

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 03-31-2022

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 \$ 696,870,035

F Name and address of principal officer:
DR THOMAS LYNCH JR
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: ▶ 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:
FRED HUTCHINSON CANCER RESEARCH CENTER (FRED HUTCH) IS ON THE VANGUARD OF SCIENTIFIC RESEARCH IN CANCER AND HIV - DRIVING DISCOVERY TO MAKE THE WORLD A BETTER PLACE.

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)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	3,721
6 Total number of volunteers (estimate if necessary)	800
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	779,663,043	545,163,928
9 Program service revenue (Part VIII, line 2g)	98,077,466	56,158,707
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,730,310	89,242,611
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,881,918	6,280,228
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	943,352,737	696,845,474
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	209,960,094	168,939,840
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)	339,047,947	259,106,208
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,436,248	1,562,759
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,617,387		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	279,277,248	180,645,900
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	829,721,537	610,254,707
19 Revenue less expenses. Subtract line 18 from line 12	113,631,200	86,590,767
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,740,460,544	0
21 Total liabilities (Part X, line 26)	668,969,975	0
22 Net assets or fund balances. Subtract line 21 from line 20	1,071,490,569	0

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 Signature of officer: ***** Date: 2023-02-14
CHRIS BUNDESMANN CORPORATE CONTROLLER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2023-02-11
Check if self-employed PTIN: P00737884
Firm's name: ▶ CLARK NUBER PS Firm's EIN: ▶ 91-1194016
Firm's address: ▶ 10900 NE 4TH STREET SUITE 1400 Phone no. (425) 454-4919
BELLEVUE, WA 98004

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:

OUR RESEARCHERS ARE PUSHING THE LIMITS OF HUMAN KNOWLEDGE, FROM FOUNDATIONAL BIOLOGY TO POPULATION-LEVEL HEALTH. THROUGH FEARLESS SCIENCE, COLLABORATION ACROSS DISCIPLINES, AND UNSHAKABLE FOCUS, WE'RE LEADING THE WAY TO A WORLD FREE OF CANCER AND RELATED DISEASES.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 281,420,625 including grants of \$ 86,049,600) (Revenue \$ 28,604,468)
See Additional Data

4b (Code:) (Expenses \$ 120,087,117 including grants of \$ 36,718,874) (Revenue \$ 12,206,028)
See Additional Data

4c (Code:) (Expenses \$ 87,467,133 including grants of \$ 26,744,705) (Revenue \$ 8,890,432)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 63,533,853 including grants of \$ 19,426,661) (Revenue \$ 6,457,779)

4e Total program service expenses ▶ 552,508,728

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 columns: Question, Answer, Yes/No, and other. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and various organizational requirements.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2 (family/business relationships), 3 (delegation of control), 4-6 (governing documents, assets, members), 7a-b (election power, governance decisions), 8a-b (meeting documentation), 9 (unreachable officers).

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 10a-b (local chapters/policies), 11a-b (Form 990 distribution), 12a-c (conflict of interest policy), 13-15 (whistleblower, document retention, compensation), 16a-b (joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MA, MD, ME, 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)
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: DAVID BROWDY 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals and totals:

- 1b Sub-Total**
- 1c Total from continuation sheets to Part VII, Section A**
- 1d Total (add lines 1b and 1c)**

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 ▶ 860

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
EMMES COMPANY 401 NORTH WASHINGTON STREET ROCKVILLE, MD 20850	RESEARCH SERVICES	4,535,807
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	RESEARCH SERVICES	4,029,022
ELLKAY LLC 200 RIVERFRONT BLVD 3RD FLOOR ELMWOOD PARK, NJ 07407	TECHNOLOGY SERVICES	2,848,125
NORBERTO ZYLBERBERG 4032 DOMINION COVE AUSTIN, TX 78759	MARKETING SERVICES	2,746,635
PPD DEVELOPMENT 26361 NETWORK PLACE CHICAGO, IL 60673	RESEARCH SERVICES	2,561,057

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 ▶ 99

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	1,770,808				
	b Membership dues	1b					
	c Fundraising events	1c	4,296,301				
	d Related organizations	1d					
	e Government grants (contributions)	1e	500,201,069				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,895,750				
	g Noncash contributions included in lines 1a - 1f:\$	1g	8,954,561				
	h Total. Add lines 1a-1f			545,163,928			
	Program Service Revenue						
		Business Code					
2a INTERAFFILIATE AGMTS		541714	29,383,938	29,383,938			
b PATIENT SVCS AT SCCA		622310	20,346,400	20,346,400			
c RESEARCH ACTIVITIES		541714	8,855,036	8,855,036			
d SCCA INVESTMENT INCOME		622310	-2,426,667	-2,426,667			
e							
f All other program service revenue							
g Total. Add lines 2a-2f.			56,158,707				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,708,168		11,708,168	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			9,552,698		9,552,698	
	6a Gross rents		(i) Real				
		6a	(ii) Personal	2,719,716			
		b Less: rental expenses	6b	0			
		c Rental income or (loss)	6c	2,719,716			
	d Net rental income or (loss)			2,719,716		2,719,716	
	7a Gross amount from sales of assets other than inventory		(i) Securities	77,534,443			
		7a	(ii) Other				
		b Less: cost or other basis and sales expenses	7b	0			
		c Gain or (loss)	7c	77,534,443			
	d Net gain or (loss)			77,534,443		77,534,443	
	8a Gross income from fundraising events (not including \$ 4,296,301 of contributions reported on line 1c). See Part IV, line 18						
		8a		189,420			
b Less: direct expenses		8b	24,561				
c Net income or (loss) from fundraising events			164,859		164,859		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a REALIZED CURRENCY LOSS		900099	-85,111		-85,111		
b LOSS ON REFINANCING		900099	-6,071,934		-6,071,934		
c							
d All other revenue							
e Total. Add lines 11a-11d			-6,157,045				
12 Total revenue. See instructions			696,845,474	56,158,707	0	95,522,839	

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	122,118,864	122,118,864		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,449,086	1,449,086		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	45,371,890	45,371,890		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	15,334,946	12,548,724	2,214,481	571,741
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	125,000	125,000		
7 Other salaries and wages	192,242,585	158,920,011	28,706,209	4,616,365
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,920,019	10,884,700	1,759,988	275,331
9 Other employee benefits	23,231,354	19,542,569	3,171,386	517,399
10 Payroll taxes	15,252,304	12,821,797	2,083,717	346,790
11 Fees for services (non-employees):				
a Management				
b Legal	942,579	-369,095	1,311,674	
c Accounting	765,153	185,711	579,442	
d Lobbying	192,000		192,000	
e Professional fundraising services. See Part IV, line 17	1,562,759			1,562,759
f Investment management fees	533,052		533,052	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	51,892,104	39,889,210	12,978,255	-975,361
12 Advertising and promotion	2,403,343	2,081,308	250,594	71,441
13 Office expenses	6,333,311	83,506	2,814,833	3,434,972
14 Information technology	22,759,327		22,759,327	
15 Royalties				
16 Occupancy	10,903,537	8,835,700	2,067,837	
17 Travel	646,569	549,115	81,728	15,726
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,004,737	925,678	71,071	7,988
20 Interest	10,992,492	9,972,194	965,506	54,792
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,839,391	21,642,541	2,079,406	117,444
23 Insurance	2,770,086		2,770,086	
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	32,665,175	32,665,175		
b EQUIP. RENT & MAINT.	12,003,044	5,830,724	6,172,320	
c ALLOC OF INDIRECT COSTS	0	46,434,320	-46,434,320	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	610,254,707	552,508,728	47,128,592	10,617,387
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 <input type="checkbox"/> 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	900	1	0
	2 Savings and temporary cash investments	34,992,371	2	0
	3 Pledges and grants receivable, net	75,063,364	3	0
	4 Accounts receivable, net	33,216,163	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net	1,517,788	7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges	6,929,707	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0	10a	0
	b Less: accumulated depreciation	0	10b	0
	11 Investments—publicly traded securities	714,326,424	11	0
	12 Investments—other securities. See Part IV, line 11	35,235,454	12	0
	13 Investments—program-related. See Part IV, line 11	253,946,782	13	0
	14 Intangible assets	2,537,571	14	0
	15 Other assets. See Part IV, line 11	173,944,884	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,740,460,544	16	0	
Liabilities	17 Accounts payable and accrued expenses	71,905,974	17	0
	18 Grants payable		18	0
	19 Deferred revenue	44,614,965	19	0
	20 Tax-exempt bond liabilities	394,418,977	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	0
	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	158,030,059	25	0
	26 Total liabilities. Add lines 17 through 25	668,969,975	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	854,981,569	27	0
	28 Net assets with donor restrictions	216,509,000	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	0
	30 Paid-in or capital surplus, or land, building or equipment fund		30	0
	31 Retained earnings, endowment, accumulated income, or other funds		31	0
32 Total net assets or fund balances	1,071,490,569	32	0	
33 Total liabilities and net assets/fund balances	1,740,460,544	33	0	

Part XI Reconciliation 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	696,845,474
2	Total expenses (must equal Part IX, column (A), line 25)	2	610,254,707
3	Revenue less expenses. Subtract line 2 from line 1	3	86,590,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,071,490,569
5	Net unrealized gains (losses) on investments	5	-108,990,002
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	-1,049,091,334
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0

Part XII Financial Statements and Reporting

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

- 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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 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?
 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?
- 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.

	Yes	No
2a		No
2b		No
2c		
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 23-7156071

Name: FRED HUTCHINSON CANCER RESEARCH CENTER

Form 990 (2021)

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 THE AMERICAS, 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 TRIAL SPECIALISTS, STATISTICIANS, COMPUTATIONAL BIOLOGISTS AND BASIC SCIENTISTS, TAKE PRIDE IN THEIR COLLABORATIVE EFFORTS TO PREDICT, DETECT, TREAT AND PREVENT INFECTIOUS DISEASES IN HUMANS, INCLUDING KNOWN AND EMERGING INFECTIONS OF MAJOR GLOBAL HEALTH IMPORTANCE, SUCH AS CORONAVIRUS, AND CANCER-RELATED INFECTIOUS DISEASES.

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, COMPUTATIONAL, EPIDEMIOLOGICAL, TRANSLATIONAL AND PREVENTION PROJECTS INCLUDE STUDIES AROUND THE WORLD.

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

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

(Code:) (Expenses \$ 36,676,463 including grants of \$ 11,214,513) (Revenue \$ 3,727,910)

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 RESEARCH PERFORMED IN MODEL ORGANISMS AND IN VITRO SYSTEMS.

(Code:) (Expenses \$ 26,857,390 including grants of \$ 8,212,148) (Revenue \$ 2,729,869)

BASIC SCIENCES DIVISION:THE BASIC SCIENCES DIVISION ANSWERS FUNDAMENTAL BIOLOGICAL QUESTIONS AND PRODUCES NEW INSIGHTS ON THE BASIC BIOLOGY OF LIFE PROCESSES AND THE DEVELOPMENT OF COMPLEX DISEASES LIKE CANCER. OUR FACULTY INCLUDE INVESTIGATORS WORKING IN DIVERSE AREAS RELATED TO ALL ASPECTS OF BIOLOGY, INCLUDING GENE REGULATION AND GENOMIC INTEGRITY, NEUROSCIENCE, IMMUNOLOGY AND EVOLUTION, BIOPHYSICS AND QUANTITATIVE BIOLOGY, AND CELL PROLIFERATION AND FATE.

