,614
	3 Gross income (line 1 minus line 2)	265,250	214,460	227,746	707,456
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,170	188,244	108,003	299,417
	7 Food and beverages	276,884	151,587	160,884	589,355
	8 Entertainment	650,659	167,184	223,674	1,041,517
	9 Other direct expenses	165,311	205,972	216,508	587,791
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				2,518,080
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-1,810,624

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			67,800	67,800
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			12,225	12,225
	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) ▶				12,225
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				55,575

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

a Is the organization licensed to conduct 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 conduct 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 conducted in

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

14 Enter 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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ KRISTIN NASH

Gaming manager compensation ▶ $ 2,000

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 ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130043068

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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 107

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 9

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TUITION	94		1,075,667	BOOK	SCHOLARSHIPS FOR GRADUATE STUDENTS
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SOME GRANTS RECEIVED BY FHCRC ARE PASSED ON TO SUBRECIPIENTS, IN ALL OR IN PART ONCE THE NOTICE OF AWARD HAS BEEN RECEIVED FOR THE PRIME AWARD, FHCRC SETS UP A SUBAWARD AN INDIVIDUAL KNOWN AS A RESEARCH COORDINATOR (RC) IS ASSIGNED TO CLOSELY MONITOR ALL SUBAWARD ACTIVITY THERE ARE 4 PRIMARY STEPS IN THIS PROCESS (1) A COPY OF THE PRIME AWARD, THE SIGNED SUBAWARD APPLICATION (IF AVAILABLE) AND ANY SPECIAL INSTRUCTIONS ARE OBTAINED A SIGNED SUBAWARD APPLICATION SHOWS THAT THE SUBRECIPIENT ORGANIZATION HAS REVIEWED AND APPROVED THE BUDGET AND SCOPE OF WORK (2) THE RC PREPARES A FORM THAT PROVIDES AUTHORIZATION TO ISSUE THE SUBAWARD THIS INCLUDES THE SCOPE OF WORK, BUDGET, AND ANY PERTINENT SUBRECIPIENT INFORMATION (3) INFORMATION IS COLLECTED TO SET-UP THE SUBAWARD IN THE ACCOUNTING SYSTEM THIS INCLUDES INSTITUTIONAL REVIEW APPROVAL, INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE APPROVAL DATES, CONFIRMATION OF SUBAWARD FACILITIES AND ADMINISTRATIVE RATES, A-133 AUDIT REPORTS OR UNIFORM GUIDANCE REPORTS, REVIEW OF THE PRIME SPECIAL TERMS AND CONDITIONS TO DETERMINE FLOW-DOWN, CONFIRMATION THAT THE SUBRECIPIENT IS NOT DEBARRED, AND OTHER SIMILAR REGULATORY AND ADMINISTRATIVE REQUIREMENTS (4) THE SUBAWARD AGREEMENT IS COMPLETED AND MAILED TO THE SUBRECIPIENT FOR REVIEW OF THE TERMS AND CONDITIONS, APPLICABLE INSTITUTIONAL DESIGNATION, FEDERAL CONFLICT OF INTEREST, AND SIGNATURE THE RC MAINTAINS A COPY OF THE FULLY SIGNED AGREEMENT NO PAYMENTS ARE MADE TO THE SUBRECIPIENT UNTIL FHCRC RECEIVES THE FULLY EXECUTED AGREEMENT