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			
KATHY SURACE-SMITH CHAIR	7.70 0.00	X		X				0	0	0
LEIGH MORGAN VICE CHAIR	6.40 3.00	X		X				0	0	0
SEAN BOYLE TREASURER	4.90 0.00	X		X				0	0	0
RICHARD W ANDERSON SECRETARY	3.30 0.00	X		X				0	0	0
CARL BEHNKE TRUSTEE	2.20 0.00	X						0	0	0
MICHAEL CLAYVILLE TRUSTEE	1.90 0.00	X						0	0	0
HOLLIS S DILLON TRUSTEE	2.90 0.00	X						0	0	0
MARK FLEISCHAUER TRUSTEE	1.90 3.00	X						0	0	0
THERESA GILLESPIE TRUSTEE	1.90 0.00	X						0	0	0
STEPHEN M GRAHAM TRUSTEE	3.10 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			
CHRISTINE GREGOIRE TRUSTEE	2.90 0.00	X						0	0	0
ROBERT HERBOLD TRUSTEE	1.60 0.00	X						0	0	0
ALLAN JONES TRUSTEE	1.90 0.00	X						0	0	0
PHILIP KENT TRUSTEE	2.10 0.00	X						0	0	0
CONNIE KRAVAS TRUSTEE	2.40 0.00	X						0	0	0
MATTHEW MCILWAIN TRUSTEE	4.60 0.00	X						0	0	0
NORMAN METCALFE TRUSTEE	2.20 0.00	X						0	0	0
SATYA NADELLA TRUSTEE	1.30 0.00	X						0	0	0
PAUL W REED TRUSTEE	3.00 0.00	X						0	0	0
BRIAN ROBERTS TRUSTEE	1.90 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			
CORAZON SANDERS TRUSTEE	2.40 0.00	X						0	0	0
PETE SHIMER TRUSTEE	1.90 0.00	X						0	0	0
BRYAN WHITE TRUSTEE	3.20 0.00	X						0	0	0
THOMAS JAMES LYNCH JR PRESIDENT & DIRECTOR	40.00 0.00			X				1,702,109	0	66,608
NANCY E DAVIDSON SR. VP & DIRECTOR, CRD	8.40 0.00			X				1,266,466	0	47,218
ERIC C HOLLAND SR VP & DIR, HUMAN BIOLOGY	40.00 0.00			X				776,770	0	53,518
DAVID HARLAN BROWDY VP & CHIEF FINANCIAL OFFICER	40.00 0.00			X				853,047	0	61,264
BRUCE E CLURMAN EXEC VP & DEPUTY DIR, FHCRC	40.00 0.00			X				767,846	0	56,974
NICOLE C ROBINSON VP & CHIEF OPERATING OFFICER	40.00 0.00			X				849,608	0	53,518
FREDERICK R APPELBAUM EXEC VP & DEPUTY DIRECTOR	40.00 1.50			X				758,585	0	55,623

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			
STEVEN HAYDON VP, GENERAL COUNSEL	40.00 0.00			X				585,496	0	56,827
GEOFFREY R HILL SR VP & DIR BGI	40.00 0.00			X				450,843	0	55,890
MARGARET JULIANA MCELRATH SR VP & DIRECTOR - VIDD	40.00 0.00			X				491,059	0	46,432
KELLY O'BRIEN VICE PRESIDENT, PHILANTHROPY	40.00 0.00			X				515,402	0	56,339
JODI LORRAINE BURKE VP HUMAN RESOURCES	40.00 0.00			X				464,479	0	51,497
MARION S DORER VP, INTERDISCIPLINARY SCI ADM	40.00 0.00			X				478,101	0	47,124
CHRISTOPHER LI VP, FACULTY AFFAIR & DIVERSITY	40.00 0.00			X				370,933	0	59,646
GARNET L ANDERSON SR VP & DIR, PHS	40.00 0.00			X				412,815	0	47,100
JENNIFER E GRIFFITH VP GOV'T & COMMUNITY RELATIONS	40.00 0.00			X				368,396	0	46,834
CHRIS BUNDESMANN CORPORATE CONTROLLER	40.00 0.00			X				269,599	0	43,862

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			
JONATHAN A COOPER SR VP & DIR, BASIC SCIENCES	40.00 0.00			X				262,229	0	43,876
KATHY L ALEXION VP & CHIEF INFORMATION OFFICER	40.00 0.00			X				321,053	0	35,200
ELIZABETH BOYD VP, RES ADM & FACULTY AFFAIRS	40.00 0.00			X				276,810	0	42,625
PAUL M BUCKLEY VP & CHIEF DIVERS/INCL OFFICER	40.00 0.00			X				293,316	0	44,681
HERBERT L BONE III CORPORATE TREASURER	40.00 0.00			X				231,853	0	44,129
VAL RIE J SMITH ASSISTANT TO THE BOARD OF TRUSTEES	40.00 0.00			X				117,182	0	18,078
SUSAN BIGGINS SR VP & DIR, BASIC SCIENCES	13.20 0.00			X				112,819	0	0
SCOTT N RUSCH VP, FACILITIES & OPERATIONS	5.00 0.00			X				3,085	0	0
KELLY PATRICK VP, CHIEF INFORMATION OFFICER	40.00 0.00			X				0	0	0
STEVE STADUM SPEC ADVISOR	40.00 0.00					X		1,132,208	0	56,974

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			
PETER S NELSON FULL PROFESSOR	40.00 0.00					X		449,036	0	60,222
STEPHANIE J LEE FULL PROFESSOR	40.00 0.00					X		390,143	0	38,001
JERALD PATRICK RADICH FULL PROFESSOR	40.00 0.00					X		396,440	0	59,736
STANLEY R RIDDELL FULL PROFESSOR	40.00 0.00					X		394,966	0	55,733
D GARY GILLILAND PRESIDENT & DIRECTOR EMERITUS	5.00 0.00						X	168,188	0	0

SCHEDULE A
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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).)
- 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 on 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	498,070,328	506,636,184	513,754,695	779,663,043	545,163,928	2,843,288,178
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	498,070,328	506,636,184	513,754,695	779,663,043	545,163,928	2,843,288,178
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.						2,843,288,178

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .	498,070,328	506,636,184	513,754,695	779,663,043	545,163,928	2,843,288,178
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	107,663,853	90,082,020	20,381,133	22,494,587	23,980,582	264,602,175
9 Net income from unrelated business activities, whether or not the business is regularly carried on					164,859	164,859
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .		-97,721	-4,489,035	501,131	-6,157,045	-10,242,670
11 Total support. Add lines 7 through 10						3,097,812,542
12 Gross receipts from related activities, etc. (see instructions)					12	439,614,591

13 First 5 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 2021 (line 6, column (f) divided by line 11, column (f))	14	91.780 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	91.760 %

- 16a 33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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 in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
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? <i>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.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (*explain in Part VI*). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	<input type="checkbox"/> 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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 - 2019 AMOUNT: \$ -4,330,394. 2021 AMOUNT: \$ -6,071,934. CURRENCY GAIN/LOSS - 2018 AMOUNT: \$ -97,721. 2019 AMOUNT: \$ -158,641. 2020 AMOUNT: \$ 501,131. 2021 AMOUNT: \$ -85,111.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, COLUMN (E):	PART II, COLUMN (E) REPRESENTS SHORT YEAR INFORMATION DUE TO DISSOLUTION WITH FISCAL YEAR ENDING 3/31/22.

SCHEDULE C
(Form 990)

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
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 FRED HUTCHINSON CANCER RESEARCH CENTER	Employer identification number 23-7156071
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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. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

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-.
1				
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)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

	0	
	192,000	
	192,000	
	608,524,509	
	608,716,509	
	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

	250,000
	0
	0

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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) 2018	(b) 2019	(c) 2020	(d) 2021	(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	205,820	258,597	256,000	192,000	912,417
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					

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)		(b)
	Yes	No	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

OMB No. 1545-0047
2021
Open to Public Inspection

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 7/25/06, 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 FASB 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 FASB 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 ▶ \$ _____ 0

(ii) Assets included in Form 990, Part X ▶ \$ _____ 0

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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ 0

b Assets included in Form 990, Part X ▶ \$ _____ 0

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	598,070,707	440,404,707	487,121,707	391,980,707	202,271,707
b Contributions	9,300,000	53,863,000	10,674,000	74,941,000	179,533,000
c Net investment earnings, gains, and losses	-13,380,016	107,667,000	19,340,000	25,249,000	14,697,000
d Grants or scholarships					
e Other expenditures for facilities and programs	35,310,007	3,864,000	76,731,000	5,049,000	4,521,000
f Administrative expenses	558,680,684				
g End of year balance		598,070,707	440,404,707	487,121,707	391,980,707

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- 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 | | No |
| (ii) Related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 0

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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)	
(10)	
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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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	

Additional Data

Software ID:

Software Version:

EIN: 23-7156071

Name: FRED HUTCHINSON CANCER RESEARCH CENTER

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	ALL HELD COLLECTIONS 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. ALL HELD COLLECTIONS WERE TRANSFERRED TO THE SURVIVING ENTITY IN THE MERGER.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	<p>THE CENTER'S SPENDING POLICY FOR ENDOWMENT FUNDS IS TO APPROPRIATE FOR DISTRIBUTION EACH YEAR 5% PERCENT OF THE ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR THREE YEARS, PROVIDED THAT THE FAIR VALUE OF THE ENDOWMENT FUND EXCEEDS THE CORPUS. FOR A PORTION OF THE CENTER'S BOARD-DESIGNATED INVESTMENTS, THE CENTER DOES NOT APPROPRIATE FOR DISTRIBUTION ANY AMOUNT OF INVESTMENT RETURN AS ALL OF THE RETURN EARNED IS HELD TO GROW THE FUND FOR FUTURE REPAYMENT OF LONG-TERM DEBT. FOR THE REMAINING BOARD DESIGNATED INVESTMENTS, THE CENTER MAKES ALL INVESTMENT RETURNS AVAILABLE FOR EXPENDITURE ON PROGRAMMATIC INITIATIVES. IN ESTABLISHING THESE POLICIES, THE CENTER CONSIDERED THE LONG-TERM EXPECTED RETURNS ON ITS ENDOWMENT AND BOARD-DESIGNATED INVESTMENTS. REMAINING BOARD DESIGNATED INVESTMENTS, THE CENTER</p> <p>MAKES ALL INVESTMENT RETURN AVAILABLE FOR EXPENDITURE ON PROGRAMMATIC INITIATIVES. IN ESTABLISHING THESE POLICIES, THE CENTER CONSIDERED THE LONG-TERM EXPECTED RETURNS ON ITS ENDOWMENT AND BOARD-DESIGNATED INVESTMENTS.</p>

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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" on 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** Activities 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			46,844,163
b Total from continuation sheets to Part I	0	0			8,187,131
c Totals (add lines 3a and 3b)	0	0			55,031,294

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
5 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 ▶								59
3 Enter total number of other organizations or entities ▶								0
(7)							Schedule F (Form 990) 2021	
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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; don't file with Form 990)* 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; don't file with Form 990).* 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	<p>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.</p>

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
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
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING	N/A	78,000
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANT MAKING	N/A	1,122,000

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
NORTH AMERICA	0	0	GRANT MAKING	N/A	2,769,000
SOUTH AMERICA	0	0	GRANT MAKING	N/A	11,728,000