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALERE WELLBEING INC P O BOX 402617 ATLANTA, GA 30384	20-0231080		150,431		N/A	N/A	PUBLIC HEALTH SCIENCES
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET ATLANTA, GA 30303	13-1788491	501(C)(3)	20,672		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARIZONA STATE UNIVERSITY OFFICE FOR RESEARCH AND SPONSORED PROJECTS TEMPE, AZ 85287	86-0196696	GOVERNMENT	52,243		N/A	N/A	HUMAN BIOLOGY
AXIO RESEARCH LLC 2601 4TH AVENUE SUITE 200 SEATTLE, WA 98121	20-1895965		206,871		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA ROOM-BCM280 HOUSTON, TX 77030	74-1613878	501(C)(3)	6,420		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
BAYLOR COLLEGE OF MEDICINE P O BOX 301207 DALLAS, TX 75303	74-1613878	501(C)(3)	36,501		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE P O BOX 301207 DALLAS, TX 75303	74-1613878	501(C)(3)	29,344		N/A	N/A	PUBLIC HEALTH SCIENCES
BECKMAN RESEARCH INSTITUTE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3432210	501(C)(3)	61,432		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BECKMAN RESEARCH INSTITUTE JOSIE SIRA GRANT ACCOUNTING DUARTE, CA 91010	95-3432210	501(C)(3)	2,100		N/A	N/A	PUBLIC HEALTH SCIENCES
BEDFORD VA RESEARCH CORPORATION INC BUILDING 14 ROOM 104 BEDFORD, MA 01730	04-3512440	501(C)(3)	478		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BENAROYA RESEARCH INSTITUTE 1201 NINTH AVE SEATTLE, WA 98101	91-0653422	501(C)(3)	31,499		N/A	N/A	HUMAN BIOLOGY
BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH FINANCE OFFICE BR 109 ROOM 262 BOSTON, MA 02215	04-2103881	501(C)(3)	254,704		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS UNIVERSITY OF WISCONSIN PO BOX 500 MILWAUKEE, WI 53201	39-1805963	GOVERNMENT	50,217		N/A	N/A	PUBLIC HEALTH SCIENCES
STANFORD UNIVERSITY P O BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	11,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STANFORD UNIVERSITY P O BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	83,683		N/A	N/A	CLINICAL RESEARCH
STANFORD UNIVERSITY P O BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	176,870		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOARD OF TRUSTEES UNIVERSITY OF ILLINOIS GRANTS CONTRACTS CHICAGO, IL 60673	37-6000511	GOVERNMENT	76,940		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
BOARD OF TRUSTEES UNIVERSITY OF ILLINOIS GRANTS AND CONTRACTS SPRINGFIELD, IL 62708	37-6000511	GOVERNMENT	3,548		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRIGHAM AND WOMENS HOSPITAL INC BANK OF AMERICA NA BOSTON, MA 02241	04-2312909	501(C)(3)	1,186,004		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
BRIGHAM AND WOMENS HOSPITAL INC BANK OF AMERICA NA BOSTON, MA 02241	04-2312909	501(C)(3)	205,768		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BROAD INSTITUTE INC 415 MAIN ST CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	168,504		N/A	N/A	CLINICAL RESEARCH
CANCER RESEARCH AND BIOSTATISTICS 1730 MINOR AVENUE SUITE 1900 SEATTLE, WA 98101	91-1828539	501(C)(3)	5,670,003		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY OFFICE OF SPONSORED PROJECTS ACCOUNTING CLEVELAND, OH 44106	34-1018992	501(C)(3)	627,067		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
CASE WESTERN RESERVE UNIVERSITY OFFICE OF SPONSORED PROJECTS ACCOUNTING CLEVELAND, OH 44106	34-1018992	501(C)(3)	2,061		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY OFFICE OF SPONSORED PROJECTS ACCOUNTING CLEVELAND, OH 44106	34-1018992	501(C)(3)	11,222		N/A	N/A	PUBLIC HEALTH SCIENCES
CEDARS SINAI MEDICAL CENTER SPONSORED RESEARCH FUNDS ADM LOS ANGELES, CA 90048	95-1644600	501(C)(3)	4,792		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDRENS HOSPITAL CORPORATION RESEARCH FINANCE BOSTON, MA 02241	04-2774441	501(C)(3)	52,591		N/A	N/A	PUBLIC HEALTH SCIENCES
CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE PHILADELPHIA, PA 19178	23-1352166	501(C)(3)	67,200		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS RESEARCH INSTITUTE 801 ROEDER RD SUITE 500 SILVER SPRING, MD 20910	52-1654453	501(C)(3)	18,163		N/A	N/A	PUBLIC HEALTH SCIENCES
CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD ST RM 411 SAN FRANCISCO, CA 94103	94-6000417	GOVERNMENT	132,064		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION PO BOX 931568 CLEVELAND, OH 44193	34-0714585	501(C)(3)	124,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
CLEVELAND CLINIC FOUNDATION PO BOX 931562 CLEVELAND, OH 44193	34-0714585	501(C)(3)	9,726		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION PO BOX 931568 CLEVELAND, OH 44193	34-0714585	501(C)(3)	22,965		N/A	N/A	CLINICAL RESEARCH
COM AFFILIATION INC DBA YESHIVA UNIVERSITY BRONX, NY 10461	47-2209056	501(C)(3)	72,130		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DADE MOELLER & ASSOCIATES INC DBA 1835 TERMINAL DRIVE STE 200 RICHLAND, WA 99354	56-1858650		16,974		N/A	N/A	CLINICAL RESEARCH
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE MS BP437 BOSTON, MA 02215	04-2263040	501(C)(3)	2,000		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE RESEARCH ACCOUNTING BOSTON, MA 02215	04-2263040	501(C)(3)	10,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE MS BP437 BOSTON, MA 02215	04-2263040	501(C)(3)	4,290		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE RESEARCH ACCOUNTING BOSTON, MA 02215	04-2263040	501(C)(3)	34,147		N/A	N/A	CLINICAL RESEARCH
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE MS BP437 BOSTON, MA 02215	04-2263040	501(C)(3)	65,498		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE RESEARCH ACCOUNTING BOSTON, MA 02215	04-2263040	501(C)(3)	80,714		N/A	N/A	PUBLIC HEALTH SCIENCES
DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX CHARLOTTE, NC 28260	56-0532129	501(C)(3)	2,914,021		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX CHARLOTTE, NC 28260	56-0532129	501(C)(3)	35,962		N/A	N/A	CLINICAL RESEARCH
DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX CHARLOTTE, NC 28260	56-0532129	501(C)(3)	32,924		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMMUNE INC 130 SCRIPPS WAY JUPITER, FL 33458	46-2445960		144,573		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