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
SUB-SAHARAN AFRICA	0	0	GRANT MAKING	N/A	29,674,163
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH	3,000

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	PROGRAM SERVICES	RESEARCH	108,000
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH	1,362,000

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	3,000
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	784,000

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	PROGRAM SERVICES	RESEARCH	315,000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH	5,710,000

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	1,375,131

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	2,471,892	WIRE TRANSFER	0		
		SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	2,354,117	WIRE TRANSFER	0		

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	1,196,516	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	3,058,753	WIRE TRANSFER	0		

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	23,233	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	13,862	WIRE TRANSFER	0		

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	640,326	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	118,265	WIRE TRANSFER	0		

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	1,144,621	WIRE TRANSFER	0		
		NORTH AMERICA	HUMAN BIOLOGY	43,200	WIRE TRANSFER	0		

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	41,999	WIRE TRANSFER	0		
		SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	2,502,404	WIRE TRANSFER	0		

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	48,935	CHECK	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	41,586	WIRE TRANSFER	0		

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	416,256	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	1,971,543	WIRE TRANSFER	0		

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	117,094	WIRE TRANSFER	0		
		SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	10,766	WIRE TRANSFER	0		

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	437,054	WIRE TRANSFER	0		
		SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	772,902	WIRE TRANSFER	0		

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	47,590	WIRE TRANSFER	0		
		NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	1,135,745	WIRE TRANSFER	0		

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	5,419	WIRE TRANSFER	0		
		NORTH AMERICA	CLINICAL RESEARCH	37,791	CHECK	0		

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	123,395	CHECK	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	70,654	WIRE TRANSFER	0		

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	18,948	CHECK	0		
		SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	1,976,942	WIRE TRANSFER	0		

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	48,293	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	PUBLIC HEALTH SCIENCES	18,994	WIRE TRANSFER	0		

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	2,369,621	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	883,170	WIRE TRANSFER	0		

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	162,050	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	176,634	WIRE TRANSFER	0		

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	316,919	CHECK	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	307,677	WIRE TRANSFER	0		

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	1,690,524	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	2,939,031	WIRE TRANSFER	0		

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	421,064	WIRE TRANSFER	0		
		NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	400,624	CHECK	0		

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	55,550	WIRE TRANSFER	0		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PUBLIC HEALTH SCIENCES	31,743	CHECK	0		

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	PUBLIC HEALTH SCIENCES	5,937	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH SCIENCES	40,440	WIRE TRANSFER	0		

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	30,164	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	1,828,393	WIRE TRANSFER	0		

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	1,062,095	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	1,550,382	WIRE TRANSFER	0		

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	2,310,739	WIRE TRANSFER	0		
		NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	55,044	CHECK	0		

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	752,169	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	313,653	WIRE TRANSFER	0		

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	CLINICAL RESEARCH	74,928	WIRE TRANSFER	0		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PUBLIC HEALTH SCIENCES	54,608	WIRE TRANSFER	0		

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	54,608	CHECK	0		
		NORTH AMERICA	CLINICAL RESEARCH	236,109	CHECK	0		

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	1,578,119	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	19,341	CHECK	0		

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	70,654	WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	PUBLIC HEALTH SCIENCES	38,003	WIRE TRANSFER	0		

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	858,308	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	3,667,331	WIRE TRANSFER	0		

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	107,163	WIRE TRANSFER	0		

SCHEDULE G
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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 10 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?		(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
		Yes	No			
1 RKD GROUP 3400 WATERVIEW PKWY 250 RICHARDSON, TX 75080	MAIL, EMAIL, WEB, SOLICITATION, DIGITAL MARKETING		No	4,075,988	1,562,759	2,513,229
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				4,075,988	1,562,759	2,513,229

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.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		OBLITERIDE (event type)	CLIMB TO FIGHT (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	3,488,484	927,012	70,225	4,485,721
	2 Less: Contributions	3,299,064	927,012	70,225	4,296,301
	3 Gross income (line 1 minus line 2)	189,420			189,420
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	362			362
	8 Entertainment				
	9 Other direct expenses	8,245	12,704	3,250	24,199
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				24,561
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				164,859	

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

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

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 | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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 ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- 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 provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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...
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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 150
3 Enter total number of other organizations listed in the line 1 table 18

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TUITION	142		1,449,086	BOOK	SCHOLARSHIPS FOR GRADUATE STUDENTS.
(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
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DR ANCHORAGE, AK 99508	92-0162721	501(C)(3)	12,361	0	BOOK		SHARED RESOURCES
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DR ANCHORAGE, AK 99508	92-0162721	501(C)(3)	15,299	0	BOOK		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
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX, NY 104611900	83-0621846	501(C)(3)	6,156	0	BOOK		VACCINE AND INFECTIOUS DISEASE
ALBERT EINSTEIN COLLEGE OF MEDICINE BELFER BUILDING 1108 BRONX, NY 10461	83-0621846	501(C)(3)	15,555	0	BOOK		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
ALBERT EINSTEIN COLLEGE OF MEDICINE BELFER BUILDING 1108 BRONX, NY 10461	83-0621846	501(C)(3)	24,573	0	BOOK		CLINICAL RESEARCH
ALLEN INSTITUTE 615 WESTLAKE AVE N SEATTLE, WA 98109	91-2155317	501(C)(3)	324,544	0	BOOK		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
AMERICAN CANCER SOCIETY INC MERCCKLE RESPONSE MANAGEMENT GROUP HAGERSTOWN, MD 21740	13-1788491	501(C)(3)	5,462	0	BOOK		PUBLIC HEALTH SCIENCES
ARIZONA STATE UNIVERSITY OFFICE FOR RESEARCH AND SPONSORED PROJECTS TEMPE, AZ 852876011	86-0196696	GOVERNMENT	26,210	0	BOOK		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 852876011	86-0196696	GOVERNMENT	200,896	0	BOOK		HUMAN BIOLOGY
AXIO RESEARCH LLC 2601 4TH AVENUE SUITE 200 SEATTLE, WA 98121	20-1895965	OTHER	70,762	0	BOOK		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
BALTIMORE RESEARCH AND EDUCATION 10 NORTH GREENE ST MAIL STOP 151 BALTIMORE, MD 21201	52-1705976	501(C)(3)	167,680	0	BOOK		VACCINE AND INFECTIOUS DISEASE
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 753031207	74-1613878	501(C)(3)	14,473	0	BOOK		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
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 753031207	74-1613878	501(C)(3)	20,048	0	BOOK		VACCINE AND INFECTIOUS DISEASE
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 753031207	74-1613878	501(C)(3)	46,035	0	BOOK		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
BE THE MATCH FOUNDATION NW 5948 MINNEAPOLIS, MN 554855948	41-1704734	501(C)(3)	189,000	0	BOOK		VACCINE AND INFECTIOUS DISEASE
BECKMAN RESEARCH INSTITUTE OF THE 1500 EAST DUARTE ROAD DUARTE, CA 910103000	95-3432210	501(C)(3)	18,949	0	BOOK		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
BECKMAN RESEARCH INSTITUTE OF THE 1500 EAST DUARTE ROAD DUARTE, CA 910103000	95-3432210	501(C)(3)	57,544	0	BOOK		CLINICAL RESEARCH
BECKMAN RESEARCH INSTITUTE OF THE 1500 EAST DUARTE ROAD DUARTE, CA 910103000	95-3432210	501(C)(3)	113,022	0	BOOK		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
BEDFORD VA RESEARCH CORPORATION INC 200 SPRINGS RD MS152 BEDFORD, MA 01730	04-3512440	501(C)(3)	39,419	0	BOOK		PUBLIC HEALTH SCIENCES
BENAROYA RESEARCH INSTITUTE 1201 NINTH AVE SEATTLE, WA 98101	91-0653422	501(C)(3)	6,000	0	BOOK		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
BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH FINANCE OFFICE OV-540 RM 535 BOSTON, MA 02215	04-2103881	501(C)(3)	19,618	0	BOOK		CLINICAL RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH FINANCE OFFICE OV-540 RM 535 BOSTON, MA 02215	04-2103881	501(C)(3)	33,558	0	BOOK		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
BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH FINANCE OFFICE OV-540 RM 535 BOSTON, MA 02215	04-2103881	501(C)(3)	49,901	0	BOOK		VACCINE AND INFECTIOUS DISEASE
BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH FINANCE OFFICE BR109 RM 259 BOSTON, MA 02215	04-2103881	501(C)(3)	56,635	0	BOOK		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
BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH FINANCE OFFICE BR109 RM 259 BOSTON, MA 02215	04-2103881	501(C)(3)	67,288	0	BOOK		CLINICAL RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER RESEARCH FINANCE OFFICE BR109 RM 259 BOSTON, MA 02215	04-2103881	501(C)(3)	75,082	0	BOOK		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
BETH ISRAEL DEACONESS MEDICAL CENTER CLINICAL TRIALS OFFICE BOSTON, MA 02215	04-2103881	501(C)(3)	1,863,376	0	BOOK		VACCINE AND INFECTIOUS DISEASE
BIOMEDICAL RESEARCH INSTITUTE OF NEW 1501 SAN PEDRO DR SE 151 B BLDG 14 ALBUQUERQUE, NM 87108	85-0374063	501(C)(3)	189,063	0	BOOK		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 TRUSTEES OF MICHIGAN STATE 426 AUDITORIUM RD ROOM 2 EAST LANSING, MI 48824	38-6005984	GOVERNMENT	19,613	0	BOOK		PUBLIC HEALTH SCIENCES
BOARD OF TRUSTEES OF THE LELAND PO BOX 884253 LOS ANGELES, CA 900884253	94-1156365	501(C)(3)	14,474	0	BOOK		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 TRUSTEES OF THE LELAND PO BOX 884253 LOS ANGELES, CA 900884253	94-1156365	501(C)(3)	30,602	0	BOOK		CLINICAL RESEARCH
BOARD OF TRUSTEES OF THE LELAND PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	105,326	0	BOOK		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 TRUSTEES OF THE LELAND PO BOX 884253 LOS ANGELES, CA 900884253	94-1156365	501(C)(3)	130,304	0	BOOK		PUBLIC HEALTH SCIENCES
BOARD OF TRUSTEES OF THE LELAND PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	143,848	0	BOOK		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
BOARD OF TRUSTEES OF THE LELAND PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	182,577	0	BOOK		CLINICAL RESEARCH
BOARD OF TRUSTEES OF THE LELAND PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	890,797	0	BOOK		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 606731283	37-6000511	501(C)(3)	29,816	0	BOOK		VACCINE AND INFECTIOUS DISEASE
BRIGHAM AND WOMENS HOSPITAL INC BANK OF AMERICA NA BOSTON, MA 022413887	04-2312909	501(C)(3)	136,222	0	BOOK		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
BRIGHAM AND WOMENS HOSPITAL INC BANK OF AMERICA NA - BOX 38987 BOSTON, MA 022413149	04-2312909	501(C)(3)	1,030,992	0	BOOK		VACCINE AND INFECTIOUS DISEASE
BRIGHAM AND WOMENS HOSPITAL INC BANK OF AMERICA NA BOSTON, MA 022413887	04-2312909	501(C)(3)	4,121,872	0	BOOK		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 YOUNG UNIVERSITY GRANTS CONTRACTS ACCOUNTING PROVO, UT 84602	87-0217280	501(C)(3)	27,700	0	BOOK		CLINICAL RESEARCH
BROAD INSTITUTE INC 415 MAIN ST CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	54,677	0	BOOK		PUBLIC HEALTH SCIENCES