EMORY UNIVERSITY OFFICE FOR CLINICAL RESEARCH ATLANTA, GA 30322	58-0566256	501(C)(3)	22,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY P O BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	1,087,958		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
EMORY UNIVERSITY P O BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	19,748		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMPOWER LEARNING LLC 317 W 4TH ST GREENVILLE, OH 45331	47-4290056		193,767		N/A	N/A	PUBLIC HEALTH SCIENCES
FENWAY COMMUNITY HEALTH 1340 BOYLSTON ST BOSTON, MA 02215	04-2510564	501(C)(3)	367,059		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISHER BIOSERVICES P O BOX 418395 BOSTON, MA 02241	54-1348241		1,604,588		N/A	N/A	PUBLIC HEALTH SCIENCES
FISHER BIOSERVICES P O BOX 630669 BALTIMORE, MD 21263	54-1348241		271		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRONTIER SCIENCE AND TECHNOLOGY P O BOX 983027 BOSTON, MA 02298	16-1056814	501(C)(3)	242,213		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
GENERAL HOSPITAL CORPORATION DBA RESEARCH FINANCE BOSTON, MA 02241	04-2697983	501(C)(3)	384,156		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GROUP HEALTH COOPERATIVE ATTN CASH DESK SEATTLE, WA 98124	91-0511770	501(C)(3)	259,360		N/A	N/A	PUBLIC HEALTH SCIENCES
GROUP HEALTH COOPERATIVE P O BOX 34587 SEATTLE, WA 98124	91-0511770	501(C)(3)	458,066		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
H LEE MOFFITT CANCER CENTER & PO BOX 742801 ATLANTA, GA 30374	59-3238634	501(C)(3)	41,515		N/A	N/A	CLINICAL RESEARCH
H LEE MOFFITT CANCER CENTER & PO BOX 742801 ATLANTA, GA 30374	59-3238634	501(C)(3)	222,873		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH RESEARCH INC PO BOX 2966 BUFFALO, NY 14240	14-1402155	501(C)(3)	33,708		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
HEALTH RESEARCH INC ROSWELL PARK CANCER INSTITUTE DIVISION BUFFALO, NY 14263	14-1402155	501(C)(3)	7,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESEARCH INC PO BOX 2966 BUFFALO, NY 14240	14-1402155	501(C)(3)	14,082		N/A	N/A	CLINICAL RESEARCH
HEALTH RESEARCH INC ROSWELL PARK CANCER INSTITUTE DIVISION BUFFALO, NY 14263	14-1402155	501(C)(3)	8,165		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HENRY M JACKSON FOUNDATION FOR THE 6720-A ROCKLEDGE DR STE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	103,830		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	3,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	10,180		N/A	N/A	CLINICAL RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI DIRECTOR SPONSORED PROJ ACCTNG NEW YORK, NY 10029	13-6171197	501(C)(3)	16,840		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI DIRECTOR SPONSORED PROJ ACCTNG NEW YORK, NY 10029	13-6171197	501(C)(3)	10,681		N/A	N/A	PUBLIC HEALTH SCIENCES
INFECTIOUS DISEASE CNSLTNTS MD PA DBA 1707 N MILLS AVE ORLANDO, FL 32803	59-1634257		26,304		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INFECTIOUS DISEASE RESEARCH INSTITUTE 1616 EASTLAKE AVE EAST SUITE 400 SEATTLE, WA 98102	91-1608978	501(C)(3)	20,030		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
INFORMATION MANAGEMENT SERVICES INC 6110 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	52-1009727		23,875		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
J CRAIG VENTER INSTITUTE 4120 CAPRICORN LANE LA JOLLA, CA 92037	52-1842938	501(C)(3)	2,445		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
JEFFERSON CENTER FOR MENTAL HEALTH PO BOX 912897 DENVER, CO 80291	84-0474717	501(C)(3)	18,239		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA CHICAGO, IL 60693	52-0595110	501(C)(3)	147,552		N/A	N/A	PUBLIC HEALTH SCIENCES
KAISER FOUNDATION HEALTH PLAN OF CASH DESK SEATTLE, WA 98124	91-0511770	501(C)(3)	74,103		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KAISER FOUNDATION HOSPITALS 1800 HARRISON ST 16TH FLOOR OAKLAND, CA 94612	94-1105628	501(C)(3)	829,367		N/A	N/A	PUBLIC HEALTH SCIENCES
LOS ANGELES BIOMEDICAL RESEARCH INSTITUT 1124 W CARSON ST TORRANCE, CA 90502	95-2138184	501(C)(3)	5,703		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES BIOMEDICAL RESEARCH INSTITUT PO BOX 60637 TERMINAL ANNEX LOS ANGELES, CA 90060	95-2138184	501(C)(3)	18,502		N/A	N/A	PUBLIC HEALTH SCIENCES
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER NEW ORLEANS, LA 70112	72-6000848	GOVERNMENT	7,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY OFFICE OF ACCOUNTING SERVICES BATON ROUGE, LA 70803	72-6000848	GOVERNMENT	18,253		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY CASHIERS OFFICE NE49-3077 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	19,698		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAYO CLINIC ROCHESTER DBA 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	1,942		N/A	N/A	PUBLIC HEALTH SCIENCES
MAYO CLINIC ROCHESTER DBA PO BOX 860334 MINNEAPOLIS, MN 55486	41-6011702	501(C)(3)	408,672		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEDICAL COLLEGE OF WISCONSIN INC P O BOX 26509 MILWAUKEE, WI 53226	39-0806261	501(C)(3)	22,701		N/A	N/A	CLINICAL RESEARCH
MEDICAL COLLEGE OF WISCONSIN INC P O BOX 26509 MILWAUKEE, WI 53226	39-0806261	501(C)(3)	16,998		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL MARROW DONOR PROGRAM NW 8428 MINNEAPOLIS, MN 55485	84-0865803	501(C)(3)	29,209		N/A	N/A	CLINICAL RESEARCH
NEW YORK BLOOD CENTER INC 310 EAST 67TH STREET NEW YORK, NY 10065	13-1949477	501(C)(3)	1,569,047		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW YORK UNIVERSITY SCHOOL OF MEDICINE SPONSORED PROGRAMS BOSTON, MA 02241	13-5562309	501(C)(3)	37,062		N/A	N/A	PUBLIC HEALTH SCIENCES
NORTH CAROLINA STATE UNIVERSITY OFFICE OF CONTRACTS AND GRANTS RALEIGH, NC 27695	56-6000756	GOVERNMENT	189		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	62,833		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
NORTHEASTERN UNIVERSITY RESEARCH FINANCE BOSTON, MA 02115	04-1679980	501(C)(3)	291,583		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWESTERN UNIVERSITY 633 CLARK STREET ROOM G-547 EVANSTON, IL 60208	36-2167817	501(C)(3)	8,931		N/A	N/A	CLINICAL RESEARCH
OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	GOVERNMENT	10,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	GOVERNMENT	8,165		N/A	N/A	CLINICAL RESEARCH
OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	GOVERNMENT	448,331		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY OFFICE OF PROPOSAL AWARD MANAGEMENT MANAGEMENT PORTLAND, OR 97239	93-1176109	GOVERNMENT	134,287		N/A	N/A	CLINICAL RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY OFFICE OF PROPOSAL AWARD MANAGEMENT MANAGEMENT PORTLAND, OR 97239	93-1176109	GOVERNMENT	592,936		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY MAILCODE L106SPA PORTLAND, OR 97239	93-1176109	GOVERNMENT	10,139		N/A	N/A	HUMAN BIOLOGY
OREGON HEALTH & SCIENCE UNIVERSITY OFFICE OF PROPOSAL AWARD MANAGEMENT MANAGEMENT PORTLAND, OR 97239	93-1176109	GOVERNMENT	376,417		N/A	N/A	HUMAN BIOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY SPONSORED PROJECTS ADMINSTRATION PORTLAND, OR 97239	93-1176109	GOVERNMENT	11,671		N/A	N/A	HUMAN BIOLOGY
PALO ALTO VETERANS INSTITUTE FOR 3801 MIRANDA AVE 151P PALO ALTO, CA 94304	77-0207331	501(C)(3)	55,592		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX CHILDRENS HOSPITAL 1919 E THOMAS RD PHOENIX, AZ 85016	86-0422559	501(C)(3)	9,100		N/A	N/A	CLINICAL RESEARCH
POPULATION COUNCIL INC ONE DAG HAMMARSKJOLD PLAZA 3RD FLOOR NEW YORK, NY 10017	13-1687001	501(C)(3)	18,021		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRESIDENT AND FELLOWS OF HARVARD COLLEGE P O BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	56,603		N/A	N/A	PUBLIC HEALTH SCIENCES
PUBLIC HEALTH FOUNDATION ENTERPRISES INC 12801 CROSSROADS PARKWAY SOUTH 200 CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	486,973		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUBLIC HEALTH FOUNDATION ENTERPRISES INC 12801 CROSSROADS PKWY S 200 CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	48,130		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
PUBLIC HEALTH FOUNDATION ENTERPRISES INC 13300 CROSSROADS PKWY N SUITE 450 CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)	379,757		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF VIRGINIA P O BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	GOVERNMENT	16,286		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF VIRGINIA P O BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	GOVERNMENT	43,733		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGENTS OF THE UNIV OF CALIFORNIA ACCOUNTING OFFICE - EMF BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	GOVERNMENT	3,000		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
REGENTS OF THE UNIV OF CALIFORNIA UCSF CONTROLLERS OFFICE SAN FRANCISCO, CA 94143	94-6036493	GOVERNMENT	165,292		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGENTS OF THE UNIV OF CALIFORNIA UCSF CONTROLLERS OFFICE SAN FRANCISCO, CA 94143	94-6036493	GOVERNMENT	28,961		N/A	N/A	CLINICAL RESEARCH
REGENTS OF THE UNIV OF CALIFORNIA SPONSORED PROJECTS OFFICE SAN FRANCISCO, CA 94143	94-6036493	GOVERNMENT	9,382		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGENTS OF THE UNIV OF CALIFORNIA UCSF CONTROLLERS OFFICE SAN FRANCISCO, CA 94143	94-6036493	GOVERNMENT	43,011		N/A	N/A	PUBLIC HEALTH SCIENCES
REGENTS OF THE UNIVERSITY OF CA AT LOS PAYMENT SOLUTIONS AND COMPLIANCE LOS ANGELES, CA 90095	95-6006143	GOVERNMENT	59,110		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CA AT LOS PAYMENT SOLUTIONS AND COMPLIANCE LOS ANGELES, CA 90095	95-6006143	GOVERNMENT	2,961		N/A	N/A	CLINICAL RESEARCH
REGENTS OF THE UNIVERSITY OF CA AT LOS PAYMENT SOLUTIONS AND COMPLIANCE LOS ANGELES, CA 90095	95-6006143	GOVERNMENT	57,323		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA CASHIERS OFFICE P O BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	GOVERNMENT	83,435		N/A	N/A	CLINICAL RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251	38-6006309	GOVERNMENT	270,298		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251	38-6006309	GOVERNMENT	394,375		N/A	N/A	PUBLIC HEALTH SCIENCES
REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251	38-6006309	GOVERNMENT	25,054		N/A	N/A	HUMAN BIOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 P O BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	GOVERNMENT	24,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 P O BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	GOVERNMENT	11,678		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 P O BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	GOVERNMENT	643,049		N/A	N/A	PUBLIC HEALTH SCIENCES
REGENTS OF UNIVERSITY OF COLORADO OFFICE OF GRANTS AND CONTRACTS F-428 DENVER, CO 80291	84-6000555	GOVERNMENT	18,190		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UNIVERSITY OF COLORADO OFFICE OF GRANTS AND CONTRACTS F-428 DENVER, CO 80291	84-6000555	GOVERNMENT	220,170		N/A	N/A	PUBLIC HEALTH SCIENCES
RESEARCH DATA AND COMMUNICATION P O BOX 81 GARRETT PARK, MD 20896	20-0659348		80,554		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10021	13-1624158	501(C)(3)	33,334		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259 NEW YORK, NY 10065	13-1624158	501(C)(3)	234,224		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS THE STATE UNIVERSITY DBA OFFICE OF RSRCH AND SPONSORED NEWARK, NJ 07103	46-2354111	GOVERNMENT	54,294		N/A	N/A	PUBLIC HEALTH SCIENCES
SAGE BIONETWORKS ATTN ACCTS RECEIVABLE SEATTLE, WA 98109	26-4489946	501(C)(3)	136,232		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT JUDE CHILDRENS RESEARCH HOSPITAL P O BOX 1000 DEPT 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	6,388		N/A	N/A	CLINICAL RESEARCH
SAINT JUDE CHILDRENS RESEARCH HOSPITAL P O BOX 1000 DEPT 949 MEMPHIS, TN 38148	62-0646012	501(C)(3)	1,581		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL SAINT LOUIS, MO 63108	43-0654872	501(C)(3)	10,185		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL SAINT LOUIS, MO 63108	43-0654872	501(C)(3)	56,033		N/A	N/A	HUMAN BIOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	220,905		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
SCRIPPS RESEARCH INSTITUTE SCRIPPS RESEARCH INSTITUTE-FL JUPITER, FL 33458	33-0435954	501(C)(3)	20,555		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	50,429		N/A	N/A	CLINICAL RESEARCH
SEATTLE BIOMEDICAL RESEARCH INST DBA 307 WESTLAKE AVE N SUITE 500 SEATTLE, WA 98109	91-0961784	501(C)(3)	397,517		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SEATTLE CHILDRENS P O BOX 24728 SEATTLE, WA 98124	91-0564748	501(C)(3)	158,403		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
SEATTLE CHILDRENS PO BOX 24728 SEATTLE, WA 98124	91-0564748	501(C)(3)	483,510		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SEATTLE CHILDRENS ACCOUNTS PAYABLE SEATTLE, WA 98145	91-0564748	501(C)(3)	502,478		N/A	N/A	CLINICAL RESEARCH
SEATTLE CHILDRENS P O BOX 24728 SEATTLE, WA 98124	91-0564748	501(C)(3)	63,218		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SEATTLE CHILDRENS PO BOX 24728 SEATTLE, WA 98124	91-0564748	501(C)(3)	918,396		N/A	N/A	CLINICAL RESEARCH
SEATTLE CHILDRENS P O BOX 24728 SEATTLE, WA 98124	91-0564748	501(C)(3)	68,386		N/A	N/A	INTERDISCIPLINARY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SEATTLE CHILDRENS PO BOX 24728 SEATTLE, WA 98124	91-0564748	501(C)(3)	134,671		N/A	N/A	INTERDISCIPLINARY
SEATTLE INST FOR BIOMED & CLINICAL RES 1325 4TH AVE SUITE 1310 SEATTLE, WA 98101	91-1452438	501(C)(3)	16,961		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE INST FOR BIOMED & CLINICAL RES 1660 SOUTH COLUMBIAN WAY S-151F SEATTLE, WA 98108	91-1452438	501(C)(3)	865		N/A	N/A	PUBLIC HEALTH SCIENCES
SLOAN KETTERING INSTITUTE FOR MSKCC FINANCE NEW YORK, NY 10087	13-1624182	501(C)(3)	420,498		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SLOAN KETTERING INSTITUTE FOR MSKCC FINANCE NEW YORK, NY 10087	13-1624182	501(C)(3)	501,320		N/A	N/A	PUBLIC HEALTH SCIENCES
SLOAN KETTERING INSTITUTE FOR MSKCC FINANCE NEW YORK, NY 10087	13-1624182	501(C)(3)	134,349		N/A	N/A	HUMAN BIOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SRI INTERNATIONAL CAGE CODE 03652 MENLO PARK, CA 94025	94-1160950	501(C)(3)	23,824		N/A	N/A	HUMAN BIOLOGY
STATE OF MARYLAND UNIVERISTY OF MARYLAND COLLEGE PARK, MD 20742	52-6002033	GOVERNMENT	28,832		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEXAS A&M AGRILIFE RESEARCH TAMUS SPONSORED RESEARCH SERVICES COLLEGE STATION, TX 77845	74-6000541	501(C)(3)	164,510		N/A	N/A	PUBLIC HEALTH SCIENCES
TRUSTEES OF BOSTON UNIVERSITY GRANTS RECEIVABLE NEW YORK, NY 10087	04-2103547	501(C)(3)	5,968		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF COLUMBIA UNIVERSITY IN SPONSORED PROJECTS FINANCE NEW YORK, NY 10087	13-5598093	501(C)(3)	1,989,416		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
TRUSTEES OF COLUMBIA UNIVERSITY IN SPONSORED PROJECTS FINANCE NEW YORK, NY 10087	13-5598093	501(C)(3)	37,033		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD 6210 HANOVER, NH 03755	02-0222111	501(C)(3)	3,500		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD 6210 HANOVER, NH 03755	02-0222111	501(C)(3)	43,141		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRUSTEES OF THE UNIV OF PENNSYLVANIA OFFICE OF RESEARCH SERVICES PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	139,088		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
TRUSTEES OF THE UNIV OF PENNSYLVANIA P O BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	1,435,596		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRUSTEES OF THE UNIV OF PENNSYLVANIA P O BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	84,442		N/A	N/A	PUBLIC HEALTH SCIENCES
UNIV OF TEXAS HEALTH SCIENCES CENTER PO BOX 1898 SAN ANTONIO, TX 78297	74-1586031	GOVERNMENT	61,068		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA BIRMINGHAM GRANTS AND CONTRACTS ACCOUNTIN BIRMINGHAM, AL 35294	63-6005396	GOVERNMENT	1,169,300		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF ARKANSAS 4301 WEST MARKHAM SLOT 812 LITTLE ROCK, AR 72205	71-6046242	GOVERNMENT	5,418		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ARKANSAS TREASURERS OFFICE SLOT 560 LITTLE ROCK, AR 72205	71-6046242	GOVERNMENT	7,543		N/A	N/A	CLINICAL RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO CASHIERS OFFICE LA JOLLA, CA 92093	95-6006144	GOVERNMENT	152,417		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN DIEGO REGENTS OF UC CENTRAL CASHIER LA JOLLA, CA 92093	95-6006144	GOVERNMENT	354,702		N/A	N/A	PUBLIC HEALTH SCIENCES
UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE MC6092 CHICAGO, IL 60637	36-2177139	501(C)(3)	56,000		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF FLORIDA CONTRACTS GRANTS ACCOUNTING SERVICES GAINESVILLE, FL 32611	59-6002052	GOVERNMENT	558,572		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF FLORIDA CONTRACTS GRANTS ACCOUNTING SERVICES GAINESVILLE, FL 32611	59-6002052	GOVERNMENT	24,919		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA RESEARCH POST AWARD ACCOUNTING ATHENS, GA 30602	58-1353149	GOVERNMENT	284,828		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF HAWAII OFFICE OF RESEARCH SERVICES HONOLULU, HI 96822	99-6000354	GOVERNMENT	28,033		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS MEDICAL CENTER KUMC RESEARCH INSTITUTE INC KANSAS CITY, KS 66160	48-1108830	GOVERNMENT	8,665		N/A	N/A	CLINICAL RESEARCH
UNIVERSITY OF MARYLAND COLLEGE PARK COLLEGE PARK, MD 20742	52-6002030	GOVERNMENT	5,468		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI OFFICE OF SPONSORED PROGRAMS-POST AWARD JACKSON, MS 39216	64-6008520	GOVERNMENT	56,143		N/A	N/A	PUBLIC HEALTH SCIENCES
UNIVERSITY OF NEBRASKA GENERAL ACCOUNTING OMAHA, NE 68198	47-0049123	GOVERNMENT	30,365		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF NO CAROLINA AT CHARLOTTE GRANTS CONTRACTS ADMIN CHARLOTTE, NC 28223	56-0791228	GOVERNMENT	88,694		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF NORTH CAROLINA 910 MADISON AVE SUITE 823 MEMPHIS, TN 38163	56-6001393	GOVERNMENT	30,947		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED RESEARCH ATLANTA, GA 30384	56-6001393	GOVERNMENT	161,243		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF NORTH CAROLINA 910 MADISON AVE SUITE 823 MEMPHIS, TN 38163	56-6001393	GOVERNMENT	11,125		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED RESEARCH ATLANTA, GA 30384	56-6001393	GOVERNMENT	217,822		N/A	N/A	PUBLIC HEALTH SCIENCES
UNIVERSITY OF PITTSBURGH ATTN 371220 PITTSBURGH, PA 15262	25-0965591	GOVERNMENT	7,000		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH ATTN 371220 PITTSBURGH, PA 15262	25-0965591	GOVERNMENT	20,945		N/A	N/A	CLINICAL RESEARCH