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

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BROAD INSTITUTE INC 415 MAIN ST CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	194,564	0	BOOK		CLINICAL RESEARCH
BRONX VETERANS MEDICAL RESEARCH 130 W KINGSBRIDGE RD BRONX, NY 10468	13-3699250	501(C)(3)	110,426	0	BOOK		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
C-1 HEADLANDS LLC 1045 GEMINI ST STE 200-A HOUSTON, TX 77058	84-2667588	OTHER	264,000	0	BOOK		VACCINE AND INFECTIOUS DISEASE
CANCER RESEARCH AND BIostatISTICS 1505 WESTLAKE AVE N SUITE 750 SEATTLE, WA 981093050	91-1828539	501(C)(3)	4,699,154	0	BOOK		PUBLIC HEALTH SCIENCES

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

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CASE WESTERN RESERVE UNIVERSITY OFFICE OF SPONSORED PROJECTS ACCOUNTING CLEVELAND, OH 441067037	34-1018992	501(C)(3)	271,369	0	BOOK		VACCINE AND INFECTIOUS DISEASE
CEDARS SINAI MEDICAL CENTER SPONSORED RESEARCH FUNDS ADM LOS ANGELES, CA 90048	95-1644600	501(C)(3)	18,584	0	BOOK		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
CEDARS SINAI MEDICAL CENTER SPONSORED RESEARCH FUNDS ADM LOS ANGELES, CA 90048	95-1644600	501(C)(3)	45,178	0	BOOK		PUBLIC HEALTH SCIENCES
CHARLES R DREW UNIVERSITY OF MEDICINE 1731 E 120TH LOS ANGELES, CA 90059	95-6151774	501(C)(3)	176,298	0	BOOK		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
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY 2709 WATER RIDGE PKWY STE 300 CHARLOTTE, NC 28217	56-0529945	OTHER	1,993,630	0	BOOK		VACCINE AND INFECTIOUS DISEASE
CHICAGO ASSOCIATION FOR RESEARCH AND 5000 S 5TH AVE BLDG ONE RM C303 HINES, IL 60141	36-3334177	501(C)(3)	490,257	0	BOOK		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
CHILDRENS HEALTHCARE OF ATLANTA INC CHOA CARDIOVASCULAR IMAGING CORE ATLANTA, GA 303681550	58-2367819	501(C)(3)	60,000	0	BOOK		PUBLIC HEALTH SCIENCES
CHILDRENS HOSPITAL LOS ANGELES OFFICE OF TECHNOLOGY COMMERCIALIZATION LOS ANGELES, CA 90027	95-1690977	501(C)(3)	14,335	0	BOOK		CLINICAL RESEARCH

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

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CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE PHILADELPHIA, PA 191781457	23-1352166	501(C)(3)	45,700	0	BOOK		CLINICAL RESEARCH
CHILDRENS MERCY HOSPITAL PO BOX 803852 KANSAS CITY, MO 641803852	44-0605373	501(C)(3)	295,212	0	BOOK		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
CHILDRENS RESEARCH INSTITUTE GRANTS CONTRACTS ADMIN FINANCE SILVER SPRING, MD 20910	52-1654453	501(C)(3)	7,294	0	BOOK		CLINICAL RESEARCH
CHRISTUS SANTA ROSA HEALTH CORPORATION PO BOX 840973 DALLAS, TX 758240973	74-1109665	501(C)(3)	41,835	0	BOOK		PUBLIC HEALTH SCIENCES

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

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CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD ST RM 411 SAN FRANCISCO, CA 941032614	94-6000417	GOVERNMENT	34,106	0	BOOK		VACCINE AND INFECTIOUS DISEASE
CITY OF HOPE NATIONAL MEDICAL CENTER RESEARCH FINANCE DUARTE, CA 91010	95-1683875	501(C)(3)	10,000	0	BOOK		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
CLEMSON UNIVERSITY 391 COLLEGE AVE STE 301 CLEMSON, SC 29634	57-6000254	GOVERNMENT	40,189	0	BOOK		VACCINE AND INFECTIOUS DISEASE
CLEVELAND CLINIC FOUNDATION PO BOX 931568 CLEVELAND, OH 441935012	34-0714585	501(C)(3)	7,817	0	BOOK		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
CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND, OH 441935012	34-0714585	501(C)(3)	12,880	0	BOOK		VACCINE AND INFECTIOUS DISEASE
CLEVELAND CLINIC FOUNDATION PO BOX 931568 CLEVELAND, OH 441935012	34-0714585	501(C)(3)	26,305	0	BOOK		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 441935012	34-0714585	501(C)(3)	32,000	0	BOOK		VACCINE AND INFECTIOUS DISEASE
CLEVELAND CLINIC FOUNDATION PO BOX 931562 CLEVELAND, OH 441935012	34-0714585	501(C)(3)	49,578	0	BOOK		PUBLIC HEALTH SCIENCES

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

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CLEVELAND CLINIC FOUNDATION PO BOX 931562 CLEVELAND, OH 441935012	34-0714585	501(C)(3)	63,701	0	BOOK		VACCINE AND INFECTIOUS DISEASE
CURATORS OF THE UNIVERSITY OF MISSOURI COLUMBIA AR KANSAS CITY, MO 641807012	43-6003859	GOVERNMENT	10,619	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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CYTEL INC DBA AXIO RESEARCH LLC 2601 4TH AVE STE 200 SEATTLE, WA 98121	04-2955676	OTHER	6,594	0	BOOK		CLINICAL RESEARCH
DALLAS VA RESEARCH CORPORATION PO BOX 397776 DALLAS, TX 75339	75-2329831	501(C)(3)	134,813	0	BOOK		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 450 BROOKLINE AVE MS BP437 BOSTON, MA 02215	04-2263040	501(C)(3)	17,500	0	BOOK		PUBLIC HEALTH SCIENCES
DANA FARBER CANCER INSTITUTE PO BOX 412846 BOSTON, MA 022412846	04-2263040	501(C)(3)	32,431	0	BOOK		CLINICAL RESEARCH

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

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DANA FARBER CANCER INSTITUTE PO BOX 412846 BOSTON, MA 022412846	04-2263040	501(C)(3)	67,052	0	BOOK		PUBLIC HEALTH SCIENCES
DARTMOUTH-HITCHCOCK CLINIC MARY HITCHCOCK MEMORIAL HOSPITAL LEBANON, NH 03756	22-2519596	501(C)(3)	6,100	0	BOOK		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
DENVER RESEARCH INSTITUTE 3401 QUEBEC ST STE 5000 DENVER, CO 80207	84-1392442	501(C)(3)	432,937	0	BOOK		VACCINE AND INFECTIOUS DISEASE
DORN RESEARCH INSTITUTE INC 6439 GARNERS FERRY RD BLDG 9 COLUMBIA, SC 29209	56-2034464	501(C)(3)	37,130	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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DUKE UNIVERSITY 2200 W MAIN ST SUITE 530 DURHAM, NC 27710	56-0532129	501(C)(3)	7,000	0	BOOK		VACCINE AND INFECTIOUS DISEASE
DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX CHARLOTTE, NC 282602651	56-0532129	501(C)(3)	40,686	0	BOOK		PUBLIC HEALTH SCIENCES

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

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DUKE UNIVERSITY ACCOUNTS RECEIVABLE LOCKBOX CHARLOTTE, NC 282602651	56-0532129	501(C)(3)	4,658,374	0	BOOK		VACCINE AND INFECTIOUS DISEASE
EMMES COMPANY LLC 401 NORTH WASHINGTON STREET SUITE 700 ROCKVILLE, MD 20850	54-1058268	OTHER	49,345	0	BOOK		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 PO BOX 935084 ATLANTA, GA 311935084	58-0566256	501(C)(3)	10,500	0	BOOK		CLINICAL RESEARCH
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 311935084	58-0566256	501(C)(3)	1,153,542	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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EMORY UNIVERSITY RESEARCH GRANTS AND CONTRACTS RESEARCH ADMIN ATLANTA, GA 30322	58-0566256	501(C)(3)	1,408,833	0	BOOK		VACCINE AND INFECTIOUS DISEASE
EMPOWER LEARNING LLC 401 MARKWITH AVE GREENVILLE, OH 45331	47-4290056	OTHER	98,124	0	BOOK		PUBLIC HEALTH SCIENCES

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

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FENWAY COMMUNITY HEALTH 7 HAVILAND STREET BOSTON, MA 02115	04-2510564	501(C)(3)	7,057	0	BOOK		VACCINE AND INFECTIOUS DISEASE
FENWAY COMMUNITY HEALTH PO BOX 847074 BOSTON, MA 022847074	04-2510564	501(C)(3)	236,030	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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FENWAY COMMUNITY HEALTH 1340 BOYLSTON ST BOSTON, MA 02215	04-2510564	501(C)(3)	930,999	0	BOOK		VACCINE AND INFECTIOUS DISEASE
FISHER BIOSERVICES PO BOX 418395 BOSTON, MA 022418395	54-1348241	OTHER	907,879	0	BOOK		PUBLIC HEALTH SCIENCES

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

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FORSYTH DENTAL INFIRMARY FOR CHILDREN 245 FIRST ST CAMBRIDGE, MA 02142	04-2104230	OTHER	37,666	0	BOOK		VACCINE AND INFECTIOUS DISEASE
FRONTIER SCIENCE AND TECHNOLOGY PO BOX 983027 BOSTON, MA 022983027	16-1056814	501(C)(3)	383,001	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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GENERAL HOSPITAL CORPORATION DBA RESEARCH FINANCE BOSTON, MA 022413829	04-2697983	501(C)(3)	23,882	0	BOOK		PUBLIC HEALTH SCIENCES
GENERAL HOSPITAL CORPORATION DBA RESEARCH FINANCE BOSTON, MA 022413829	04-2697983	501(C)(3)	37,790	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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GENERAL HOSPITAL CORPORATION DBA RESEARCH FINANCE BOSTON, MA 022413829	04-2697983	501(C)(3)	112,758	0	BOOK		CLINICAL RESEARCH
H LEE MOFFIT CANCER AND RESEARCH 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	28,573	0	BOOK		CLINICAL RESEARCH

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H LEE MOFFIT CANCER AND RESEARCH 12902 MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(C)(3)	42,267	0	BOOK		PUBLIC HEALTH SCIENCES
H LEE MOFFITT CANCER CENTER & PO BOX 742801 ATLANTA, GA 303742801	59-3238634	501(C)(3)	15,033	0	BOOK		CLINICAL RESEARCH

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

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H LEE MOFFITT CANCER CENTER & PO BOX 742801 ATLANTA, GA 303742801	59-3238634	501(C)(3)	41,850	0	BOOK		VACCINE AND INFECTIOUS DISEASE
HEADLANDS HORIZONS LLC 130 JFK DR STE 201/203 ATLANTIS, FL 33462	85-2242276	OTHER	132,000	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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HEALTH RESEARCH INC ROSWELL PARK CANCER INSTITUTE DIVISION BUFFALO, NY 142630001	14-1402155	501(C)(3)	22,100	0	BOOK		VACCINE AND INFECTIOUS DISEASE
HEALTH RESEARCH INC PO BOX 2966 BUFFALO, NY 142402966	14-1402155	501(C)(3)	35,400	0	BOOK		CLINICAL RESEARCH