UNIVERSITY OF PITTSBURGH P O BOX 371220 PITTSBURGH, PA 15251	25-0965591	GOVERNMENT	50,563		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH UPMC CANCER PAVILLION PITTSBURGH, PA 15232	25-0965591	GOVERNMENT	22,998		N/A	N/A	CLINICAL RESEARCH
UNIVERSITY OF PITTSBURGH ATTN 371220 PITTSBURGH, PA 15262	25-0965591	GOVERNMENT	18,035		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH P O BOX 371220 PITTSBURGH, PA 15251	25-0965591	GOVERNMENT	31,481		N/A	N/A	PUBLIC HEALTH SCIENCES
UNIVERSITY OF ROCHESTER OFFICE OF RESEARCH ACCT COST STANDARDS ROCHESTER, NY 14611	16-0743209	501(C)(3)	904,718		N/A	N/A	VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER OFFICE OF RESEARCH ACCT COST STANDARDS ROCHESTER, NY 14611	16-0743209	501(C)(3)	16,772		N/A	N/A	PUBLIC HEALTH SCIENCES
UNIVERSITY OF ROCHESTER OFFICE OF RESEARCH ACCT COST STANDARDS ROCHESTER, NY 14611	16-0743209	501(C)(3)	264,307		N/A	N/A	HUMAN BIOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING LOS ANGELES, CA 90074	95-1642394	501(C)(3)	3,000		N/A	N/A	VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING LOS ANGELES, CA 90074	95-1642394	501(C)(3)	103,931		N/A	N/A	CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING LOS ANGELES, CA 90089	95-1642394	501(C)(3)	32,055		N/A	N/A	CLINICAL RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING LOS ANGELES, CA 90074	95-1642394	501(C)(3)	109,231		N/A	N/A	PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING LOS ANGELES, CA 90089	95-1642394	501(C)(3)	73,486		N/A	N/A	PUBLIC HEALTH SCIENCES
UNIVERSITY OF TENNESSEE 62 SOUTH DUNLAP ST SUITE 300 MEMPHIS, TN 38163	62-6001636	GOVERNMENT	4,771				PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE HEALTH SCIENCES LIBRARY MEMPHIS, TN 38163	62-6001636	GOVERNMENT	9,611				PUBLIC HEALTH SCIENCES
UNIVERSITY OF TEXAS AT AUSTIN OFFICE OF ACCOUNTING AUSTIN, TX 78713	74-6000203	GOVERNMENT	88,854				BASIC SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL OFFICE OF POST AWARD ADMINISTRATION DALLAS, TX 75284	75-6002868	GOVERNMENT	12,305				VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL OFFICE OF POST AWARD ADMINISTRATION DALLAS, TX 75284	75-6002868	GOVERNMENT	109,262				PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MD ANDERSON GRANTS CONTRACTS ACCOUNTING 1644 HOUSTON, TX 77210	74-6001118	GOVERNMENT	18,756				VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF TEXAS MD ANDERSON GRANTS CONTRACTS ACCOUNTING 1644 HOUSTON, TX 77210	74-6001118	GOVERNMENT	3,670				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF TEXAS MD ANDERSON GRANTS AND CONTRACTS HOUSTON, TX 77210	74-6001118	GOVERNMENT	6,399				CLINICAL RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON GRANTS CONTRACTS ACCOUNTING 1644 HOUSTON, TX 77210	74-6001118	GOVERNMENT	178,409				PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MD ANDERSON GRANTS AND CONTRACTS HOUSTON, TX 77210	74-6001118	GOVERNMENT	72,872				PUBLIC HEALTH SCIENCES
UNIVERSITY OF UTAH GRANTS CONTRACTS ACCOUNTING SALT LAKE CITY, UT 84112	87-6000525	GOVERNMENT	14,026				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF UTAH GRANTS CONTRACTS ACCOUNTING SALT LAKE CITY, UT 84112	87-6000525	GOVERNMENT	346,693				PUBLIC HEALTH SCIENCES
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	GOVERNMENT	9,225,919				VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 825 EASTLAKE AVE E MS G4810 SEATTLE, WA 98109	91-6001537	GOVERNMENT	3,500				VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF WASHINGTON CONTINUING NURSING EDUCATION SEATTLE, WA 98105	91-6001537	GOVERNMENT	-6,810				VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON DIV OF MED ONC MELANOMA/RENAL SEATTLE, WA 98109	91-6001537	GOVERNMENT	38,500				VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	GOVERNMENT	2,915,254				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON DIVISION OF ONCOLOGY CE2-128 SEATTLE, WA 98109	91-6001537	GOVERNMENT	631,478				CLINICAL RESEARCH
UNIVERSITY OF WASHINGTON NATIONAL PRIMATE RESEARCH CTR SEATTLE, WA 98195	91-6001537	GOVERNMENT	69,965				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	GOVERNMENT	2,523,526				PUBLIC HEALTH SCIENCES
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	GOVERNMENT	775,438				SHARED RESOURCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	GOVERNMENT	1,526,984				INTERDISCIPLINARY
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING SEATTLE, WA 98198	91-6001537	GOVERNMENT	3,527				INTERDISCIPLINARY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	GOVERNMENT	1,808,299				HUMAN BIOLOGY
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	GOVERNMENT	154,960				BASIC SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN OFFICE FOR RESEARCH SPONSORED PROGRAMS MILWAUKEE, WI 53278	39-6006492	GOVERNMENT	85,249				PUBLIC HEALTH SCIENCES
VANDERBILT UNIVERSITY MEDICAL CENTER DEPARTMENT OF FINANCE DALLAS, TX 75312	35-2528741	501(C)(3)	1,321,846				VACCINE AND INFECTIOUS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL CENTER DEPARTMENT OF FINANCE DALLAS, TX 75312	35-2528741	501(C)(3)	8,503				CLINICAL RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER DEPARTMENT OF FINANCE DALLAS, TX 75312	35-2528741	501(C)(3)	44,377				PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON UNIVERSITY DBA SPONSORED PROJECTS ACCOUNTING ST LOUIS, MO 63112	43-0653611	501(C)(3)	20,500				VACCINE AND INFECTIOUS DISEASE
WASHINGTON UNIVERSITY DBA 660 S EUCLID AVE CB8009 SAINT LOUIS, MO 63110	43-0653611	501(C)(3)	24,445				CLINICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON UNIVERSITY DBA SPONSORED PROJECTS ACCOUNTING ST LOUIS, MO 63112	43-0653611	501(C)(3)	35,446				HUMAN BIOLOGY
WAYNE STATE UNIVERSITY CASHIERS OFFICE DETROIT, MI 48202	38-6028429	501(C)(3)	6,882				PUBLIC HEALTH SCIENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL MEDICAL COLLEGE OF CORNELL UNIV FINANCE RESEARCH ACCOUNTING NEW YORK, NY 10022	13-1623978	501(C)(3)	155,940				CLINICAL RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIV FINANCE RESEARCH ACCOUNTING NEW YORK, NY 10022	13-1623978	501(C)(3)	29,102				HUMAN BIOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YALE UNIVERSITY GRANTS CONTRACT FINANCIAL ADMIN NEW HAVEN, CT 06508	06-0646973	501(C)(3)	5,598				VACCINE AND INFECTIOUS DISEASE