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HENRY FORD HEALTH SYSTEM FUND ACCOUNTING DETROIT, MI 48202	38-1357020	501(C)(3)	6,773	0	BOOK		VACCINE AND INFECTIOUS DISEASE
HENRY FORD HEALTH SYSTEM 1414 E MAPLE RD TROY, MI 48083	38-1357020	501(C)(3)	6,773	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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HENRY FORD HEALTH SYSTEM HAP BLDG DEPT OF INFECTIOUS DISEASES DETROIT, MI 48202	38-1357020	501(C)(3)	12,040	0	BOOK		VACCINE AND INFECTIOUS DISEASE
HENRY M JACKSON FOUNDATION FOR THE 6720-A ROCKLEDGE DR STE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	294,166	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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HJF MEDICAL RESEARCH INTERNATIONAL INC 6720A ROCKLEDGE DR STE 100 BETHESDA, MD 20817	52-2322791	501(C)(3)	496,711	0	BOOK		VACCINE AND INFECTIOUS DISEASE
HOWARD UNIVERSITY 2244 10TH ST NW STE 402 WASHINGTON, DC 20059	53-0204707	501(C)(3)	11,367	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI DIRECTOR SPONSORED PROJ ACCTNG NEW YORK, NY 10029	13-6171197	501(C)(3)	59,871	0	BOOK		PUBLIC HEALTH SCIENCES
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	62,795	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI DIRECTOR SPONSORED PROJ ACCTNG NEW YORK, NY 10029	13-6171197	501(C)(3)	118,917	0	BOOK		CLINICAL RESEARCH
IHC HEALTH SERVICES INC DBA GRANT ACCOUNTING SALT LAKE CITY, UT 841570828	94-2854057	501(C)(3)	19,557	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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INDIANA UNIVERSITY DEPT 78867 DETROIT, MI 482780867	35-6001673	GOVERNMENT	55,027	0	BOOK		PUBLIC HEALTH SCIENCES
INDIANA UNIVERSITY DEPT 78867 DETROIT, MI 482780867	35-6001673	GOVERNMENT	80,770	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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INSTITUTE FOR MEDICAL RESEARCH INC 508 FULTON ST 151-IMR DURHAM, NC 27705	56-1655431	501(C)(3)	61,142	0	BOOK		VACCINE AND INFECTIOUS DISEASE
INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE NORTH SEATTLE, WA 981095234	91-2003593	501(C)(3)	38,614	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE NORTH SEATTLE, WA 981095234	91-2003593	501(C)(3)	224,900	0	BOOK		HUMAN BIOLOGY
JEM HEADLANDS LLC 130 JFK DR STE 203 ATLANTIS, FL 33462	85-0548122	OTHER	66,000	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA CHICAGO, IL 60693	52-0595110	501(C)(3)	9,583	0	BOOK		BASIC SCIENCES
JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA CHICAGO, IL 60693	52-0595110	501(C)(3)	298,396	0	BOOK		PUBLIC HEALTH SCIENCES

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JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA CHICAGO, IL 60693	52-0595110	501(C)(3)	303,975	0	BOOK		VACCINE AND INFECTIOUS DISEASE
JOHNS HOPKINS UNIVERSITY CENTER FOR IMMUNIZATION RESEARCH BALTIMORE, MA 21205	52-0595110	501(C)(3)	2,979,260	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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KAISER FOUNDATION RESEARCH INSTITUTE A DIVISION OF KAISER FOUNDATION HOSPITALS OAKLAND, CA 946123433	94-1105628	501(C)(3)	356,775	0	BOOK		PUBLIC HEALTH SCIENCES
LOUISIANA VETERANS RESEARCH AND 2400 CANAL ST RESEARCH BLDG ROOM 2P101C NEW ORLEANS, LA 70119	72-1199206	501(C)(3)	41,366	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY CASHIERS OFFICE NE49-3077 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	54,052	0	BOOK		VACCINE AND INFECTIOUS DISEASE
MAYO CLINIC ROCHESTER DBA PO BOX 860334 MINNEAPOLIS, MN 554860334	41-6011702	501(C)(3)	28,175	0	BOOK		PUBLIC HEALTH SCIENCES

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MAYO CLINIC ROCHESTER DBA PO BOX 860334 MINNEAPOLIS, MN 554860334	41-6011702	501(C)(3)	37,999	0	BOOK		CLINICAL RESEARCH
MEDICAL COLLEGE OF WISCONSIN INC PO BOX 26509 MILWAUKEE, WI 532260509	39-0806261	501(C)(3)	8,466	0	BOOK		PUBLIC HEALTH SCIENCES

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MEDICAL COLLEGE OF WISCONSIN INC PO BOX 26509 MILWAUKEE, WI 532260509	39-0806261	501(C)(3)	17,190	0	BOOK		CLINICAL RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA BURSARS OFFICE CHARLESTON, SC 29407	57-6000722	501(C)(3)	7,965	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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MEDICAL UNIVERSITY OF SOUTH CAROLINA GRANTS AND CONTRACTS ACCOUNTING CHARLESTON, SC 29425	57-6000722	501(C)(3)	12,040	0	BOOK		VACCINE AND INFECTIOUS DISEASE
MEHARRY MEDICAL COLLEGE 1005 DR DB TODD JR BLVD NASHVILLE, TX 372083599	62-0488046	501(C)(3)	746,453	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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MEMORIAL SLOAN KETTERING CANCER RESEARCH PO BOX 29049 NEW YORK, NY 100879049	13-1924236	501(C)(3)	17,652	0	BOOK		CLINICAL RESEARCH
MIRIAM HOSPITAL 164 SUMMIT AVE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	70,745	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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MISSOURI BREAKS INDUSTRIES RESEARCH INC 118 SOUTH WILLOW ST EAGLE BUTTE, SD 57625	46-0438471	OTHER	966,499	0	BOOK		VACCINE AND INFECTIOUS DISEASE
MOREHOUSE SCHOOL OF MEDICINE INC 720 WESTVIEW DR SW ATLANTA, GA 30310	58-1438873	501(C)(3)	2,681,511	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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NATIONAL MARROW DONOR PROGRAM NW 8428 MINNEAPOLIS, MN 554851450	84-0865803	501(C)(3)	17,491	0	BOOK		PUBLIC HEALTH SCIENCES
NEW MEXICO STATE UNIVERSITY MSC SPA LAS CRUCES, NM 88003	85-6000401	GOVERNMENT	18,096	0	BOOK		PUBLIC HEALTH SCIENCES

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NEW YORK BLOOD CENTER INC 310 EAST 67TH STREET NEW YORK, NY 10065	13-1949477	501(C)(3)	2,620,597	0	BOOK		VACCINE AND INFECTIOUS DISEASE
NEW YORK UNIVERSITY SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 022415026	13-5562309	501(C)(3)	228,399	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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NORTH FLORIDA FOUNDATION FOR RESEARCH 1601 SW ARCHER RD GAINESVILLE, FL 32608	59-3432918	501(C)(3)	645,357	0	BOOK		VACCINE AND INFECTIOUS DISEASE
NORTHERN CALIFORNIA INSTITUTE FOR 4150 CLEMENT ST 151NC SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	565,864	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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NORTHWESTERN UNIVERSITY 633 CLARK ST ROOM G547 EVANSTON, IL 60208	36-2167817	GOVERNMENT	18,502	0	BOOK		VACCINE AND INFECTIOUS DISEASE
OCHSNER CLINIC FOUNDATION OCF-RESEARCH NEW ORLEANS, LA 701544996	72-0502505	501(C)(3)	5,345	0	BOOK		PUBLIC HEALTH SCIENCES

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OCHSNER CLINIC FOUNDATION OCF-RESEARCH NEW ORLEANS, LA 701544996	72-0502505	501(C)(3)	34,563	0	BOOK		SHARED RESOURCES
OHIO STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS COLUMBUS, OH 432101063	31-6025986	GOVERNMENT	12,480	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER COLUMBUS, OH 43202	31-6025986	GOVERNMENT	13,000	0	BOOK		VACCINE AND INFECTIOUS DISEASE
OHIO STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS DETROIT, MI 482772398	31-6025986	GOVERNMENT	13,727	0	BOOK		PUBLIC HEALTH SCIENCES

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

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OHIO STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS COLUMBUS, OH 432101063	31-6025986	GOVERNMENT	89,036	0	BOOK		PUBLIC HEALTH SCIENCES
OREGON HEALTH & SCIENCE UNIVERSITY OFFICE OF PROPOSAL AWARD MANAGEMENT PORTLAND, OR 972083003	93-1176109	GOVERNMENT	24,790	0	BOOK		CLINICAL RESEARCH

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OREGON HEALTH & SCIENCE UNIVERSITY OFFICE OF PROPOSAL AWARD MANAGEMENT PORTLAND, OR 972083003	93-1176109	GOVERNMENT	55,367	0	BOOK		PUBLIC HEALTH SCIENCES
OREGON HEALTH & SCIENCE UNIVERSITY OFFICE OF PROPOSAL AWARD MANAGEMENT PORTLAND, OR 972083003	93-1176109	GOVERNMENT	169,611	0	BOOK		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 OFFICE OF PROPOSAL AWARD MANAGEMENT PORTLAND, OR 972083003	93-1176109	GOVERNMENT	195,816	0	BOOK		VACCINE AND INFECTIOUS DISEASE
ORLANDO IMMUNOLOGY CENTER PA 1707 N MILLS AVE ORLANDO, FL 32803	84-2967934	OTHER	5,279,684	0	BOOK		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
PEACEHEALTH RESEARCH ADMINISTRATION BELLINGHAM, WA 98225	91-0939479	501(C)(3)	7,350	0	BOOK		PUBLIC HEALTH SCIENCES
PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 022415649	04-2103580	501(C)(3)	60,169	0	BOOK		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
PROGRAM FOR APPROPRIATE TECHNOLOGY WASHINGTON GLOBAL HEALTH ALLIANCE SEATTLE, WA 98109	91-1157127	501(C)(3)	16,577	0	BOOK		VACCINE AND INFECTIOUS DISEASE
PROGRAM FOR APPROPRIATE TECHNOLOGY WASHINGTON GLOBAL HEALTH ALLIANCE SEATTLE, WA 98109	91-1157127	501(C)(3)	72,930	0	BOOK		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
PROVIDENCE HEALTH & SERVICES-OREGON PROVIDENCE PORTLAND MEDICAL CENTER SEATTLE, WA 981245143	93-0386906	501(C)(3)	38,000	0	BOOK		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)	391,744	0	BOOK		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
RECTOR AND VISITORS OF THE UNIVERSITY PO BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	GOVERNMENT	131,736	0	BOOK		PUBLIC HEALTH SCIENCES
REGENTS OF THE UNIV OF CALIFORNIA UCSF MAIN DEPOSITORY LOS ANGELES, CA 900744872	94-6036493	GOVERNMENT	9,117	0	BOOK		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 MAIN DEPOSITORY LOS ANGELES, CA 900744872	94-6036493	GOVERNMENT	26,762	0	BOOK		CLINICAL RESEARCH
REGENTS OF THE UNIV OF CALIFORNIA UCSF MAIN DEPOSITORY LOS ANGELES, CA 900744872	94-6036493	GOVERNMENT	122,801	0	BOOK		PUBLIC HEALTH SCIENCES

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

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REGENTS OF THE UNIV OF CALIFORNIA UCSF MAIN DEPOSITORY LOS ANGELES, CA 900744872	94-6036493	GOVERNMENT	440,551	0	BOOK		HUMAN BIOLOGY
REGENTS OF THE UNIV OF CALIFORNIA MERCED CAMPUS CASHIERING SERVICES MERCED, CA 95344	27-0093858	GOVERNMENT	19,860	0	BOOK		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 CA AT LOS PAYMENT SOLUTIONS AND COMPLIANCE LOS ANGELES, CA 900959000	95-6006143	GOVERNMENT	33,207	0	BOOK		PUBLIC HEALTH SCIENCES
REGENTS OF THE UNIVERSITY OF CALIFORNIA UC DAVIS AR LOCKBOX LOS ANGELES, CA 900741816	94-6036494	GOVERNMENT	146,672	0	BOOK		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 CALIFORNIA UC DAVIS HEALTH SACRAMENTO, CA 95817	94-6036494	GOVERNMENT	1,521,462	0	BOOK		VACCINE AND INFECTIOUS DISEASE
REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 152512131	38-6006309	GOVERNMENT	15,975	0	BOOK		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 152512131	38-6006309	GOVERNMENT	16,500	0	BOOK		CLINICAL RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 152512131	38-6006309	GOVERNMENT	63,661	0	BOOK		HUMAN BIOLOGY

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

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REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 152512131	38-6006309	GOVERNMENT	1,527,807	0	BOOK		PUBLIC HEALTH SCIENCES
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	GOVERNMENT	67,283	0	BOOK		PUBLIC HEALTH SCIENCES

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

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REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	GOVERNMENT	417,875	0	BOOK		CLINICAL RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	GOVERNMENT	2,045,819	0	BOOK		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 CAMPUS CONTROLLERS OFFICE DENVER, CO 802910220	84-6000555	GOVERNMENT	34,616	0	BOOK		VACCINE AND INFECTIOUS DISEASE
REGENTS OF UNIVERSITY OF COLORADO OFFICE OF GRANTS AND CONTRACTS F-428 DENVER, CO 802910238	84-6000555	GOVERNMENT	62,039	0	BOOK		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 UNIVERSITY OF COLORADO OFFICE OF GRANTS AND CONTRACTS F-428 DENVER, CO 802910238	84-6000555	GOVERNMENT	462,697	0	BOOK		VACCINE AND INFECTIOUS DISEASE
REGENTS OF UNIVERSITY OF COLORADO OFFICE OF GRANTS AND CONTRACTS F-428 DENVER, CO 802910238	84-6000555	GOVERNMENT	470,522	0	BOOK		PUBLIC HEALTH SCIENCES

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RESEARCH FOUNDATION OF STATE UNIVERSITY PO BOX 9 ALBANY, NY 122010009	14-1368361	501(C)(3)	22,417	0	BOOK		PUBLIC HEALTH SCIENCES
RESEARCH FOUNDATION OF STATE UNIVERSITY RESEARCH ACCOUNTS PAYABLE BUFFALO, NY 14260	14-1368361	501(C)(3)	50,702	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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RESEARCH FOUNDATION OF STATE UNIVERSITY PO BOX 9 ALBANY, NY 122010009	14-1368361	501(C)(3)	1,655,356	0	BOOK		VACCINE AND INFECTIOUS DISEASE
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259 NEW YORK, NY 100656399	13-1624158	501(C)(3)	454,658	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST STE 278 CHICAGO, IL 60612	36-2174823	501(C)(3)	94,200	0	BOOK		VACCINE AND INFECTIOUS DISEASE
RUTGERS STATE UNIVERSITY RESEARCH FINANCIAL SERVICES PISCATAWAY, NJ 08854	22-6001086	GOVERNMENT	55,247	0	BOOK		PUBLIC HEALTH SCIENCES

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

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SAINT JUDE CHILDRENS RESEARCH HOSPITAL PO BOX 1000 DEPT 949 MEMPHIS, TN 381480949	62-0646012	501(C)(3)	51,607	0	BOOK		CLINICAL RESEARCH
SEATTLE CHILDRENS DBA PO BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	5,910	0	BOOK		HUMAN BIOLOGY

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

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SEATTLE CHILDRENS DBA PO BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	18,605	0	BOOK		ADMINISTRATION
SEATTLE CHILDRENS DBA PO BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	19,368	0	BOOK		PUBLIC HEALTH SCIENCES

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SEATTLE CHILDRENS DBA PO BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	26,322	0	BOOK		CLINICAL RESEARCH
SEATTLE CHILDRENS DBA PO BOX 24728 SEATTLE, WA 981240728	91-0564748	501(C)(3)	110,245	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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SEATTLE INST FOR BIOMED & CLINICAL RES 1325 4TH AVE SUITE 1310 SEATTLE, WA 98101	91-1452438	501(C)(3)	36,992	0	BOOK		CLINICAL RESEARCH
SEATTLE INST FOR BIOMED & CLINICAL RES 1325 4TH AVE SUITE 1310 SEATTLE, WA 98101	91-1452438	501(C)(3)	81,191	0	BOOK		PUBLIC HEALTH SCIENCES

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SENGINE PRECISION MEDICINE C/O CARLA GRANDORI SEATTLE, WA 98109	47-3948383	OTHER	89,733	0	BOOK		HUMAN BIOLOGY
SIERRA VETERANS RESEARCH AND EDUCATION 975 KIRMAN AVE 151 RENO, NV 895022597	88-0250268	501(C)(3)	150,962	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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SKAGIT HOSPITAL DIST NO 1 SKAGIT COUNTY LOCK BOX PO 35187 SEATTLE, WA 98124	56-2392010	GOVERNMENT	6,000	0	BOOK		PUBLIC HEALTH SCIENCES
SLOAN KETTERING INSTITUTE FOR MSKCC FINANCE NEW YORK, NY 10087	13-1624182	501(C)(3)	6,996	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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SLOAN KETTERING INSTITUTE FOR MSKCC FINANCE NEW YORK, NY 10087	13-1624182	501(C)(3)	263,613	0	BOOK		CLINICAL RESEARCH
SLOAN KETTERING INSTITUTE FOR MSKCC FINANCE NEW YORK, NY 10087	13-1624182	501(C)(3)	485,620	0	BOOK		PUBLIC HEALTH SCIENCES

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SOUTH FLORIDA VETERANS AFFAIRS 1201 NW 16TH ST MIAMI, FL 331251624	65-0207903	501(C)(3)	426,546	0	BOOK		VACCINE AND INFECTIOUS DISEASE
SOUTHERN CALIFORNIA PERMANENTE 2706 MEDIA CTR DR LOCKBOX 741134 LOS ANGELES, CA 900651733	95-1750445	OTHER	54,900	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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STATE OF MARYLAND UNIVERSITY OF MARYLAND BALTIMORE BALTIMORE, MD 212036428	52-6002033	GOVERNMENT	26,373	0	BOOK		PUBLIC HEALTH SCIENCES
STATE OF MARYLAND UNIVERISTY OF MARYLAND COLLEGE PARK, MD 207423141	52-6002033	GOVERNMENT	46,470	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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SUMMITGROUPSOLUTIONSLLC 11820 NORTHUP WAY STE E-130 BELLEVUE, WA 98005	26-1663892	OTHER	217,412	0	BOOK		CLINICAL RESEARCH
SWEDISH HEALTH SERVICES LB 1129 SEATTLE, WA 981245143	91-0433740	501(C)(3)	19,839	0	BOOK		PUBLIC HEALTH SCIENCES

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

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TAMPA VA RESEARCH AND EDUCATION 5620 E FOWLER AVE STE B TAMPA, FL 33617	59-3444354	501(C)(3)	867,221	0	BOOK		VACCINE AND INFECTIOUS DISEASE
TEXAS A&M AGRILIFE RESEARCH TAMUS SPONSORED RESEARCH SERVICES COLLEGE STATION, TX 77845	74-6000541	OTHER	37,813	0	BOOK		PUBLIC HEALTH SCIENCES

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TEXAS A&M HEALTH SCIENCE CENTER 400 HARVEY MITCHELL PARKWAY S STE 300 COLLEGE STATION, TX 778454375	74-2907553	OTHER	123,934	0	BOOK		VACCINE AND INFECTIOUS DISEASE
TRUSTEES OF COLUMBIA UNIVERSITY IN PH 9W-902 NEW YORK, NY 10032	13-5598093	501(C)(3)	34,449	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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TRUSTEES OF COLUMBIA UNIVERSITY IN SPONSORED PROJECTS FINANCE NEW YORK, NY 100879789	13-5598093	501(C)(3)	78,943	0	BOOK		PUBLIC HEALTH SCIENCES
TRUSTEES OF COLUMBIA UNIVERSITY IN SPONSORED PROJECTS FINANCE NEW YORK, NY 100879789	13-5598093	501(C)(3)	1,143,455	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD 6210 HANOVER, NH 037551404	02-0222111	501(C)(3)	270,651	0	BOOK		VACCINE AND INFECTIOUS DISEASE
TRUSTEES OF THE UNIV OF PENNSYLVANIA OFFICE OF RESEARCH SERVICES PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	5,652	0	BOOK		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
TRUSTEES OF THE UNIV OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	501(C)(3)	148,163	0	BOOK		CLINICAL RESEARCH
TRUSTEES OF THE UNIV OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	501(C)(3)	2,010,139	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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UNITED STATES TREASURY OFFICE OF RESEARCH TECHNOLOGY APPLICATIONS SILVER SPRING, MD 209107500		GOVERNMENT	2,044,244	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIV OF TEXAS HEALTH SCIENCES CENTER PO BOX 1898 SAN ANTONIO, TX 782971898	74-1586031	GOVERNMENT	134,048	0	BOOK		PUBLIC HEALTH SCIENCES