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 on 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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**	Yes	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
See Additional Data	

Additional Data

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

Part III, Supplemental Information

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 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 TEMPORARY HOUSING IS FREQUENTLY OFFERED AS PART OF THE RELOCATION PACKAGES FOR EXECUTIVES IT IS CONSIDERED TAXABLE COMPENSATION TO THESE INDIVIDUALS

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4A	JENNIFER L SIZEMORE RECEIVED A SEVERANCE PAYMENT OF $375,087 ON JUNE 29, 2016 PAUL I WOLOSHIN RECEIVED A SEVERANCE PAYMENT OF $73,854 ON FEBRUARY 23, 2017

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 7	THE BONUS ARRANGEMENT FOR ALL OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES IS DISCRETIONARY AND ENTIRELY PERFORMANCE BASED

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 8	THE NEWLY HIRED CHIEF OPERATING OFFICER HAS AN INITIAL CONTRACT IN PLACE HIS CONTRACT HAS FOLLOWED THE PROCEDURES ESTABLISHED BY THE CENTER'S COMPENSATION COMMITTEE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1STEVE STADUM EXECUTIVE VP & COO	(I)	307,688	300,000	42,968	0	0	650,656	0
	(II)	0	0	0	0	0	0	0
1FREDERICK R APPELBAUM EXECUTIVE VP & DEPUTY DIRECTOR	(I)	583,416	0	95,827	33,825	16,440	729,508	0
	(II)	0	0	0	0	0	0	0
2BRUCE E CLURMAN EXECUTIVE VP & DEPUTY DIRECTOR	(I)	358,327	0	0	33,825	1,535	393,687	0
	(II)	0	0	0	0	0	0	0
3GARY GILLILAND PRESIDENT & DIRECTOR	(I)	1,251,581	250,000	0	33,825	17,409	1,552,815	0
	(II)	0	0	0	0	0	0	0
4JONATHAN A COOPER SR VP & DIRECTOR, BASIC SCIENCE	(I)	231,708	0	0	29,234	11,806	272,748	0
	(II)	0	0	0	0	0	0	0
5ERIC C HOLLAND SR VP & DIRECTOR, HUMAN BIOLOGY	(I)	804,647	0	0	33,825	21,342	859,814	0
	(II)	0	0	0	0	0	0	0
6GARNET L ANDERSON SR VP & DIRECTOR, PHS	(I)	306,431	0	0	33,825	10,683	350,939	0
	(II)	0	0	0	0	0	0	0
MARGARET JULIANA **7**MCELRATH SR VP & DIRECTOR, VIDD	(I)	360,289	0	14,400	33,825	13,600	422,114	0
	(II)	0	0	0	0	0	0	0
8RANDALL C MAIN VP & CHIEF FINANCIAL OFFICER	(I)	428,164	62,456	0	33,825	17,244	541,689	0
	(II)	0	0	0	0	0	0	0
9MATTHEW T TRUNNELL VP & CHIEF INFORMATION OFFICER	(I)	349,108	59,500	0	21,245	15,321	445,174	0
	(II)	0	0	0	0	0	0	0
10KELLY O'BRIEN VP & DIRECTOR, DEVELOPMENT	(I)	269,338	256,250	8,366	0	0	533,954	0
	(II)	0	0	0	0	0	0	0
11DOUGLAS J SHAEFFER VP, GENERAL COUNSEL	(I)	381,329	64,258	0	33,825	14,704	494,116	0
	(II)	0	0	0	0	0	0	0
12NICOLE C ROBINSON VP, INDST REL & CLIN RES SUPT	(I)	343,624	66,500	0	27,606	12,499	450,229	0
	(II)	0	0	0	0	0	0	0
13SCOTT N RUSCH VP, OPERATIONS & FACILITIES	(I)	208,568	33,497	18,000	33,756	13,917	307,738	0
	(II)	0	0	0	0	0	0	0
14MARK T GROUDINE EXECUTIVE VP & DEPUTY DIRECTOR	(I)	482,396	0	18,000	33,825	10,297	544,518	0
	(II)	0	0	0	0	0	0	0
15 HOWARD ALBERT NACHTRIEB ADVISOR, DIRECTOR'S OFFICE	(I)	206,275	0	0	24,274	19,642	250,191	0
	(II)	0	0	0	0	0	0	0
16HERBERT L BONE III CORPORATE TREASURER	(I)	197,301	0	0	18,505	19,618	235,424	0
	(II)	0	0	0	0	0	0	0
17PAUL I WOLOSHIN VP, SHARED RESOURCES	(I)	234,832	0	0	29,036	13,672	277,540	0
	(II)	0	0	0	0	0	0	0
18OLIVER W PRESS ACTING SR VP & DIRECTOR	(I)	609,306	0	18,000	33,825	9,216	670,347	0
	(II)	0	0	0	0	0	0	0
19STANLEY R RIDDELL IIRC DIRECTOR	(I)	340,902	0	99,550	33,825	19,713	493,990	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 MYRA H TANITA ADVISOR, DIRECTOR'S OFFICE	(I)	455,280	0	0	25,875	10,133	491,288	0
	(II)	0	0	0	0	0	0	0
1 F MARC STEWART MEDICAL DIRECTOR, SCCA	(I)	280,220	80,200	18,000	33,825	13,707	425,952	0
	(II)	0	0	0	0	0	0	0
2 PETER S NELSON FULL MEMBER	(I)	337,977	0	18,000	33,825	19,690	409,492	0
	(II)	0	0	0	0	0	0	0
3 GARY LYMANFULL MEMBER	(I)	354,226	0	18,000	33,825	12,574	418,625	0
	(II)	0	0	0	0	0	0	0
4 JENNIFER L SIZEMORE VP, COMM & MKTG THRU 6/23/16	(I)	132,123	0	409,268	15,380	4,516	561,287	0
	(II)	0	0	0	0	0	0	0
5 LAWRENCE COREY PRES & DIR EMERITUS, FULL MBR	(I)	286,954	0	18,000	33,825	16,739	355,518	0
	(II)	0	0	0	0	0	0	0

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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	49,522,564	REFUND BONDS ISSUED 11/15/2001		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HCL7	06-30-2011	33,478,278	REFUND BONDS ISSUED 11/24/2009		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HQT5	07-08-2015	78,510,000	DEFEASE BONDS ISSUED 11/24/2009		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HRK3	03-30-2017	19,015,000	REMODELING, RENOVATING AND EQUIPPING THE RESEARCH FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,338,264	2,256,736		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	49,522,564	33,478,278	78,510,000	19,015,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	646,773	437,232	1,116,293	240,778
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	29,219	19,752		
10	Capital expenditures from proceeds				2,227,417
11	Other spent proceeds	48,846,572	33,021,294	77,939,707	
12	Other unspent proceeds				16,546,805
13	Year of substantial completion	2011	2011	2015	

		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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
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 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME WASHINGTON HEALTH CARE FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/11/2016 ISSUER NAME WASHINGTON HEALTH CARE FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 01/11/2016

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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	93978HRL1	03-30-2017	24,591,823	REFUND BONDS ISSUED 11/4/2010, 8/30/2012, 7/24/2014 & 12/18/2015		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HRL1	03-30-2017	35,063,447	REFUND BONDS ISSUED 11/4/2010, 8/30/2012, 7/24/2014 & 12/18/2015		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HRL1	03-30-2017	17,679,005	REFUND BONDS ISSUED 11/4/2010, 8/30/2012, 7/24/2014 & 12/18/2015		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HRL1	03-30-2017	5,666,544	REFUND BONDS ISSUED 11/4/2010, 8/30/2012, 7/24/2014 & 12/18/2015		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	24,591,823	35,063,447	17,679,005	5,666,544
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	266,727	380,304	191,750	61,460
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	3,255	4,641	2,340	750
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2017	2017	2017	2017
		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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 000 %						
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 ▶								
6	Total of lines 4 and 5		1 000 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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	93978HRL1	03-30-2017	3,825,164	REFUND BONDS ISSUED 11/4/2010, 8/30/2012, 7/24/2014 & 12/18/2015		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HRL1	03-30-2017	5,284,017	REFUND BONDS ISSUED 11/4/2010, 8/30/2012, 7/24/2014 & 12/18/2015		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HRM9	03-30-2017	357,722	REFUND BONDS ISSUED 8/30/2012		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HRM9	03-30-2017	85,357,278	REFUND BONDS ISSUED 8/30/2012		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	3,825,164	5,284,017	357,722	85,357,278
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	41,488	57,311	3,819	911,181
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	506	699	29	6,982
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2017	2017	2017	2017

		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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X			X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X	X			
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			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		1 800 %			
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 %			
6	Total of lines 4 and 5	0 %		0 %		1 800 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	5	91,300	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	115,000	MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	78	2,330,903	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	4	579,319	MARKET VALUE
26 Other ▶ (AUCTION ITEMS)	X	407	416,008	MARKET VALUE
27 Other ▶ ( )				
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: 2

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED
PART I, LINE 32B	IN FISCAL YEAR 2017, AN AGREEMENT WAS MADE WITH CHARITABLE ADULT RIDERS & SERVICES, INC, A TAX-EXEMPT ORGANIZATION, TO JOINTLY ENTER INTO A PROGRAM TO SOLICIT FOR THE DONATIONS OF VEHICLES

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number
23-7156071

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 6 VOLUNTEERS	MORE THAN 1,500 VOLUNTEERS GIVE FRED HUTCH ONE OF THE GREATEST GIFTS - THEIR TIME VOLUNTE ER OPPORTUNITIES RANGE FROM SERVING ON A FRED HUTCH GUILD OR EVENT PLANNING COMMITTEE, HEL PING AT FUNDRAISING EVENTS, SENDING THANK YOU NOTES TO SUPPORTERS, AND MUCH MORE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BRUCE CLURMAN, STEVE STADUM, FRED APPELBAUM, AND NANCY DAVIDSON HAVE BUSINESS RELATIONSHIP S EACH NAMED INDIVIDUAL SERVES AS FRED HUTCH BOARD MEMBERS OR OFFICERS, AND THESE INDIVID UALS ARE ALSO CURRENT BOARD MEMBERS OR OFFICERS OF SEATTLE CANCER CARE ALLIANCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	UNDER THE CENTER'S BYLAWS, THE AUDIT 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 AUDIT COMMITTEE THE AUDIT COMMITTEE CONSULTS WITH THE CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, GENERAL COUNSEL AND CORPORATE TREASURER AND SUCH OTHER PERSONS THE AUDIT COMMITTEE MAY DESIGNATE TO REVIEW THE DRAFT FORM 990 SUBSEQUENT TO ITS REVIEW, THE AUDIT 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTEREST I NVOLVING TRUSTEES OR THE PRESIDENT & DIRECTOR OF THE CENTER THE PRESIDENT & DIRECTOR OF T HE CENTER IS RESPONSIBLE FOR MONITORING CONFLICTS OF INTEREST INVOLVING OTHER OFFICERS, SC IENTIFIC STAFF AND OTHER KEY PERSONNEL DESIGNATED BY THE PRESIDENT & DIRECTOR UNDER THE F HCRC CONFLICT OF INTEREST POLICY AND RELATED GUIDELINES, AN ANNUAL CONFLICT OF INTEREST DI SCLOSURE 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 COM PLETED BY ALL COVERED PERSONS DISCLOSURES BY TRUSTEES AND THE PRESIDENT & DIRECTOR ARE RE VIEWED BY THE OFFICE OF THE GENERAL COUNSEL WHO REPORTS ANY CONFLICTS TO THE EXECUTIVE COM MITTEE WITH RECOMMENDATIONS ON APPROPRIATE TERMS FOR A CONFLICT MANAGEMENT PLAN CONFLICT MANAGEMENT PLANS FOR TRUSTEES AND THE PRESIDENT & DIRECTOR ARE REVIEWED AND APPROVED BY TH E 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 PRES IDENT & DIRECTOR AND OTHER KEY PERSONNEL DESIGNATED BY THE PRESIDENT & DIRECTOR ARE REVIEW ED BY THE OFFICE OF THE PRESIDENT & DIRECTOR, THE OFFICE OF THE GENERAL COUNSEL, AND THE D IRECTOR OF THE DIVISION IN WHICH THE PERSON HAS HIS OR HER PRIMARY APPOINTMENT OR RESPONSI BILITIES IF A CONFLICT IS DETERMINED TO EXIST UNDER THE POLICY A WRITTEN CONFLICT MANAGEM ENT PLAN IS RECOMMENDED BY THE OFFICE OF THE GENERAL COUNSEL AND APPROVED AND SIGNED BY TH E OFFICE OF THE DIRECTOR, THE OFFICE OF THE GENERAL COUNSEL AND THE DIVISION DIRECTOR AS W ELL 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 O R GOVERNMENT RESOURCES THE CONFLICT MANAGEMENT PLANS FOR TRUSTEES USUALLY REQUIRE THE AFF ECTED TRUSTEE TO RECUSE HIMSELF OR HERSELF FROM VOTING ON ANY MATTERS INVOLVING THE AFFECT ED TRANSACTION OR RELATIONSHIP ALTHOUGH HE OR SHE IS ALLOWED TO PROVIDE FACTUAL INFORMATIO N IF REQUESTED BY THE BOARD OF THE EXECUTIVE COMMITTEE ALL TRANSACTIONS REQUIRING BOARD O R COMMITTEE APPROVAL MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS CONFLICT MAN AGEMENT PLANS INVOLVING SCIENTIFIC STAFF, OFFICER OR OTHER KEY PERSONNEL USUALLY IMPOSE ON E OR MORE OF THE FOLLOWING CONDITIONS OR RESTRICTIONS 1) PUBLIC DISCLOSURE OF THE INTERES T, 2) MONITORING OF RESEARCH BY INDEPENDENT REVIEWERS, 3) MODIFICATION OF THE RESEARCH PLA N, 4) DISQUALIFICATION FROM PARTICIPATION IN ALL OF OR A PORTION OF THE RESEARCH BY THE PE RSON WITH THE CONFLICT OF INTEREST, 5) DIVESTURE OF THE INTEREST, 6) SEVERANCE OF THE RELA TIONSHIP CREATING THE CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

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 NOVEMBER 2016

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FH INTERNATIONAL LLC 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 981091024 46-2936650	FOREIGN RESEARCH COLLABORATIONS	WA	0	7,470	FRED HUTCHINSON CANCER RESEARCH CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)SEATTLE VACCINE RESEARCH FUND 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109 33-1111221	ANTI-RETROVIRAL THERAPY FOR ELIGIBLE PARTICIPANTS	WA	501(C)(3)	LINE 12A, I	FRED HUTCHINSON CANCER RESEARCH CENTER	Yes	
(2)HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED POB 3935 MULAGO HOSPITAL UPPER MU KAMPALA UG	RESEARCH AND EDUCATION ON CANCER AND INFECTIOUS DISEASES	UG	N/A	N/A	FRED HUTCHINSON CANCER RESEARCH CENTER	Yes	
(3)HUTCHINSON CENTRE RESEARCH INSTITUTE OF SOUTH AFRICA 6TH FLOOR 119 HERTZOG BLVD FORESHORE CAPETOWN 8001 SF	RESEARCH	SF	N/A	N/A	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CHARITABLE REMAINDER TRUSTS (5) 1100 FAIRVIEW AVE NORTH SEATTLE, WA 981091024	INVESTMENT	WA	N/A	T					No
(2) HUTCHINSON BIOMEDICAL SCIENCE AND TECHNOLOGY (TIANJIN) CO LTD 1100 FAIRVIEW AVE NORTH SEATTLE, WA 981091024	RESEARCH	CH	N/A	C					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		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, or**(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	L	970,411	ACCOUNTING SYSTEM CODING
(2)HUTCHINSON CENTRE RESEARCH INSTITUTE OF SOUTH AFRICA	L	52,817	ACCOUNTING SYSTEM CODING
(3)HUTCHINSON CENTRE RESEARCH INSTITUTE OF SOUTH AFRICA	P	292,218	ACCOUNTING SYSTEM CODING
(4)HUTCHINSON CENTRE RESEARCH INSTITUTE OF SOUTH AFRICA	R	4,266,385	ACCOUNTING SYSTEM CODING
(5)HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	R	2,505,343	ACCOUNTING SYSTEM CODING

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**

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