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

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UNIV OF TEXAS HEALTH SCIENCES CENTER 7703 FLOYD CURL DR MSC 7828 SAN ANTONIO, TX 782293900	74-1586031	GOVERNMENT	1,845,242	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF ALABAMA BIRMINGHAM GRANTS AND CONTRACTS ACCOUNTING BIRMINGHAM, AL 352940109	63-6005396	GOVERNMENT	61,486	0	BOOK		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 ACCOUNTING BIRMINGHAM, AL 352940109	63-6005396	GOVERNMENT	219,271	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF ALASKA PO BOX 756540 FAIRBANKS, AK 997756540	92-6000147	GOVERNMENT	18,716	0	BOOK		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 ALASKA UAF GRANTS CONTRACTS ADMIN FAIRBANKS, AK 997757880	92-6000147	GOVERNMENT	221,151	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF ARIZONA SPONSORED PROJECTS CONTRACTING SERVICES TUCSON, AZ 85717	74-2652689	GOVERNMENT	32,976	0	BOOK		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 ARKANSAS TREASURERS OFFICE SLOT 560 LITTLE ROCK, AR 72205	71-6046242	GOVERNMENT	42,697	0	BOOK		CLINICAL RESEARCH
UNIVERSITY OF CALIFORNIA SAN DIEGO MUIR BIOLOGY BLDG ROOM 1202 LA JOLLA, CA 920930116	95-6006144	GOVERNMENT	13,716	0	BOOK		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 UCSD CAMPUS MAIN DEPOSITORY LOS ANGELES, CA 900741539	95-6006144	GOVERNMENT	31,065	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF CALIFORNIA SAN DIEGO UCSD CAMPUS MAIN DEPOSITORY LOS ANGELES, CA 900741539	95-6006144	GOVERNMENT	158,375	0	BOOK		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 CHICAGO 5841 S MARYLAND AVE MC6092 CHICAGO, IL 60637	36-2177139	501(C)(3)	11,750	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF CINCINNATI SRS ACCOUNTING CLEVELAND, OH 44193	31-6000989	GOVERNMENT	24,726	0	BOOK		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 CONNECTICUT OFFICE OF THE VP FOR RESEARCH STORRS, CT 062691133	06-0772160	GOVERNMENT	62,778	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF FLORIDA CONTRACTS GRANTS ACCOUNTING SERVICES GAINESVILLE, FL 326113001	59-6002052	GOVERNMENT	43,060	0	BOOK		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 FLORIDA CONTRACTS GRANTS ACCOUNTING SERVICES GAINESVILLE, FL 326113001	59-6002052	GOVERNMENT	156,047	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF GEORGIA RESEARCH POST AWARD ACCOUNTING ATHENS, GA 30602	58-1353149	GOVERNMENT	25,709	0	BOOK		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 HAWAII OFFICE OF RESEARCH SERVICES HONOLULU, HI 968222234	99-6000354	GOVERNMENT	14,031	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF IOWA GRANT ACCOUNTING OFFICE IOWA CITY, IA 52242	42-6004813	GOVERNMENT	984,177	0	BOOK		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 KANSAS MEDICAL CENTER KUMC RESEARCH INSTITUTE INC KANSAS CITY, KS 66160	48-1108830	501(C)(3)	3,347,876	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF KENTUCKY RESEARCH C/O PNC BANK CLEVELAND, OH 44193	61-6033693	501(C)(3)	84,292	0	BOOK		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 KENTUCKY RESEARCH C/O PNC BANK CLEVELAND, OH 44193	61-6033693	501(C)(3)	286,083	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF MIAMI OFFICE OF RESEARCH ADMIN ATLANTA, GA 303845803	59-0624458	501(C)(3)	631,026	0	BOOK		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 MIAMI 1320 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	1,725,041	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF NEBRASKA UNMC OMAHA, NE 681985045	47-0049123	GOVERNMENT	8,024	0	BOOK		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 NEBRASKA UNMC OMAHA, NE 681985045	47-0049123	GOVERNMENT	3,746,490	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF NEW MEXICO HSC CONTRACT AND GRANT ACCOUNTING ALBUQUERQUE, NM 871310001	85-6000642	GOVERNMENT	37,220	0	BOOK		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 NO CAROLINA AT CHARLOTTE GRANTS CONTRACTS ADMIN CHARLOTTE, NC 282230001	56-0791228	GOVERNMENT	61,273	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED RESEARCH ATLANTA, GA 303842420	56-6001393	GOVERNMENT	7,494	0	BOOK		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 303842420	56-6001393	GOVERNMENT	19,156	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF NORTH CAROLINA INSTITUTE FOR GLOBAL HEALTH AND INFECTIOUS DISEASES CHAPEL HILL, NC 275997030	56-6001393	GOVERNMENT	207,383	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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UNIVERSITY OF NORTH CAROLINA C/O BANK OF AMERICA LOCKBOX SERVICES ATLANTA, GA 303842420	56-6001393	GOVERNMENT	745,904	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF NORTH CAROLINA C/O BANK OF AMERICA LOCKBOX SERVICES ATLANTA, GA 303842420	56-6001393	GOVERNMENT	989,781	0	BOOK		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 OREGON CASHIER EUGENE, OR 974030237	46-4727800	GOVERNMENT	52,473	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF PITTSBURGH ATTN 371220 PITTSBURGH, PA 152620001	25-0965591	GOVERNMENT	6,447	0	BOOK		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 ATTN 371220 PITTSBURGH, PA 152620001	25-0965591	GOVERNMENT	8,946	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF PITTSBURGH ATTN 371220 PITTSBURGH, PA 152620001	25-0965591	GOVERNMENT	28,529	0	BOOK		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 146113847	16-0743209	501(C)(3)	197,704	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF SOUTH FLORIDA RESEARCH PROJECTS RECEIVABLES ORLANDO, FL 328864568	59-3102112	GOVERNMENT	2,070,721	0	BOOK		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 SOUTHERN CALIFORNIA SPONSORED PROJECTS ACCOUNTING LOS ANGELES, CA 900898001	95-1642394	501(C)(3)	242,903	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF TEXAS AT AUSTIN OFFICE OF ACCOUNTING AUSTIN, TX 787137159	74-6000203	GOVERNMENT	20,000	0	BOOK		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 TEXAS MD ANDERSON GRANTS AND CONTRACTS HOUSTON, TX 772104266	74-6001118	GOVERNMENT	29,361	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF TEXAS MD ANDERSON GRANTS AND CONTRACTS HOUSTON, TX 772104266	74-6001118	GOVERNMENT	179,061	0	BOOK		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 UTAH GRANTS CONTRACTS ACCOUNTING SALT LAKE CITY, UT 841129020	87-6000525	GOVERNMENT	19,482	0	BOOK		HUMAN BIOLOGY
UNIVERSITY OF UTAH HUNTSMAN CANCER INSTITUTE SALT LAKE CITY, UT 841125550	87-6000525	GOVERNMENT	54,360	0	BOOK		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 VERMONT AND PO BOX 1389 WILLISTON, VT 054951389	03-0179440	GOVERNMENT	40,949	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF WASHINGTON INVOICE RECEIVABLES SEATTLE, WA 98124	91-6001537	GOVERNMENT	5,665	0	BOOK		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 INVOICE RECEIVABLES SEATTLE, WA 98124	91-6001537	GOVERNMENT	14,512	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF WASHINGTON INVOICE RECEIVABLES SEATTLE, WA 98124	91-6001537	GOVERNMENT	15,665	0	BOOK		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 WASHINGTON DIVISION OF MEDICAL ONCOLOGY ATTN THOR BILLING SEATTLE, WA 981091023	91-6001537	GOVERNMENT	18,419	0	BOOK		CLINICAL RESEARCH
UNIVERSITY OF WASHINGTON 825 EASTLAKE AVE E MS LG- 465 SEATTLE, WA 98109	91-6001537	GOVERNMENT	22,000	0	BOOK		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 DIVISION OF ONCOLOGY SEATTLE, WA 98109	91-6001537	GOVERNMENT	27,880	0	BOOK		CLINICAL RESEARCH
UNIVERSITY OF WASHINGTON 825 EASTLAKE AVE E MS LG-465 SEATTLE, WA 98109	91-6001537	GOVERNMENT	30,473	0	BOOK		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 825 EASTLAKE AVE E MS CE2-128 SEATTLE, WA 981091023	91-6001537	GOVERNMENT	43,617	0	BOOK		HUMAN BIOLOGY
UNIVERSITY OF WASHINGTON ALLERGY AND INFECTIOUS DISEASES SEATTLE, WA 98104	91-6001537	GOVERNMENT	46,403	0	BOOK		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 ALLERGY AND INFECTIOUS DISEASES SEATTLE, WA 98109	91-6001537	GOVERNMENT	60,562	0	BOOK		VACCINE AND INFECTIOUS DISEASE
UNIVERSITY OF WASHINGTON 825 EASTLAKE AVE E MS LG-350 SEATTLE, WA 98109	91-6001537	GOVERNMENT	60,931	0	BOOK		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 12455 COLLECTIONS DRIVE CHICAGO, IL 606930001	91-6001537	GOVERNMENT	71,010	0	BOOK		ADMINISTRATION
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 606930001	91-6001537	GOVERNMENT	78,217	0	BOOK		BASIC SCIENCES

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

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UNIVERSITY OF WASHINGTON 825 EASTLAKE AVE E MS LG-350 SEATTLE, WA 98109	91-6001537	GOVERNMENT	81,880	0	BOOK		CLINICAL RESEARCH
UNIVERSITY OF WASHINGTON CANCER VACCINE INSTITUTE SEATTLE, WA 981094714	91-6001537	GOVERNMENT	232,948	0	BOOK		CLINICAL RESEARCH

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

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UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 606930001	91-6001537	GOVERNMENT	470,805	0	BOOK		SHARED RESOURCES
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 606930001	91-6001537	GOVERNMENT	726,043	0	BOOK		INTERDISCIPLINARY

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

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UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 606930001	91-6001537	GOVERNMENT	1,716,690	0	BOOK		HUMAN BIOLOGY
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 606930001	91-6001537	GOVERNMENT	2,564,380	0	BOOK		CLINICAL RESEARCH

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

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UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 606930001	91-6001537	GOVERNMENT	3,074,789	0	BOOK		PUBLIC HEALTH SCIENCES
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 606930001	91-6001537	GOVERNMENT	20,142,359	0	BOOK		VACCINE AND INFECTIOUS DISEASE

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

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UNIVERSITY OF WISCONSIN OFFICE FOR RESEARCH SPONSORED PROGRAMS MILWAUKEE, WI 532780538	39-6006492	GOVERNMENT	264,804	0	BOOK		CLINICAL RESEARCH
UROLOGY OF VIRGINIA PLLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462	27-4848565	OTHER	21,647	0	BOOK		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
VANDERBILT UNIVERSITY MEDICAL CENTER DEPARTMENT OF FINANCE DALLAS, TX 753121236	35-2528741	501(C)(3)	109,678	0	BOOK		PUBLIC HEALTH SCIENCES
VANDERBILT UNIVERSITY MEDICAL CENTER DEPARTMENT OF FINANCE DALLAS, TX 753121236	35-2528741	501(C)(3)	115,707	0	BOOK		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
VANDERBILT UNIVERSITY MEDICAL CENTER DEPARTMENT OF FINANCE DALLAS, TX 753121236	35-2528741	501(C)(3)	304,701	0	BOOK		VACCINE AND INFECTIOUS DISEASE
VETERANS EDUCATION AND C/O RESEARCH SERVICE 151 ANN ARBOR, MI 481052303	38-3060217	501(C)(3)	613,176	0	BOOK		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
VISTAR INC 700 S 19TH ST BIRMINGHAM, AL 35233	63-1034376	501(C)(3)	84,777	0	BOOK		VACCINE AND INFECTIOUS DISEASE
WAKE FOREST UNIVERSITY HEALTH SCIENCES OFFICE OF SPONSORED PROGRAMS WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	76,724	0	BOOK		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
WAKE FOREST UNIVERSITY HEALTH SCIENCES DIRECTOR OFFICE OF CLINICAL RESEARCH WINSTONSALEM, NC 27157	22-3849199	501(C)(3)	234,261	0	BOOK		VACCINE AND INFECTIOUS DISEASE
WASHINGTON UNIVERSITY DBA 660 S EUCLID AVE CB8009 SAINT LOUIS, MO 631108009	43-0653611	501(C)(3)	24,500	0	BOOK		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
WASHINGTON UNIVERSITY DBA SPONSORED PROJECTS ACCOUNTING ST LOUIS, MO 631121408	43-0653611	501(C)(3)	114,331	0	BOOK		VACCINE AND INFECTIOUS DISEASE
WAYNE STATE UNIVERSITY CASHIERS OFFICE DETROIT, MI 48202	38-6028429	501(C)(3)	7,959	0	BOOK		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
WAYNE STATE UNIVERSITY CASHIERS OFFICE DETROIT, MI 48202	38-6028429	501(C)(3)	796,168	0	BOOK		VACCINE AND INFECTIOUS DISEASE
WEILL MEDICAL COLLEGE OF CORNELL UNIV 1300 YORK AVE BOX 305 NEW YORK, NY 10065	13-1623978	501(C)(3)	18,500	0	BOOK		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
WEILL MEDICAL COLLEGE OF CORNELL UNIV DIVISION OF INTNL MEDICINE INFECTIOUS DISEASES NEW YORK, NY 10021	13-1623978	501(C)(3)	173,875	0	BOOK		CLINICAL RESEARCH
WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HWY DAYTON, OH 45435	31-0732831	GOVERNMENT	23,651	0	BOOK		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
YALE UNIVERSITY GRANTS CONTRACT FINANCIAL ADMIN NEW HAVEN, CT 065081873	06-0646973	GOVERNMENT	70,058	0	BOOK		CLINICAL RESEARCH

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

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		
<p>1a Check the appropriate 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes on 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</p>	1b	Yes			
<p>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 on Line 1a?</p>	2	Yes			
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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</p>	8	Yes			
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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, 1099-MISC compensation, and/or 1099-NEC			(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
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 I, LINE 7	THE BONUS ARRANGEMENT FOR ALL OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES IS DISCRETIONARY AND ENTIRELY PERFORMANCE BASED UNLESS INCLUDED IN A CONTRACT.
PART I, LINE 8	THE 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, 1099-MISC compensation, and/or 1099-NEC			(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				
21 JENNIFER E GRIFFITH VP GOV'T & COMMUNITY RELATIONS	(i)	292,414	75,012	970	36,360	10,474	415,230	0
	(ii)	0	0	0	0	0	0	0
1 KATHY L ALEXION VP & CHIEF INFORMATION OFFICER	(i)	252,520	37,500	31,033	25,689	9,511	356,253	0
	(ii)	0	0	0	0	0	0	0
2 PAUL M BUCKLEY VP & CHIEF DIVERS/INCL OFFICER	(i)	232,122	60,000	1,194	32,360	12,321	337,997	0
	(ii)	0	0	0	0	0	0	0
3 ELIZABETH BOYD VP, RES ADM & FACULTY AFFAIRS	(i)	239,369	0	37,441	29,360	13,265	319,435	0
	(ii)	0	0	0	0	0	0	0
4 CHRIS BUNDESMANN CORPORATE CONTROLLER	(i)	268,218	0	1,381	25,836	18,026	313,461	0
	(ii)	0	0	0	0	0	0	0
5 JONATHAN A COOPER SR VP & DIR, BASIC SCIENCES	(i)	255,092	0	7,137	31,676	12,200	306,105	0
	(ii)	0	0	0	0	0	0	0
6 HERBERT L BONE III CORPORATE TREASURER	(i)	228,513	0	3,340	21,117	23,012	275,982	0
	(ii)	0	0	0	0	0	0	0
7 D GARY GILLILAND PRESIDENT & DIRECTOR EMERITUS	(i)	168,188	0	0	0	0	168,188	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	76	8,733,004	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	X	1	221,557	MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
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** 1

	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 isn't 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 nonstandard 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 didn't 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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**SCHEDULE N
(Form 990)**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FRED HUTCHINSON CANCER RESEARCH CENTER

Employer identification number

23-7156071

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
See Additional Data Table							

- 2** Did or will any officer, director, trustee, or key employee of the organization:
- a** Become a director or trustee of a successor or transferee organization?
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a	Yes	
2b	Yes	
2c		No
2d		No

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 5** Did the organization discharge or pay all of its liabilities in accordance with state laws?
- 6a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

	Yes	No
3	Yes	
4a	Yes	
4b	Yes	
5	Yes	
6a	Yes	
6b	Yes	

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
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- 2** Did or will any officer, director, trustee, or key employee of the organization:
 - a** Become a director or trustee of a successor or transferee organization?
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►

	Yes	No
2a		
2b		
2c		
2d		

Part III Supplemental Information.

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
PART I, LINE 2E:	PERSON(S) INVOLVED: SEE PART VII AND SUPPLEMENTAL EXPLANATION FOR PERSONS INVOLVED.
PART I, LINE 2E:	EXPLANATION OF INVOLVEMENT: THOMAS LYNCH (OFFICER) AND NANCY DAVIDSON (OFFICER) BOTH BECAME DIRECTORS OF THE SUCCESSOR/TRANSFEEE ORGANIZATION. KATHY SURACE-SMITH, SEAN BOYLE AND LEIGH MORGAN (DIRECTORS) ALL BECAME DIRECTORS OF THE SUCCESSOR/TRANSFEEE ORGANIZATION. ALL MANAGEMENT OFFICERS LISTED ON SCHEDULE J OF THE RETURN ALSO BECAME OFFICERS OF THE SUCCESSOR/TRANSFEEE ORGANIZATION.
PART I, LINE 6C:	ON MARCH 10, 2022, FRED HUTCH ISSUED \$166,035 TAXABLE BONDS, SERIES 2022A AS THE FIRST TRANCHE OF A TAXABLE BRIDGE LOAN (BRIDGE LOAN). THE PROCEEDS OF THIS TRANCHE OF THE BRIDGE LOAN WERE USED TO ESTABLISH ESCROW ACCOUNTS FOR THE PURPOSE OF DEFEASING \$66,765 OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2015 (FRED HUTCHINSON CANCER RESEARCH CENTER) AND \$92,110 OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2017B (FRED HUTCHINSON CANCER RESEARCH CENTER).ON MARCH 31, 2022, FRED HUTCH ISSUED \$404,840 TAXABLE BONDS, SERIES 2022B AS THE SECOND TRANCHE OF THE BRIDGE LOAN FOR THE PURPOSE OF ESTABLISHING AN ESCROW ACCOUNT TO DEFEASE \$19,015 OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2017A (FRED HUTCHINSON CANCER RESEARCH CENTER), ESTABLISHING AN ESCROW ACCOUNT TO DEFEASE \$85,715 OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2017C (FRED HUTCHINSON CANCER RESEARCH CENTER), AND BUYING OUT THE SEATTLE CHILDREN'S INTEREST IN THE SCCA.

Additional Data

Software ID:

Software Version:

EIN: 23-7156071

Name: FRED HUTCHINSON CANCER RESEARCH CENTER

Form 990, Schedule N, Part I - Liquidation, Termination or Dissolution

1	(a) Description of asset(s) distributed or transactional expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transactional expenses	(d) Method of determining FMV for asset(s) distributed or transactional expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
	ASSETS NET OF LIABILITIES ON MERGER OF ENTITY	03-31-2022	1,049,478,672	BOOK VALUE	91-1935159	SEATTLE CANCER CARE ALLIANCE 825 EASTLAKE AVENUE E PO BOX 19023 SEATTLE, WA 981091023	501(C)(3)

SCHEDULE O
(Form 990)

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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

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
FORM 990, PART I, LINE 6:	HUNDREDS OF VOLUNTEERS GIVE FRED HUTCH ONE OF THE GREATEST GIFTS - THEIR TIME. VOLUNTEER OPPORTUNITIES RANGE FROM SERVING ON A FRED HUTCH GUILD OR EVENT PLANNING COMMITTEE, HELPING 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, AND NANCY DAVIDSON HAVE BUSINESS RELATIONSHIPS. EACH NAMED INDIVIDUAL SERVES AS FRED HUTCH BOARD MEMBERS OR OFFICERS, AND THESE INDIVIDUALS 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	SENIOR LEADERSHIP AND THE FINANCE TEAM WORK CLOSELY WITH AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE FORM 990. THE DRAFT FORM 990 IS REVIEWED INTERNALLY BY SENIOR MANAGEMENT AND LEADERSHIP PRIOR TO FILING. A FULL COPY OF THE FORM 990 WILL BE CIRCULATED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MANAGEMENT PLANS FOR TRUSTEES AND THE PRESIDENT & DIRECTOR ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND SIGNED BY THE PERSON WITH THE CONFLICT OF INTEREST AND THE CHAIR OF THE BOARD. DISCLOSURE BY MEMBERS OF THE SCIENTIFIC STAFF, OFFICERS OTHER THAN THE PRESIDENT & DIRECTOR AND OTHER KEY PERSONNEL DESIGNATED BY THE PRESIDENT & DIRECTOR ARE REVIEWED BY THE OFFICE OF THE PRESIDENT & DIRECTOR, THE OFFICE OF THE GENERAL COUNSEL, AND THE DIRECTOR OF THE DIVISION IN WHICH THE PERSON HAS THEIR PRIMARY APPOINTMENT OR RESPONSIBILITIES. IF A CONFLICT IS DETERMINED TO EXIST UNDER THE POLICY A WRITTEN CONFLICT MANAGEMENT PLAN IS RECOMMENDED BY THE OFFICE OF THE GENERAL COUNSEL AND APPROVED AND SIGNED BY THE OFFICE OF THE DIRECTOR, THE OFFICE OF THE GENERAL COUNSEL AND THE DIVISION DIRECTOR AS WELL AS THE PERSON WHO HAS THE CONFLICT. CONFLICT MANAGEMENT PLANS ARE DESIGNATED TO MANAGE, REDUCE AND ELIMINATE CONFLICTS TO PREVENT BIAS, IMPROPER INFLUENCE, OR MISUSE OF CENTER OR GOVERNMENT RESOURCES. THE CONFLICT MANAGEMENT PLANS FOR TRUSTEES USUALLY REQUIRE THE AFFECTED TRUSTEE TO RECUSE THEMSELVES FROM VOTING ON ANY MATTERS INVOLVING THE AFFECTED TRANSACTION OR RELATIONSHIP ALTHOUGH THEY ARE ALLOWED TO PROVIDE FACTUAL INFORMATION IF REQUESTED BY EXECUTIVE COMMITTEE OF THE BOARD. ALL TRANSACTIONS REQUIRING BOARD OR COMMITTEE APPROVAL MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS. CONFLICT MANAGEMENT PLANS INVOLVING SCIENTIFIC STAFF, OFFICER OR OTHER KEY PERSONNEL USUALLY IMPOSE ONE OR MORE OF THE FOLLOWING CONDITIONS OR RESTRICTIONS: 1) PUBLIC DISCLOSURE OF THE INTEREST, 2) MONITORING OF RESEARCH BY INDEPENDENT REVIEWERS, 3) MODIFICATION OF THE RESEARCH PLAN, 4) DISQUALIFICATION FROM PARTICIPATION IN ALL OF OR A PORTION OF THE RESEARCH BY THE PERSON WITH THE CONFLICT OF INTEREST, 5) DIVESTURE OF THE INTEREST, 6) SEVERANCE OF THE RELATIONSHIP CREATING THE CONFLICT OF INTEREST.</p>

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 ARE 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 2021.

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, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	ASSETS NET OF LIABILITIES TRANSFERRED UPON MERGER -1,049,478,672. REFUND OF PRIOR YEAR GRANTS 387,338.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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) FRED HUTCHINSON INTERNATIONAL LLC 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 981091024 46-2936650	FOREIGN RESEARCH COLLABORATIONS	WA	1	7,602	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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (7) 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 organization 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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		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	863,359	ACCOUNTING SYSTEM CODING
(2) HUTCHINSON CENTRE RESEARCH INSTITUTE OF SOUTH AFRICA	P	842,201	ACCOUNTING SYSTEM CODING
(3) HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	P	131,859	ACCOUNTING SYSTEM CODING
(4) HUTCHINSON CENTRE RESEARCH INSTITUTE OF SOUTH AFRICA	R	6,801,553	ACCOUNTING SYSTEM CODING
(5) HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	R	2,170,000	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation