

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: FRED HUTCHINSON CANCER CENTER. Doing business as: FRED HUTCH CANCER CENTER. Number and street (or P.O. box if mail is not delivered to street address): 1100 FAIRVIEW AVENUE NORTH. Room/suite: . City or town, state or province, country, and ZIP or foreign postal code: SEATTLE, WA 981091024

D Employer identification number: 91-1935159. E Telephone number: (206) 667-5000. G Gross receipts \$ 2,819,925,609

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? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.FREDHUTCH.ORG

K Form of organization: Corporation

L Year of formation: 1998. M State of legal domicile: WA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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 CHRIS BUNDESMANN CORPORATE CONTROLLER, Date 2025-05-08. Paid Preparer Use Only: Preparer's name CLARK NUBER PS, Date 2025-05-08, Firm's name CLARK NUBER PS, Firm's EIN 91-1194016, Firm's address 10900 NE 4TH STREET SUITE 1400 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:

FRED HUTCH CANCER CENTER ("FRED HUTCH") UNITES INNOVATIVE RESEARCH AND COMPASSIONATE CARE TO PREVENT AND ELIMINATE CANCER AND INFECTIOUS DISEASE. WE'RE DRIVEN BY THE URGENCY OF OUR PATIENTS, THE HOPE OF OUR COMMUNITY AND OUR PASSION FOR DISCOVERY TO PURSUE SCIENTIFIC

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 \$ 1,068,803,674 including grants of \$ 848,015) (Revenue \$ 1,339,197,609)

CLINICAL CARE:FRED HUTCH'S FOCUS IS SPEEDING THE TRANSFER OF NEW DIAGNOSTIC AND TREATMENT TECHNIQUES FROM THE RESEARCH SETTING TO PATIENT CARE. THE HIGHLY INTEGRATED APPROACH TO CANCER RESEARCH AND TREATMENT SUPPORTS THE FLOW OF SCIENTIFIC INFORMATION FROM RESEARCHERS AND THE LAB TO CLINICIANS AND PATIENTS, THEREBY ACCELERATING THE DEVELOPMENT OF NEW KNOWLEDGE AND TREATMENT FOR VARIOUS CANCERS. DURING THE FISCAL YEAR, FRED HUTCH HAD 3,727 PATIENT DAYS, 65,032 OUTPATIENT CLINIC VISITS, 95,774 INFUSION HOURS, 10,917 RADIATION ONCOLOGY TREATMENTS, AND PERFORMED 48,604 IMAGING SCANS. OUR CARE TEAMS SERVED MORE THAN 63,000 PATIENTS IN THE FISCAL YEAR.AS PART OF FRED HUTCH'S COMMITMENT TO ADVANCING THE STANDARD OF CANCER CARE, WE OFFER MANY EDUCATIONAL OPPORTUNITIES FOR HEALTH CARE PROFESSIONALS OF ALL KINDS SEEKING SPECIALIZED KNOWLEDGE IN ONCOLOGY SETTINGS TO EARN CONTINUING EDUCATION CREDITS. FRED HUTCH IS DESIGNATED AS AN INSTRUCTIONAL SITE FOR BACHELOR AND ADVANCED DEGREE CANDIDATES FROM SEVERAL INSTITUTIONS AROUND THE PUGET SOUND AREA. FRED HUTCH EDUCATION AND TRAINING OPPORTUNITIES ARE AVAILABLE TO PEOPLE LIKE PROVIDERS AND NURSES, PATIENTS AND CAREGIVERS, FACULTY, GRADUATE STUDENTS AND POSTDOCTORAL AND MEDICAL FELLOWS. THERE ARE ALSO INTERNSHIPS AND PROGRAMS FOR SECONDARY SCHOOL TEACHERS, AS WELL AS HIGH SCHOOL AND UNDERGRADUATE STUDENTS. IN FY24, THERE WERE APPROXIMATELY 300 TRAINEES AT FRED HUTCH INCLUDING GRADUATE STUDENTS AND POSTDOCTORAL AND CLINICAL FELLOWS.FRED HUTCH OFFERS TEMPORARY MEDICAL LODGING FACILITIES FOR PATIENTS AND FAMILIES WHILE THEY RECEIVE ACTIVE TREATMENT AT FRED HUTCH. THEIR TWO AVAILABLE FACILITIES ARE THE BEHNKE FAMILY HOUSE AND THE PETE GROSS HOUSE. LODGING OPTIONS CAN ACCOMMODATE EITHER SHORT-TERM OR LONG-TERM (30 NIGHT MINIMUM) STAYS AS MEDICALLY NECESSARY TO KEEP PATIENTS CLOSE DURING THEIR TREATMENT AT FRED HUTCH. FRED HUTCH PROVIDES TRANSPORTATION TO AND FROM BOTH FACILITIES THROUGH THE SOUTH LAKE UNION CLINIC.

4b (Code:) (Expenses \$ 722,224,574 including grants of \$ 119,321,137) (Revenue \$ 15,400,093)

RESEARCH PROGRAM: FRED HUTCH RESEARCHERS HAVE ADVANCED HUMAN UNDERSTANDING ACROSS A WIDE RANGE OF AREAS, REFLECTING THE BREADTH AND DEPTH OF EXPERTISE AT FRED HUTCH THAT ALLOWS US TO DEVELOP POTENTIAL CURES FOR CANCER AND INFECTIOUS DISEASES. OUR TEAMS ALSO APPLIED ARTIFICIAL INTELLIGENCE AND OTHER NOVEL APPROACHES TO MATCH EXISTING TREATMENTS TO DIAGNOSES OR BETTER UNDERSTAND HOW CANCER MAY BE IMPACTING INDIVIDUALS IN DIFFERENT WAYS.FRED HUTCH SCIENTISTS ARE PRODUCING SOME OF THE MOST IMPORTANT BREAKTHROUGHS IN THE PREVENTION, EARLY DETECTION AND TREATMENT OF CANCER, HIV AND OTHER DISEASES. OUR SCIENTISTS STUDY EVERY ASPECT OF THE DISEASE PROCESS TO UNCOVER FACTORS THAT INFLUENCE DISEASE RISK AND PROGRESSION. FRED HUTCH HAS BEEN HOME TO THREE NOBEL LAUREATES, AND OUR FACULTY INCLUDES MORE THAN 400 RENOWNED RESEARCHERS WHO COLLABORATE WITH COLLEAGUES ACROSS THE GLOBE AND MENTOR THE NEXT GENERATION OF SCIENTIFIC INNOVATORS. OUR SCIENTISTS CONDUCT RESEARCH ON AND DEVELOP THERAPIES FOR MANY CANCERS INCLUDING BLOOD CANCERS AND SOLID TUMORS AS WELL AS FOR HIV AND OTHER NONMALIGNANT DISEASES. THEY STUDY THE DISEASE PROCESS FROM EVERY ANGLE, FROM THE MOST BASIC MOLECULAR AND CELLULAR LEVELS TO THE POPULATION LEVEL. THEIR GOALS ARE TO UNCOVER THE FACTORS THAT INFLUENCE A PERSON'S LIKELIHOOD OF DEVELOPING AND SURVIVING A DISEASE AND USE THIS KNOWLEDGE TO REDUCE RISK, SAVE LIVES AND IMPROVE QUALITY OF LIFE. FRED HUTCH RESEARCHERS ARE EXPERTS IN UNDERSTANDING THE DEVELOPMENT OF BLOOD AND SOLID TUMOR CANCERS AS WELL AS IDENTIFYING NEW WAYS TO DIAGNOSE, PREVENT AND TREAT CANCERS. THEIR RESEARCH INCLUDES A WIDE AREA OF TOPICS THAT AFFECT CANCER AND INFECTIOUS DISEASES SUCH AS BEHAVIORAL RESEARCH, CELL AND GENE THERAPY, DATA SCIENCE, DISEASE PREVENTION, HEALTH ECONOMICS, VIROLOGY, AND MORE. IN FY24, FRED HUTCH RESEARCHERS PUBLISHED 1,330 RESEARCH ARTICLES AND 48 PATENTS WERE GRANTED TO FRED HUTCH. FRED HUTCH RESEARCH PROGRAMS INTEGRATE THE LATEST IN COMPUTATIONAL, LABORATORY AND PATIENT-ORIENTED CLINICAL RESEARCH METHODS TO BETTER UNDERSTAND THE MECHANISMS THAT DRIVE CANCER AND OTHER HUMAN DISEASES. OUR RESEARCHERS ARE CONTINUALLY DEVELOPING NEW THERAPEUTIC APPROACHES AND THEY DEVELOP AND LEAD CLINICAL TRIALS THAT HELP MOVE LABORATORY DISCOVERIES INTO NEW TREATMENT OPTIONS FOR PATIENTS. OUR DISCOVERIES, WHICH INCLUDE PROVING THAT BONE MARROW TRANSPLANTATION CAN CURE LEUKEMIAS AND OTHER BLOOD CANCERS, HAVE SAVED MORE THAN A MILLION LIVES WORLDWIDE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,791,028,248

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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?	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	990	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

Main form area containing questions 2a through 17, with sub-questions and input fields for amounts and yes/no responses.

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 3 main columns: Question, Yes, No. Rows include: 1a (Voting members at end of tax year), 1b (Independent voting members), 2 (Family/business relationships), 3 (Delegation of control), 4 (Significant changes to governing documents), 5 (Significant diversion of assets), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions reserved), 8 (Contemporaneous documentation), 8a (Governing body), 8b (Committees), 9 (Officer/director/trustee/employee not reached).

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

Table with 3 main columns: Question, Yes, No. Rows include: 10a (Local chapters/branches), 10b (Written policies/procedures), 11a (Complete copy provided), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention policy), 15a (CEO/Executive Director review), 15b (Other officers review), 16a (Joint venture investment), 16b (Written policy for joint ventures).

Section C. Disclosure

Table with 2 main columns: Question, Answer. Rows include: 17 (States where Form 990 is required), 18 (Section 6104 availability), 19 (Governing documents availability), 20 (Name/address/phone of person with books/records).

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, box 6 of 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			
(1) THOMAS J LYNCH MD PRESIDENT & DIRECTOR	55.00 0.00	X		X			2,028,077	0	364,136
(2) NANCY DAVIDSON MD EVP, CLINICAL AFFAIRS	55.00 0.00	X					1,198,547	0	159,901
(3) LEIGH MORGAN CHAIR	4.00 1.00	X		X			0	0	0
(4) RICHARD ANDERSON VICE-CHAIR(FROM 1/24)	4.00 0.00	X		X			0	0	0
(5) SEAN BOYLE VICE-CHAIR(THRU 1/24), DIRECTOR	2.00 0.00	X		X			0	0	0
(6) KRISTIANNE BLAKE TREASURER	4.00 0.00	X		X			0	0	0
(7) JULIE NORDSTROM SECRETARY	4.00 0.00	X		X			0	0	0
(8) BRADLEY SIMMONS DIRECTOR(FROM 8/23)	2.00 0.00	X					0	0	0
(9) CHERYL M SCOTT DIRECTOR (BEG 4/24)	2.00 0.00	X					0	0	0
(10) CYNTHIA DOLD DIRECTOR(THRU 8/23)	2.00 0.00	X					0	0	0
(11) EDUARDO PENALVER DIRECTOR	2.00 0.00	X					0	0	0
(12) JOANNE HARRELL DIRECTOR	2.00 0.00	X					0	0	0
(13) KATHY SURACE-SMITH DIRECTOR	2.00 0.00	X					0	0	0
(14) PETE SHIMER DIRECTOR	2.00 0.00	X					0	0	0
(15) STEPHEN GRAHAM DIRECTOR	2.00 0.00	X					0	0	0
(16) TIMOTHY H DELLIT MD DIRECTOR	2.00 0.00	X					0	0	0
(17) NICOLE C ROBINSON PHD VP & COO	55.00 0.00			X			1,153,027	0	162,054

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(18) DAVID BROWDY VP & CFO	54.00 1.00			X			1,115,822	0	171,675
(19) STEVEN HAYDON VP & GENERAL COUNSEL(THRU 2/24)	55.00 0.00			X			812,745	0	73,528
(20) GERIANNE SANDS CORP SEC., VP&GEN. COUNSEL(BEG 2/24)	55.00 0.00			X			365,941	0	62,781
(21) CHRIS BUNDESMANN CORPORATE CONTROLLER	54.00 1.00			X			288,955	0	50,244
(22) HERBERT L BONE III CORPORATE TREASURER	55.00 0.00			X			258,649	0	57,304
(23) BRUCE E CLURMAN MD PHD EVP, CHIEF SCI. OFFICER & DEPUTY DIRECTOR	55.00 0.00				X		961,057	0	147,503
(24) FREDERICK APPELBAUM MD EXECUTIVE VICE PRESIDENT	55.00 0.00				X		771,543	0	141,975
(25) TOM PURCELL MD VP & CHIEF MEDICAL OFFICER	55.00 0.00				X		661,932	0	137,970
(26) KELLY O'BRIEN VP & CHIEF PHILANTHROPY OFFICER	55.00 0.00				X		621,488	0	136,478
(27) THERESA MCDONNELL DNP VP & CHIEF NURSING OFFICER(THRU 9/23)	55.00 0.00				X		608,583	0	63,093
(28) SARA HURVITZ MD SVP & DIRECTOR, CLINICAL RESEARCH	55.00 0.00					X	1,057,788	0	58,156
(29) ERIC C HOLLAND MD PHD SVP & DIRECTOR, HUMAN BIOLOGY	55.00 0.00					X	803,616	0	144,143
(30) KELLY PATRICK VP & CIO	55.00 0.00					X	761,873	0	56,627
(31) GEOFFREY HILL MD SVP & DIRECTOR, TRANSLATIONAL SCI	55.00 0.00					X	718,444	0	137,250
(32) JODI BURKE VP, HUMAN RESOURCES	55.00 0.00					X	640,821	0	132,867
(33) STEPHANIE MAYS FORMER OFFICER	55.00 0.00					X	512,712	0	68,204
(34) CHAD HOGGARD FORMER KEY EMPLOYEE	55.00 0.00					X	368,825	0	70,387
(35) CINDY GIST MHA FORMER KEY EMPLOYEE	55.00 0.00					X	354,803	0	87,573
(36) NICKI NGUYEN-COLVIN FORMER KEY EMPLOYEE	55.00 0.00					X	327,282	0	64,843
(37) BRITTANY MCCREERY MD FORMER KEY EMPLOYEE	55.00 0.00					X	320,868	0	107,709
(38) RICHARD LAFRANCE FORMER KEY EMPLOYEE	55.00 0.00					X	276,203	0	65,984
(39) DANIEL MARKUS FORMER KEY EMPLOYEE	55.00 0.00					X	270,742	0	33,752
(40) MICHELLE HALL FORMER KEY EMPLOYEE	55.00 0.00					X	258,875	0	52,093
(41) TIMOTHY EHLING FORMER KEY EMPLOYEE	55.00 0.00					X	252,017	0	60,849
(42) PAUL HELMUTH FORMER KEY EMPLOYEE	55.00 0.00					X	240,299	0	34,345
(43) GANSUVD BALGANSUREN FORMER KEY EMPLOYEE	55.00 0.00					X	233,728	0	49,429
(44) MATTHEW MCSWEYN FORMER KEY EMPLOYEE	55.00 0.00					X	227,577	0	45,212
(45) CARILLA WALLIN FORMER KEY EMPLOYEE	55.00 0.00					X	216,323	0	49,736
(46) TAMI DEEB FORMER KEY EMPLOYEE	55.00 0.00					X	205,480	0	22,814
(47) ANDREW JACKSON FORMER KEY EMPLOYEE	55.00 0.00					X	163,218	0	31,001
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						19,057,860	0	3,101,616	

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 **1,875**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF WASHINGTON 1959 NE 59TH AVENUE SUITE 1005 SEATTLE, WA 98104	HEALTHCARE SERVICES	165,359,224
GLY CONSTRUCTION INC 14432 SE EASTGATE WAY SUITE 300 BELLEVUE, WA 98007	CONSTRUCTION SERVICES	27,432,116
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	BONE MARROW TRANSPLANT SERVICES	17,191,214
LEASE CRUTCHER LEWIS 2200 WESTERN AVE SUITE 500 SEATTLE, WA 98121	CONSTRUCTION SERVICES	8,722,862
CLOUDMED SOLUTIONS LLC 5700 GRANITE PARKWAY SUITE 940 PLANO, TX 75024	DENIALS MANAGEMENT SERVICES	6,510,276

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 **177**

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 Amt Similar Amounts				
1a Federated campaigns			1,349,268	
b Membership dues				
c Fundraising events			5,731,648	
d Related organizations				
e Government grants (contributions)			512,755,532	
f All other contributions, gifts, grants, and similar amounts not included above			110,819,204	
g Noncash contributions included in lines 1a - 1f:\$			62,196,711	
h Total. Add lines 1a-1f				630,655,652

	Business Code				
		(A)	(B)	(C)	(D)
2a PATIENT SERV. REVENUE	622310	1,301,801,650	1,301,801,650		
b ANCILLARY SERVICES	622310	27,118,482	27,118,482		
c RESEARCH ACTIVITIES	541714	20,539,695	20,539,695		
d PATIENT HOUSING	624221	3,561,064	3,561,064		
e PROGRAMMATIC RENTAL	531120	785,673	785,673		
f All other program service revenue.		791,138	267,490		523,648
g Total. Add lines 2a-2f.		1,354,597,702			

3 Investment income (including dividends, interest, and other similar amounts)			48,035,953		48,035,953
4 Income from investment of tax-exempt bond proceeds					
5 Royalties			12,989,967		12,989,967
6a Gross rents	(i) Real	(ii) Personal			
	6a		1,068,765		
b Less: rental expenses	6b		0		
c Rental income or (loss)	6c		1,068,765		
d Net rental income or (loss)			1,068,765		1,068,765
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7a		767,802,977	135,185	
b Less: cost or other basis and sales expenses	7b		780,708,002	10,515,177	
c Gain or (loss)	7c		-12,905,025	-10,379,992	
d Net gain or (loss)			-23,285,017		-23,285,017
8a Gross income from fundraising events (not including \$ 5,731,648 of contributions reported on line 1c). See Part IV, line 18	8a		721,335		
b Less: direct expenses	8b		1,653,059		
c Net income or (loss) from fundraising events			-931,724		-931,724
9a Gross income from gaming activities. See Part IV, line 19	9a		10,375		
b Less: direct expenses	9b		2,700		
c Net income or (loss) from gaming activities			7,675		7,675
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					

	Business Code				
		(A)	(B)	(C)	(D)
11a PARKING INCOME	531390	3,319,070			3,319,070
b REBATES AND REFUNDS	900099	583,099			583,099
c					
d All other revenue		5,529			5,529
e Total. Add lines 11a-11d		3,907,698			
12 Total revenue. See instructions		2,027,046,671	1,354,074,054	0	42,316,965

OtherRevenueMiscAmt

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	97,410,892	97,410,892		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,190,804	2,190,804		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	20,567,457	20,567,457		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,061,327	5,416,188	4,809,175	835,964
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,786,474	1,291,735	3,494,739	
7 Other salaries and wages	582,520,121	480,156,555	90,054,756	12,308,810
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,472,503	30,323,252	5,348,984	800,267
9 Other employee benefits	72,486,077	55,520,151	15,651,286	1,314,640
10 Payroll taxes	47,597,912	38,882,347	7,749,046	966,519
11 Fees for services (non-employees):				
a Management				
b Legal	2,659,762		2,659,762	
c Accounting	1,161,689		1,161,689	
d Lobbying	713,988		713,988	
e Professional fundraising services. See Part IV, line 17	288,327			288,327
f Investment management fees	1,349,900		1,349,900	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	221,798,315	202,655,418	16,419,864	2,723,033
12 Advertising and promotion	8,877,630	6,283,834	1,405,630	1,188,166
13 Office expenses	11,104,046	10,264,739	96,632	742,675
14 Information technology	53,405,919	11,755,278	41,560,252	90,389
15 Royalties	2,829,264	2,829,264		
16 Occupancy	58,153,190	43,501,281	14,602,783	49,126
17 Travel	6,196,885	5,412,264	528,203	256,418
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,155,973	6,377,412	724,479	54,082
20 Interest	44,147,222	41,538,465	2,453,547	155,210
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,576,412	57,377,328	11,030,489	168,595
23 Insurance	7,838,093	71,598	7,766,495	
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 MEDICAL & RESEARCH SUPP	595,006,102	588,280,269	6,662,168	63,665
b COLLAB. ARRANGEMENT	50,056,494	50,056,494		
c EQUIP. RENTAL & MAINT.	16,406,431	15,696,815	708,635	981
d SAFETY NET	10,014,691	10,014,691		
e All other expenses	21,910,053	7,153,717	11,901,974	2,854,362
25 Total functional expenses. Add lines 1 through 24e	2,064,743,953	1,791,028,248	248,854,476	24,861,229
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	2,300	1	8,578
	2 Savings and temporary cash investments	240,511,417	2	307,539,626
	3 Pledges and grants receivable, net	445,428,725	3	433,033,370
	4 Accounts receivable, net	333,516,960	4	350,835,325
	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	
	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	
	7 Notes and loans receivable, net	2,276,424	7	2,217,424
	8 Inventories for sale or use	28,695,243	8	31,223,958
	9 Prepaid expenses and deferred charges	16,075,840	9	20,380,119
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,533,179,596		
	b Less: accumulated depreciation	10b 588,098,629	907,190,874	10c 945,080,967
	11 Investments—publicly traded securities	1,133,912,742	11	955,895,056
	12 Investments—other securities. See Part IV, line 11	22,153,223	12	165,257,421
	13 Investments—program-related. See Part IV, line 11	11,025	13	0
	14 Intangible assets	7,625,195	14	6,514,847
	15 Other assets. See Part IV, line 11	269,776,444	15	235,163,228
16 Total assets: Add lines 1 through 15 (must equal line 33)	3,407,176,412	16	3,453,149,919	
Liabilities	17 Accounts payable and accrued expenses	225,943,075	17	244,117,636
	18 Grants payable	959,433	18	3,953,599
	19 Deferred revenue	38,859,021	19	30,910,960
	20 Tax-exempt bond liabilities	661,905,084	20	650,273,717
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	
	23 Secured mortgages and notes payable to unrelated third parties	421,225,000	23	421,225,000
	24 Unsecured notes and loans payable to unrelated third parties	10,148,118	24	5,165,790
	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	665,261,703	25	640,334,007
	26 Total liabilities. Add lines 17 through 25	2,024,301,434	26	1,995,980,709
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	745,821,978	27	768,552,464
	28 Net assets with donor restrictions	637,053,000	28	688,616,746
	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	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,382,874,978	32	1,457,169,210
33 Total liabilities and net assets/fund balances	3,407,176,412	33	3,453,149,919	

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	2,027,046,671
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,064,743,953
3	Revenue less expenses. Subtract line 2 from line 1	3	-37,697,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,382,874,978
5	Net unrealized gains (losses) on investments	5	109,940,039
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	2,051,475
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	1,457,169,210

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.**

Name of the organization
FRED HUTCHINSON CANCER CENTER

Employer identification number
91-1935159

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023; 15 Public support percentage for 2022; 16a 33 1/3% support test-2023; b 33 1/3% support test-2022; 17a 10%-facts-and-circumstances test-2023; b 10%-facts-and-circumstances test-2022; 18 Private foundation.

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests—2023. 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.
b 33 1/3% support tests—2022. 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.
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? 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?

	Yes	No
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

- 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? *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.*

	Yes	No
1		
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?

	Yes	No
1		
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

	Yes	No
2		
- 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? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

	Yes	No
2a		
- 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? *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.*

	Yes	No
2b		

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? *If "Yes" or "No", provide details in Part VI.*

	Yes	No
3a		
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

	Yes	No
3b		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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** 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 (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	RECYCLING CONSIGNMENT SALES - 2019 AMOUNT: \$ 19,497. 2020 AMOUNT: \$ 13,517. 2021 AMOUNT: \$ 7,613. 2022 AMOUNT: \$ 8,266. MISC INCOME - 2020 AMOUNT: \$ 3,844. 2021 AMOUNT: \$ -78,183. 2022 AMOUNT: \$ -3,440. 2023 AMOUNT: \$ 5,529. UBIT REFUND - 2019 AMOUNT: \$ 575,657. DEBT EXTINGUISHMENTS - 2020 AMOUNT: \$ 4,152,862. CURRENCY GAIN/LOSS - 2022 AMOUNT: \$ -317,972. REBATES AND REFUNDS - 2023 AMOUNT: \$ 583,099.

Additional Data

Return to Form

Software ID:

Software Version:

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.**

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 CENTER	Employer identification number 91-1935159
---	---

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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-														
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		599
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		714,587
j	Total. Add lines 1c through 1i			715,186
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
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
PART II-B, LINE 1:	LINE 1B AND 1G: THE GOVERNMENT & COMMUNITY RELATIONS TEAM HAD DIRECT CONTACT WITH FEDERAL AND STATE OFFICIALS REGARDING HEALTHCARE RELATED ISSUES INCLUDING CANCER CARE, PATIENT ACCESS, MEDICARE, AND MEDICAID. LINE 1I: FRED HUTCH RETAINS LOBBYISTS TO ENGAGE WITH LEGISLATORS ON ITS BEHALF AT THE FEDERAL, STATE, AND LOCAL LEVELS ON POLICIES SUCH AS CANCER PREVENTION, NATIONAL INSTITUTES OF HEALTH AND NATIONAL CANCER INSTITUTE FUNDING, MEDICARE, MEDICAID, AND OTHER HEALTHCARE RELATED ISSUES. THE TOTAL AMOUNT PAID TO LOBBYISTS FOR LOBBYING ACTIVITIES DURING THE TAX YEAR WAS \$574,363. FRED HUTCH PAID MEMBERSHIP DUES TO VARIOUS PROFESSIONAL ASSOCIATIONS, NATIONAL AND STATE HOSPITAL ASSOCIATIONS, AND OTHER PROFESSIONAL MEDICAL AND RESEARCH ASSOCIATIONS WHICH ATTRIBUTE A PORTION OF THE DUES WHICH THEIR MEMBERS PAY TO LOBBYING ACTIVITIES. THE AMOUNT OF MEMBERSHIP DUES PAID DURING THE TAX YEAR, AND WHICH WE WERE NOTIFIED WERE ATTRIBUTABLE TO LOBBYING ACTIVITIES, WAS \$139,625.

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2022

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FRED HUTCHINSON CANCER CENTER

Employer identification number
91-1935159

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 July 25, 2006, 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 ▶ \$ _____ **1,014,786**

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	547,049,575	502,455,707	7,343,138	5,981,426	4,074,191
b Contributions	11,382,186	6,595,026	560,945,684	50,000	2,000,000
c Net investment earnings, gains, and losses	63,496,890	45,010,776	-56,394,984	1,317,949	-87,543
d Grants or scholarships	5,496				
e Other expenditures for facilities and programs	56,376,691	7,011,934	9,438,131		
f Administrative expenses	599,682			6,237	5,222
g End of year balance	564,946,782	547,049,575	502,455,707	7,343,138	5,981,426

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 76.720 %
 - b** Permanent endowment ▶ 17.740 %
 - c** Term endowment ▶ 5.540 %
- 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- 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		156,362,116		156,362,116
b Buildings		479,718,584	99,886,820	379,831,764
c Leasehold improvements		51,327,534	11,853,391	39,474,143
d Equipment		535,073,215	316,426,659	218,646,556
e Other		310,698,147	159,931,759	150,766,388
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				945,080,967

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(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)		
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) RIGHT OF USE ASSETS	176,028,807
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	35,336,769
(3) OTHER NON CURRENT ASSETS	18,390,175
(4) CONTRIBUTED ARTWORK	1,014,786
(5) RESTRICTED FUNDS	4,392,691
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	235,163,228

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED CREDIT ON CASH FLOW HEDGES	5,380,776
LEASE LIABILITY	194,533,227
UW COLLABORATIVE ARRANGEMENT	440,420,004
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	640,334,007

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
PART III, LINE 4:	FRED HUTCH PERIODICALLY RECEIVES AND MAINTAINS A COLLECTION OF WORKS OF ART THAT HAVE BEEN DONATED TO FRED HUTCH. OUR COLLECTION INCLUDES PAINTINGS, PHOTOGRAPHS, SCULPTURES AND OTHER SIMILAR ITEMS. THESE ITEMS ARE UNIQUE IN NATURE AND HELD ON DISPLAY FOR THE BENEFIT AND ENJOYMENT OF FRED HUTCH'S PATIENTS, FAMILIES, CAREGIVERS, VISITORS, FACULTY AND STAFF.
PART V, LINE 4:	FRED HUTCH'S ENDOWMENT CONSISTS OF FUNDS WITH DONOR RESTRICTIONS FOR TIME OR PURPOSE, AMOUNTS THAT ARE RESTRICTED IN PERPETUITY, AS WELL AS BOARD-DESIGNATED INVESTMENTS. FRED HUTCH'S SPENDING POLICY FOR INDIVIDUAL ENDOWMENT FUNDS IS TO APPROPRIATE FOR DISTRIBUTION EACH YEAR 5% OF THE ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR THREE YEARS, PROVIDED THAT THE FAIR VALUE OF THE ENDOWMENT FUND EXCEEDS THE CORPUS. CERTAIN BOARD-DESIGNATED FUNDS HELD FOR FUTURE CAPITAL AND DEBT OBLIGATIONS DO NOT MAKE DISTRIBUTIONS. FOR THE REMAINING ENDOWMENT FUNDS, FRED HUTCH APPROPRIATES DISTRIBUTIONS TO SUPPORT ITS CLINICAL AND RESEARCH PROGRAMS.
PART X, LINE 2:	FRED HUTCH HAS OBTAINED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICES THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3), EXCEPT FROM UNRELATED BUSINESS INCOME. UNRELATED BUSINESS INCOME TYPICALLY IS TRADE OR BUSINESS ACTIVITY REGULARLY CARRIED ON AND IS NOT RELATED TO FURTHERING THE EXEMPT PURPOSE OF FRED HUTCH. DURING 2024 AND 2023, FRED HUTCH DID NOT RECORD ANY LIABILITY FOR UNCERTAIN TAX BENEFITS.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

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.

Name of the organization
FRED HUTCHINSON CANCER CENTER

Employer identification number
91-1935159

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 or 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) CENTRAL AMERICA AND THE CARRIBBEAN	0	0	PROGRAM SERVICES	RESEARCH ACTIVITIES	1,833
(2) EAST ASIA AND THE PACIFIC	0	6	PROGRAM SERVICES	RESEARCH ACTIVITIES	374,618
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	40	PROGRAM SERVICES	RESEARCH ACTIVITIES	1,114,275
(4) MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	RESEARCH ACTIVITIES	5,607
(5) NORTH AMERICA	0	13	PROGRAM SERVICES	RESEARCH ACTIVITIES	771,808
(6) SOUTH AMERICA	0	9	PROGRAM SERVICES	RESEARCH ACTIVITIES	338,408
(7) SUB-SAHARAN AFRICA	0	21	PROGRAM SERVICES	RESEARCH ACTIVITIES	2,463,632
(8) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	784,154
(9) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	364,433
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	1,737,106
(11) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	123,333
(12) NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	1,555,793
(13) SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	3,449,649
(14) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	12,552,989
(15) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	138,720,167
(16) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	6,497,465
(17)					
3a Sub-total	0	90			5,854,335
b Total from continuation sheets to Part I					165,000,935
c Totals (add lines 3a and 3b)	0	90			170,855,270

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)			SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	958,812	WIRE	0		
(2)			SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	583,468	WIRE	0		
(3)			SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	349,014	WIRE	0		
(4)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	1,248,283	WIRE	0		
(5)			NORTH AMERICA	PUBLIC HEALTH SCIENCES	41,780	WIRE	0		
(6)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	175,643	WIRE	0		
(7)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	55,207	WIRE	0		
(8)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	326,204	WIRE	0		
(9)			NORTH AMERICA	HUMAN BIOLOGY	141,271	CHECK	0		
(10)			EUROPE (INCLUDING ICELAND AND GREENLAND)	VACCINE AND INFECTIOUS DISEASE	81,679	WIRE	0		
(11)			SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	1,295,716	WIRE	0		
(12)			EUROPE (INCLUDING ICELAND AND GREENLAND)	HUMAN BIOLOGY	390,064	CHECK	0		
(13)			NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	372,029	WIRE	0		
(14)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	147,219	WIRE	0		
(15)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PUBLIC HEALTH SCIENCES	299,255	WIRE	0		
(16)			SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	27,533	WIRE	0		
(17)			SOUTH AMERICA	VACCINE AND INFECTIOUS DISEASE	235,106	WIRE	0		
(18)			NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	294,480	WIRE	0		
(19)			NORTH AMERICA	CLINICAL RESEARCH	7,000	CHECK	0		
(20)			EUROPE (INCLUDING ICELAND AND GREENLAND)	HUMAN BIOLOGY	283,839	WIRE	0		
(21)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PUBLIC HEALTH SCIENCES	8,964	WIRE	0		
(22)			CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH SCIENCES	451,220	WIRE	0		
(23)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	688,228	WIRE	0		
(24)			SUB-SAHARAN AFRICA	PUBLIC HEALTH SCIENCES	135,776	WIRE	0		
(25)			SUB-SAHARAN AFRICA	PUBLIC HEALTH SCIENCES	563,928	WIRE	0		
(26)			EUROPE (INCLUDING ICELAND AND GREENLAND)	HUMAN BIOLOGY	185,259	WIRE	0		
(27)			CENTRAL AMERICA AND THE CARIBBEAN	PUBLIC HEALTH SCIENCES	332,934	WIRE	0		
(28)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	33,763	WIRE	0		
(29)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	46,195	WIRE	0		
(30)			EUROPE (INCLUDING ICELAND AND GREENLAND)	TRANSLATIONAL SCIENCE & THERAPY	314,344	WIRE	0		
(31)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	630,183	WIRE	0		
(32)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	707,175	WIRE	0		
(33)			EAST ASIA AND THE PACIFIC	TRANSLATIONAL SCIENCE & THERAPY	151,198	CHECK	0		
(34)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	554,484	WIRE	0		
(35)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	346,426	WIRE	0		
(36)			NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	206,052	WIRE	0		
(37)			SUB-SAHARAN AFRICA	PUBLIC HEALTH SCIENCES	57,767	WIRE	0		
(38)			EAST ASIA AND THE PACIFIC	PUBLIC HEALTH SCIENCES	94,360	WIRE	0		
(39)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	156,611	WIRE	0		
(40)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	759,886	WIRE	0		
(41)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	357,490	WIRE	0		
(42)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	196,297	WIRE	0		
(43)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	853,695	WIRE	0		
(44)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	95,157	WIRE	0		
(45)			NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	87,149	CHECK	0		
(46)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	299,319	WIRE	0		
(47)			NORTH AMERICA	VACCINE AND INFECTIOUS DISEASE	6,825	WIRE	0		
(48)			EUROPE (INCLUDING ICELAND AND GREENLAND)	VACCINE AND INFECTIOUS DISEASE	70,844	WIRE	0		
(49)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PUBLIC HEALTH SCIENCES	102,858	WIRE	0		
(50)			NORTH AMERICA	CLINICAL RESEARCH	399,207	CHECK	0		
(51)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	1,870,539	WIRE	0		
(52)			MIDDLE EAST AND NORTH AFRICA	PUBLIC HEALTH SCIENCES	123,333	WIRE	0		
(53)			EAST ASIA AND THE PACIFIC	PUBLIC HEALTH SCIENCES	50,101	WIRE	0		
(54)			EAST ASIA AND THE PACIFIC	PUBLIC HEALTH SCIENCES	65,148	WIRE	0		
(55)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	10,407	WIRE	0		
(56)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	86,429	WIRE	0		
(57)			SUB-SAHARAN AFRICA	VACCINE AND INFECTIOUS DISEASE	2,149,418	WIRE	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 18

3 Enter total number of other organizations or entities 39

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

Additional Data

Software ID:

Software Version:

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.

Name of the organization
FRED HUTCHINSON CANCER CENTER

Employer identification number
91-1935159

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 LLC 3400 WATERVIEW PKWY 250 RICHARDSON, TX 75080	DIRECT MAIL, DIGITAL SOLICITATION AND ANALYTICS		No	5,267,131	281,827	4,985,304
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				5,267,131	281,827	4,985,304

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	OBLITERIDE (event type)	IN FOR THE HUTCH (event type)	2 (total number)	(add col. (a) through col. (c))
1 Gross receipts	5,914,269	327,119	211,595	6,452,983
2 Less: Contributions	5,342,208	177,845	211,595	5,731,648
3 Gross income (line 1 minus line 2)	572,061	149,274		721,335
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	361,849	7,624	4,089	373,562
7 Food and beverages	244,083	85,424	45,814	375,321
8 Entertainment	46,504	30,900	16,572	93,976
9 Other direct expenses	674,918	108,487	26,795	810,200
10 Direct expense summary. Add lines 4 through 9 in column (d)				1,653,059
11 Net income summary. Subtract line 10 from line 3, column (d)				-931,724

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
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
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	FRED HUTCH HAS AN AGREEMENT WITH RKD GROUP WHERE RKD GROUP PROVIDES CERTAIN STRATEGIC SERVICES, SUCH AS DIRECT MAIL AND DIGITAL PROGRAM MANAGEMENT, IN CONNECTION WITH FRED HUTCH'S SOLICITATION EFFORTS. UNDER THE AGREEMENT, AMOUNTS FOR POSTAGE, PRINTING/PRODUCTION, DIGITAL MEDIA PURCHASES, AND OTHER DIRECT COSTS INCURRED BY RKD GROUP ON FRED HUTCH'S BEHALF ARE ITEMIZED WHEN INVOICED. DURING THE TAX YEAR, FRED HUTCH INCURRED THE FOLLOWING EXPENSES RELATED TO ITS AGREEMENT WITH RKD GROUP: POSTAGE: \$1,214,892 PRINTING/PRODUCTION: \$1,033,370 DIGITAL MEDIA PURCHASES: \$645,755

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2023

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FRED HUTCHINSON CANCER CENTER

Employer identification number
91-1935159

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000</u> %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			13,795,336		13,795,336	0.670 %
b Medicaid (from Worksheet 3, column a)			108,695,044	69,830,753	38,864,291	1.880 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			122,490,380	69,830,753	52,659,627	2.550 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			4,031,205	847,815	3,183,390	0.150 %
f Health professions education (from Worksheet 5)			12,375,315	16,368	12,358,947	0.600 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			614,487,507	536,278,169	78,209,338	3.790 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			536,247	17,525	518,722	0.030 %
j Total. Other Benefits			631,430,274	537,159,877	94,270,397	4.570 %
k Total. Add lines 7d and 7j			753,920,654	606,990,630	146,930,024	7.120 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			8,694		8,694	0 %
3 Community support			23,151		23,151	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			38,557		38,557	0 %
7 Community health improvement advocacy			46,576		46,576	0 %
8 Workforce development			34,536		34,536	0 %
9 Other						
10 Total			151,514		151,514	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 0	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 264,908,596
6 Enter Medicare allowable costs of care relating to payments on line 5	6 296,622,856
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -31,714,260
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

	Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FRED HUTCHINSON CANCER CENTER

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FRED HUTCHINSON CANCER CENTER

Name of hospital facility or letter of facility reporting group _____

13 Did the hospital facility have in place during the tax year a written financial assistance policy that:
 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?
 If "Yes," indicate the eligibility criteria explained in the FAP:

- a** Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000 %
- b** Income level other than the FPG (describe in Section C) or the FPG (describe in Section C) of 400.000000000000 %
- c** Asset level
- d** Medical indigency
- e** Insurance status
- f** Underinsurance discount
- g** Residency
- h** Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- a** Described the information the hospital facility may require an individual to provide as part of his or her application
- b** Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c** Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d** Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e** Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- a** The FAP was widely available on a website (list url):
SEE PART V, PAGE 8
- b** The FAP application form was widely available on a website (list url):
SEE PART V, PAGE 8
- c** A plain language summary of the FAP was widely available on a website (list url):
SEE PART V, PAGE 8
- d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f** A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g** Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or
- h** Notified members of the community, and to attract patients' attention
- i** The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j** Other (describe in Section C)

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	

Part V Facility Information (continued)

Billing and Collections

FRED HUTCHINSON CANCER CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the ECA and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

FRED HUTCHINSON CANCER CENTER

Name of hospital facility or letter of facility reporting group

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
FRED HUTCHINSON CANCER CENTER	PART V, SECTION B, LINE 5: FOR THE 2022 CHNA, FRED HUTCH INTERVIEWED A VARIETY OF CONSTITUENTS FROM ACROSS KING, PIERCE, AND SNOHOMISH COUNTIES. THEY REPRESENTED FEDERALLY QUALIFIED HEALTH CENTERS, RESEARCH CENTERS, LOCAL PUBLIC HEALTH AGENCIES, TRIBAL LEADERS AND COMMUNITY-BASED ORGANIZATIONS WORKING ALONGSIDE PEOPLE FROM A WIDE RANGE BACKGROUNDS, INCOME LEVELS, AGE AND OTHER GROUPS WITH LOW ACCESS TO CANCER SERVICES. WE DESIGNED A SEMI-STRUCTURED INTERVIEW PROTOCOL AND INCLUDED QUESTIONS ABOUT THE INTERVIEWEE'S ORGANIZATION AND THE SERVICES THEY PROVIDE, THEIR EXPERIENCE WORKING WITH DIFFERENT POPULATIONS, UNMET HEALTH AND CANCER-RELATED NEEDS IN THE COMMUNITY, SOCIOECONOMIC FACTORS THAT CONTRIBUTE TO DIFFERENCES IN HEALTH OUTCOMES, AND EXISTING RESOURCES IN THE COMMUNITY. BETWEEN SEPTEMBER AND DECEMBER 2021, THE FOLLOWING ORGANIZATIONS KINDLY AGREED TO SHARE THEIR EXPERIENCE AND EXPERTISE IN INTERVIEWS: AFRICAN AMERICANS REACH & TEACH HEALTH MINISTRY (AARTH); CIERRA SISTERS, COMMUNITIES OF COLOR COALITION, INTERNATIONAL COMMUNITY HEALTH SERVICES (ICHS), KOREAN WOMEN'S ASSOCIATION, MERCY HOUSING, MUCKLESHOOT FOOD SOVEREIGNTY PROJECT, PUBLIC HEALTH SEATTLE & KING COUNTY, SEA MAR COMMUNITY HEALTH CENTERS, SEATTLE INDIAN HEALTH BOARD, STILLY VALLEY HEALTH CONNECTIONS, AND URBAN INDIAN HEALTH INSTITUTE.
FRED HUTCHINSON CANCER CENTER	PART V, SECTION B, LINE 11: FRED HUTCH IDENTIFIED THE FOLLOWING CANCER-RELATED COMMUNITY HEALTH NEEDS THROUGH ITS CHNA: ACCESS TO AFFORDABLE AND ATTAINABLE COMPREHENSIVE CARE; CULTURALLY ATTUNED PREVENTION, EDUCATION AND SCREENING; ENVIRONMENTAL HEALTH AND CLIMATE FACTORS; HEALTH EQUITY; MENTAL HEALTH SUPPORT FOR PATIENTS, FAMILIES AND COMMUNITY; POLICY AND SYSTEMS CHANGE WHILE INCREASING CAPACITY OF COMMUNITY-BASED ORGANIZATIONS AND COMMUNITY CLINICS; TRUST AND RELATIONSHIP-BUILDING. FRED HUTCH HAS COMBINED MOST OF THE NEEDS IDENTIFIED THROUGH THE CHNA INTO THREE PRIORITY AREAS IN ITS IMPLEMENTATION STRATEGY: 1. ADVANCING HEALTH EQUITY 2. PROVIDING CULTURALLY ATTUNED PREVENTION, EDUCATION AND SCREENING 3. DELIVERING ACCESS TO AFFORDABLE AND ATTAINABLE COMPREHENSIVE CARE, INCLUDING MENTAL HEALTH CARE. WE WILL CONTINUE TO STRENGTHEN OUR TRUST AND RELATIONSHIP-BUILDING WITHIN FRED HUTCH AND WITH COMMUNITY PARTNERS. OUR EFFORTS ENCOMPASS SUPPORTING POLICY AND SYSTEMS CHANGE WHILE INCREASING CAPACITY OF LOCAL TRIBAL AND COMMUNITY-BASED ORGANIZATIONS AND COMMUNITY CLINICS. THE FOLLOWING OBJECTIVES OUTLINE HOW FRED HUTCH IS ADDRESSING EACH PRIORITY AREA. ADVANCING HEALTH EQUITY: FRED HUTCH IS ADDRESSING DIFFERENCES IN OUTCOMES ASSOCIATED WITH RACE, ETHNICITY, LANGUAGE, CULTURAL NORMS AND EDUCATION. WE WILL IMPROVE LANGUAGE ACCESS AND CULTURALLY RELEVANT RESOURCES TO BETTER SERVE COMMUNITY MEMBERS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH OR PREFER VISUAL COMMUNICATION. WE WILL BUILD CULTURAL RESPONSIVENESS AND INTERNAL CAPACITY AMONG OUR PROVIDERS AND RESEARCH STAFF SO THAT EVERY PATIENT, REGARDLESS OF BACKGROUND, RECEIVES APPROPRIATE SUPPORT. WE ARE PARTICIPATING IN THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) HEALTH EQUITY REPORT CARD PILOT PROJECT. WE ARE INCREASING REPRESENTATION OF BLACK, INDIGENOUS, AND OTHER PEOPLE OF COLOR IN PATIENT-RELATED COMMITTEES, ADVISORY GROUPS, AND OVERALL DECISION-MAKING. TO STRENGTHEN COMMUNITY-BASED ORGANIZATIONS WHO ARE TRUSTED BY OUR COMMUNITIES, FRED HUTCH PROVIDES GRANTS TO SUPPORT CANCER AND SOCIAL DETERMINANTS OF HEALTH-RELATED AWARENESS, PREVENTION, AND CARE SERVICES. FRED HUTCH WILL BE DEVELOPING, ENHANCING, OR TRANSLATING EDUCATION MATERIALS BASED ON COMMUNITY PARTNER NEEDS TO IMPROVE LANGUAGE ACCESS AND CULTURALLY RELEVANT RESOURCES. WE WILL BE IMPROVING ACCESS TO CLINICAL TRIALS FOR UNDERREPRESENTED MINORITY PATIENTS AS WELL AS IMPROVING COLLECTION OF RACE AND ETHNICITY DATA OF NEW PATIENTS TO BETTER UNDERSTAND THE BURDEN OF CANCER. PROVIDING CULTURALLY ATTUNED PREVENTION, EDUCATION AND SCREENING: FRED HUTCH PROMOTES KNOWLEDGE OF HEALTHY LIFESTYLES AND REGULAR CANCER SCREENINGS TO DECREASE THE PREVALENCE AND SEVERITY OF CANCER WITH A FOCUS ON MARGINALIZED AND BIPOC COMMUNITIES. WE PROVIDE EDUCATION AND RECOMMENDED SCREENING AND TREATMENT OPTIONS TO MEMBERS OF OUR COMMUNITY THROUGH COMMUNITY HEALTH EVENTS THAT REACH PRIORITY POPULATIONS. THE FRED HUTCH MOBILE MAMMOGRAM VAN DELIVERS THOUSANDS OF MAMMOGRAPHY SCREENINGS TO THE COMMUNITY EACH YEAR IN VARIOUS SETTINGS. WITH A FOCUS ON BLACK AND AFRICAN AMERICAN WOMEN, WE ARE ALSO PARTNERING WITH COMMUNITY ORGANIZATIONS TO SUPPORT THEIR ESTABLISHED EVENTS AS WELL AS LAUNCHING OUTREACH CAMPAIGNS WITH OUTSIDE REFERRING PROVIDERS TO REACH DUE/OVERDUE PATIENTS. FRED HUTCH ESTABLISHED THE HLIIIL PROGRAM TO IDENTIFY BARRIERS TO LUNG CANCER SCREENING IN INDIGENOUS COMMUNITIES AND TO PARTNER WITH TRIBAL AND COMMUNITY LEADERS TO REDUCE THE RATE OF NON-CEREMONIAL TOBACCO USE IN OUR COMMUNITIES. WE ARE ALSO INCREASING AWARENESS ABOUT PROSTATE CANCER EQUITY AND SCREENINGS AMONG BLACK AND AFRICAN AMERICAN MEN THROUGH COMMUNITY-BASED RESEARCH AND ADVOCACY. DELIVERING ACCESS TO AFFORDABLE AND ATTAINABLE COMPREHENSIVE CARE, INCLUDING MENTAL HEALTH CARE: FRED HUTCH IS IMPROVING ACCESS TO HIGH-QUALITY CANCER CARE ALONG THE CANCER CARE CONTINUUM AND TO WRAPAROUND SERVICES THAT BOLSTER HEALTH. WE WORK TO CONNECT INDIVIDUALS NEEDING CARE TO HEALTH INSURANCE COVERAGE AND OTHER SUPPORT PROGRAMS. FRED HUTCH PROVIDES INTERNAL COUNSELING TO PATIENTS ABOUT INSURANCE COVERAGE AS WELL AS ACCESS TO STAFF WHO CAN HELP PATIENTS AND COMMUNITY MEMBERS LOOK FOR COVERAGE THROUGH THE WASHINGTON STATE HEALTH BENEFIT EXCHANGE. FRED HUTCH HAS A FINANCIAL ASSISTANCE, OR CHARITY CARE, PROGRAM. WE HAVE AN ADDITIONAL ASSISTANCE FUND TO SUPPORT PATIENTS IN NEED WITH TRANSPORTATION, HOUSING, GROCERIES, AND OTHER NEEDS RELATED TO THEIR BUILT ENVIRONMENT OR LIVING SITUATION. WE ARE ALSO PILOTING A SOCIAL DETERMINANTS OF HEALTH (SDOH) PATIENT SCREENING TOOL TO ASSESS PATIENTS' NEEDS AND REFER THEM TO COMMUNITY RESOURCES. FRED HUTCH CONTINUES TO INTEGRATE A POPULATION-BASED NAVIGATION MODEL INTO OUR SERVICE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
	STRUCTURE TO SERVE MORE PATIENTS EXPERIENCING SOCIO-ECONOMIC BARRIERS, AS WELL AS THOSE WHO NEED HELP NAVIGATING THROUGH FRED HUTCHINSON CANCER CENTER OR REQUIRE COMMUNITY RESOURCES. FRED HUTCH ALSO ACTIVELY PARTICIPATES IN THE KING COUNTY BREAST, CERVICAL AND COLON HEALTH PROGRAM (BCCHP) AS WELL AS ADVOCATES ON STATE AND FEDERAL POLICIES TO IMPROVE PATIENT ACCESS TO HEALTH SERVICES. WE ARE ENHANCING ACCESS TO MENTAL HEALTH CARE FOR CANCER PATIENTS, FAMILIES, AND THE COMMUNITY BY DEEPENING RELATIONSHIPS WITH COMMUNITY-BASED MENTAL HEALTH PROVIDERS TO CREATE EASY AND FOCUSED REFERRAL DESTINATIONS WHEN PATIENTS END THEIR ACTIVE ONCOLOGY TREATMENT. WE ARE ALSO IMPLEMENTING AN INSTITUTION-WIDE SUICIDAL IDEATION ASSESSMENT. FRED HUTCH IS NOT DIRECTLY ADDRESSING ENVIRONMENTAL HEALTH AND CLIMATE IMPACTS WITHIN THE COMMUNITY BENEFIT IMPLEMENTATION STRATEGY; HOWEVER, WE ARE COMMITTED TO ENVIRONMENTAL SUSTAINABILITY. ENERGY CONSERVATION, RECYCLING AND COMPOSTING, WATER CONSERVATION AND SUSTAINABLE TRANSPORTATION ARE EMBEDDED IN EVERYTHING WE DO. WE AIM TO SUPPORT ENVIRONMENTAL POLICIES, SYSTEMS AND RESEARCH THAT PROMOTE SUSTAINABLE AND CLIMATE-RESILIENT OPERATIONS AT FRED HUTCH FACILITIES. WE PLAN TO ENGAGE IN EXISTING AND UPCOMING CLIMATE RESILIENCE HEALTHCARE ANALYSES AND STRATEGIC FRAMEWORKS IN ALIGNMENT WITH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' INITIATIVE TO HALVE U.S. CARBON EMISSIONS BY 2030.
FRED HUTCHINSON CANCER CENTER	PART V, SECTION B, LINE 13H: IF THE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE IS APPARENT, FRED HUTCH MAY, IN ITS SOLE DISCRETION, CHOOSE TO WAIVE SOME OR ALL OF THE DOCUMENTATION AND VERIFICATION REQUIREMENTS. EXAMPLES OF CIRCUMSTANCES IN WHICH THE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE MAY BE APPARENT INCLUDE THE FOLLOWING:1) A PATIENT OR GUARANTOR WHO HAS DECLARED BANKRUPTCY AND HAS INCLUDED THE FRED HUTCHINSON CANCER DEBT IN THE BANKRUPTCY;2) A PATIENT OR GUARANTOR WHO DIES WITHOUT MATERIAL ASSETS;3) A PATIENT OR GUARANTOR WHO IS DETERMINED TO BE HOMELESS; OR4) ACCOUNTS RETURNED BY THE COLLECTION AGENCY AS UNCOLLECTIBLE DUE TO ANY OF THE ABOVE REASONS. FRED HUTCH STAFF DISCRETION WILL BE EXERCISED IN SITUATIONS WHERE FACTORS SUCH AS SOCIAL OR HEALTH ISSUES EXIST. SUCH ISSUES WILL BE DOCUMENTED TO SUPPORT FINANCIAL ASSISTANCE CONSIDERATION.
FRED HUTCHINSON CANCER CENTER	PART V, SECTION B, LINE 15E: ALTHOUGH THE FINANCIAL ASSISTANCE POLICY DOES NOT HAVE SPECIFIC CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT AGENCIES THAT MAY BE SOURCES OF ASSISTANCE, THE FRED HUTCHINSON CANCER CENTER DOES HAVE GUIDELINES AND STEPS FOR ASSISTING PATIENTS WITH THIS CONTACT INFORMATION/PROCESS INCLUDED IN THE FINANCIAL ASSISTANCE POLICY AND ON OUR WEBSITE.FRED HUTCH STAFF ALSO WORK WITH PATIENTS/FAMILIES WHO DO NOT HAVE APPLICABLE THIRD-PARTY COVERAGE TO ASSESS WHETHER SUCH PATIENTS/FAMILIES MAY BE ELIGIBLE FOR WASHINGTON MEDICAL ASSISTANCE PROGRAMS (E.G., APPLE HEALTH) AND/OR HEALTH CARE COVERAGE THROUGH WASHINGTON'S HEALTH BENEFIT EXCHANGE (RCW 43.71) OR ANY OTHER STATE MEDICAID PROGRAM.AS A PART OF THE FINANCIAL ASSISTANCE APPLICATION PROCESS FOR DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE, FRED HUTCH WILL QUERY AS TO WHETHER A PATIENT OR THEIR GUARANTOR MEETS THE CRITERIA FOR HEALTH CARE COVERAGE UNDER MEDICAL ASSISTANCE PROGRAMS UNDER CHAPTER 74.09 RCW OR THE WASHINGTON HEALTH BENEFIT EXCHANGE. IF INFORMATION IN THE APPLICATION INDICATES THAT THE PATIENT OR THEIR GUARANTOR IS ELIGIBLE FOR COVERAGE, WE WILL ASSIST THE PATIENT OR THEIR GUARANTOR IN APPLYING BY, AMONG OTHER THINGS, PROVIDING THE PATIENT/FAMILY WITH INFORMATION ABOUT THE APPLICATION PROCESS, ASSISTING PATIENTS THROUGH THE APPLICATION PROCESS, PROVIDING NECESSARY FORMS THAT MUST BE COMPLETED, AND/OR CONNECTING THE PATIENT/FAMILY WITH OTHER AGENCIES OR RESOURCES WHO CAN ASSIST THE PATIENT/FAMILY IN COMPLETING SUCH APPLICATIONS.
FRED HUTCHINSON CANCER CENTER	PART V, SECTION B, LINE 20E: FRED HUTCH CONTACTED PATIENTS AND HELPED THEM COMPLETE PAPERWORK TO APPLY FOR FINANCIAL ASSISTANCE FOR MEDICARE, MEDICAID, OR ANY OTHER POSSIBLE SOURCE OF COVERAGE.
PART V, SECTION B, LINE 3E:	FRED HUTCH IS DEDICATED TO ENSURING THAT OUR PURPOSE, WHICH UNITES THE DRIVE TO IMPROVE CANCER CARE AND OUTCOMES WITH THE POWER OF CLINICAL RESEARCH, IS MEETING OUR COMMUNITY'S HEALTH NEEDS. THE NEEDS IDENTIFIED BY DATA AVAILABLE TO US, COMMUNITY STAKEHOLDER INPUT, AND FEEDBACK ON OUR PREVIOUS HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES HAVE LED US TO PRIORITIZE CULTURALLY AND LINGUISTICALLY APPROPRIATE COMMUNITY HEALTH IMPROVEMENT EFFORTS AS WELL AS CANCER-RELATED HEALTH NEEDS THAT ARE CLEARLY IDENTIFIED IN THE COMMUNITY AND FOR WHICH AN EVIDENCE-BASED INTERVENTION EXISTS THAT CAN IMPROVE CANCER CARE AND OUTCOMES FOR OUR COMMUNITY.FRED HUTCH ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY FOR THE CHNA VIA QUANTITATIVE AND QUALITATIVE DATA ANALYSIS. WHEN POSSIBLE, WE ACCESSED DATA ON INDICATORS ABOUT INDIVIDUALS IN KING, PIERCE, AND SNOHOMISH COUNTIES DIRECTLY FROM PUBLICLY AVAILABLE DATASETS, MOST OF WHICH ARE MAINTAINED BY NATIONAL, STATE AND COUNTY GOVERNMENT AGENCIES. IN OTHER INSTANCES, WE QUERIED DATA FOR EACH COUNTY SEPARATELY AND COMBINED THEM INTO A WEIGHTED AVERAGE. IN MOST CASES, WE BENCHMARKED THE THREE-COUNTY REGION NUMBERS AGAINST WASHINGTON STATE DATA OR HEALTHY PEOPLE 2030. THIS DATA WAS THEN ANALYZED AND INTERPRETED TO UNDERSTAND THE COMMUNITY AND ITS CANCER BURDEN OVERALL, AS WELL AS THE DISPARITIES OF CERTAIN POPULATIONS WITHIN THE COMMUNITY. WITH ASSISTANCE FROM PUBLIC HEALTH SEATTLE & KING COUNTY, WE QUERIED THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, THE WASHINGTON STATE CENTER FOR HEALTH STATISTICS (WASHINGTON VITAL RECORDS) AND WASHINGTON STATE CANCER REGISTRY DATASETS FOR CANCER-RELATED INCIDENCE AND MORTALITY DATA ACROSS RACIAL AND ETHNIC POPULATIONS, AS WELL AS SOME OF THE BEHAVIORS THAT HAVE BEEN LINKED WITH CERTAIN TYPES OF CANCER AND THE UPTAKE OF RECOMMENDED CANCER SCREENINGS. WE INCORPORATED RELEVANT INFORMATION FROM THE JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THAT FRED HUTCH PUBLISHES TOGETHER WITH THE KING COUNTY HOSPITALS FOR A HEALTHIER COMMUNITY (KCHHC) COLLABORATIVE. THROUGH THIS EFFORT, 10 HOSPITALS AND HEALTH SYSTEMS IN KING COUNTY IDENTIFY SIGNIFICANT

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility** (List in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 1 - FRED HUTCHINSON CANCER CENTER 825 EASTLAKE AVENUE E SEATTLE, WA 98109	HOSPITAL BASED OUTPATIENT CLINIC
2 2 - FRED HUTCHINSON AT EVERGREEN HEALTH 12040 NE 128TH STREET KIRKLAND, WA 98034	HOSPITAL BASED OUTPATIENT CLINIC
3 3 - BEHNKE FAMILY HOUSE 207 PONTIUS AVENUE N SEATTLE, WA 98109	TEMPORARY MEDICAL HOUSING FACILITY
4 4 - FRED HUTCH NWH MED ONC & RAD ONC CLNC 1560 N 115TH ST - SUITE G-16 SEATTLE, WA 98133	HOSPITAL BASED OUTPATIENT CLINIC
5 5 - FRED HUTCHINSON CANCER CTR PENINSULA 19917 7TH AVENUE NE SUITE 100 POULSBO, WA 98370	COMMUNITY SITE OUTPATIENT CLINIC
6 6 - FRED HUTCHINSON CANCER CENTER ISSAQUAH 1740 NW MAPLE STREET SUITE 211 ISSAQUAH, WA 98027	COMMUNITY SITE OUTPATIENT CLINIC
7 7 - FRED HUTCH AT OVERLAKE MEDICAL CENTER 1135 116TH AVE NE SUITE 250 BELLEVUE, WA 98004	HOSPITAL BASED OUTPATIENT CLINIC
8 8 - PETE GROSS HOUSE 525 MINOR AVE N SEATTLE, WA 98109	TEMPORARY MEDICAL HOUSING FACILITY
9 9 - FRED HUTCH CANCER CENTER PROTON THERAPY 1570 N 115TH STREET SEATTLE, WA 98133	HOSPITAL BASED OUTPATIENT CLINIC
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
PART I, LINE 3C:	IN ACCORDANCE WITH WAC 246-453-040, THE APPLICANT'S FAMILY INCOME ADJUSTED FOR FAMILY SIZE WILL BE REVIEWED PER THE FEDERAL POVERTY STANDARD, AND FINANCIAL ASSISTANCE APPLIED TO UNPAID BALANCES REMAINING AFTER ALL SOURCES OF THIRD PARTY COVERAGE AND SPONSORSHIP HAVE BEEN EXHAUSTED. FINANCIAL ASSISTANCE WILL BE AWARDED AT THE FOLLOWING RATES RELATIVE TO APPLICANT'S INCOME RELATIVE TO THE FEDERAL POVERTY STANDARD. -ADJUSTED FAMILY INCOME AT OR LESS THAN 300% OF THE FPS WILL HAVE UNPAID BALANCES DISCOUNTED BY 100% - ADJUSTED FAMILY INCOME AT 301% TO 350% OF THE FPS WILL HAVE UNPAID BALANCES DISCOUNTED BY 75% -ADJUSTED FAMILY INCOME AT 351% TO 400% OF THE FPS WILL HAVE UNPAID BALANCES DISCOUNTED BY 50%APPLICANTS WHOSE INCOME EXCEEDS 400% OF THE FEDERAL POVERTY STANDARD AS ADJUSTED FOR FAMILY SIZE, BUT WHO HAVE INCURRED CATASTROPHIC ACCOUNT BALANCES AFTER ALL SOURCES OF THIRD PARTY COVERAGE AND SPONSORSHIP WILL BE CONSIDERED FOR HARDSHIP WRITE-OFFS ON A CASE BY CASE BASIS.
PART I, LINE 7:	FRED HUTCH UTILIZED WORKSHEET 2 TO ARRIVE AT A COST-TO-CHARGE RATIO FOR COMPLETING LINE 7.
PART I, LN 7 COL(F):	BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX IS \$1,596,118. THIS AMOUNT DOES NOT PERTAIN TO ANY PATIENT SERVICE RELATED ACTIVITY.
PART III, LINE 4:	REFER TO PAGE 10-11 OF THE AUDITED FINANCIAL STATEMENTS
PART III, LINE 8:	FRED HUTCH COMPLETED PART III, LINE 6 USING THE ALLOWABLE COSTS FROM THE AS-FILED MEDICARE COST REPORT FOR FY24. THE METHODOLOGY USED TO COMPLETE THE MEDICARE COST REPORT WAS BASED ON THE CMS PROVIDER REIMBURSEMENT MANUAL, PUBLICATION 15.IN ADDITION TO MEDICARE AMOUNTS REPORTED ON THE MEDICARE COST REPORT, FRED HUTCH HAS A NON-MEDICARE COST REPORT FEE SCHEDULE AND MEDICARE MANAGED CARE COST FEE SCHEDULE. THE NON-MEDICARE COST REPORT FEE SCHEDULE AND THE MANAGED CARE REVENUES ARE BASED ON THE REIMBURSEMENT RECEIVED FROM MEDICARE. THE COSTS ARE DERIVED USING THE RATIO OF COST-TO-CHARGES FROM THE AS-FILED MEDICARE COST REPORT. THE TABLE BELOW REFLECTS TOTAL REVENUES AND EXPENSES ATTRIBUTABLE TO ALL OF FRED HUTCH'S MEDICARE PROGRAMS: PART III, NON-COST REPORT TOTAL SECTION B FEE SCHED. MANAGED CARE MEDICAREMEDICARE REVENUE \$264,908,596 \$1,088,305 \$117,174,047 \$383,170,948MEDICARE EXPENSE \$296,622,856 \$3,257,930 \$145,340,948 \$445,221,734SHORTFALL (\$31,714,260) (\$2,169,625) (\$28,166,901) (\$62,050,787)AS THE ONLY NCI-DESIGNATED COMPREHENSIVE CANCER CENTER IN THE STATE OF WASHINGTON, FRED HUTCH BELIEVES THAT THE ENTIRE AMOUNT OF THE SHORTFALL REPORTED ON PART III, LINE 7 SHOULD BE TREATED 100% AS A COMMUNITY BENEFIT, AS IF FRED HUTCH HAD NOT DELIVERED THESE SERVICES, THE SERVICES AND FINANCIAL LOSS WOULD FALL TO ANOTHER COMMUNITY HOSPITAL. IN ADDITION TO THE \$31,714,260 SHORTFALL REPORTED ON PART III, LINE 7, FRED HUTCH INCURS ADDITIONAL COSTS IN TREATING MEDICARE PATIENTS, WHICH RESULTS IN AN ADDITIONAL SHORTFALL IN THE AMOUNT OF \$30,336,526, WHICH IS NOT REFLECTED IN THE AMOUNT LISTED ON PART III, LINE 7.
PART III, LINE 9B:	PATIENTS WHO HAVE BEEN APPROVED FOR 100% FINANCIAL ASSISTANCE ARE REMOVED FROM THE COLLECTIONS WORKFLOW SO THEIR ACCOUNTS WILL NOT BE SENT TO COLLECTIONS.
PART VI, LINE 2:	IN ADDITION TO OUR CHNA ASSESSMENT PROCESS, FRED HUTCH WORKS TOGETHER WITH SEATTLE CHILDREN'S HOSPITAL AND THE UNIVERSITY OF WASHINGTON TO FOCUS ON DEVELOPING AND DELIVERING THE BEST CANCER PREVENTION AND TREATMENTS AVAILABLE. FRED HUTCH COLLABORATES WITH THESE OTHER INSTITUTIONS AS PART OF THE CANCER CONSORTIUM TO ASSESS THE OCCURRENCE OF CANCER IN THE COMMUNITIES WE SERVE AND ENSURE PARTICIPATION REFLECTS ALL OF OUR COMMUNITIES. WE THEN MAKE STRATEGIC INVESTMENTS IN RESEARCH TO ADDRESS AREAS OF CANCER-RELATED HEALTH NEEDS IN OUR COMMUNITIES. FURTHERMORE, FRED HUTCH IS A MEMBER INSTITUTION OF THE KING COUNTY HOSPITALS FOR A HEALTH COMMUNITY COLLABORATIVE, WHICH JOINS TOGETHER 10 HOSPITALS AND THE PUBLIC HEALTH SEATTLE & KING COUNTY TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE COUNTY AND IDENTIFY OPPORTUNITIES FOR THE DEVELOPMENT OF COLLECTIVE, DATA-DRIVEN STRATEGIES TO ADDRESS COMMUNITY HEALTH NEEDS.
PART VI, LINE 3:	FRED HUTCH PROVIDES INFORMATION ON OUR WEBSITE WHICH INCLUDES THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY AND APPLICATION IN ENGLISH AND 9 OTHER LANGUAGES, AS WELL AS A LIST OF OUTSIDE RESOURCES AVAILABLE TO PATIENTS IN NEED OF ASSISTANCE. SIGNAGE IS POSTED PUBLICLY IN OUR OUTPATIENT CLINICS AND HOSPITAL, INFORMING PATIENTS AND PERSONS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE. BROCHURES DESCRIBE THE FINANCIAL ASSISTANCE PROGRAM ALONG WITH CONTACT INFORMATION FOR FRED HUTCH FINANCIAL COUNSELORS WHO ARE AVAILABLE FREE OF CHARGE TO HELP REVIEW THEIR INFORMATION AND TO HELP COMPLETE THE NECESSARY PAPERWORK TO APPLY FOR ASSISTANCE. INTERPRETER SERVICES ARE AVAILABLE IF NEEDED. PATIENT BILLING STATEMENTS INCLUDE A WRITTEN NOTICE OF THE

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>AVAILABILITY OF FINANCIAL ASSISTANCE AND A DIRECT LINK TO THE WEBSITE.</p> <p>FRED HUTCH'S REACH EXTENDS FAR AND WIDE, WITH PATIENTS FROM ACROSS THE PUGET SOUND REGION, WASHINGTON STATE, AND THE WORLD. CONSISTENT WITH OUR PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENTS, WE DEFINE OUR COMMUNITY AS EVERYONE IN KING, PIERCE AND SNOHOMISH COUNTIES. THE TOTAL POPULATION IN OUR COMMUNITY IS 3.98 MILLION PEOPLE, WHICH ACCOUNTS FOR MORE THAN HALF OF THE STATE'S POPULATION. KING COUNTY AND SEATTLE ARE THE MOST POPULOUS COUNTY AND CITY IN WASHINGTON STATE, RESPECTIVELY. FURTHER, OVER HALF THE AREA'S POPULATION AND 58 PERCENT OF FRED HUTCH'S PATIENTS RESIDE IN THE COUNTY. PIERCE AND SNOHOMISH HAVE LESS THAN ONE MILLION RESIDENTS EACH, AND ABOUT 14 PERCENT AND 6 PERCENT OF FRED HUTCH PATIENTS COME FROM THESE COUNTIES, RESPECTIVELY. THE ADULT POPULATION IN THE FRED HUTCH COMMUNITY IS SLIGHTLY LOWER THAN IN THE STATE: 14 PERCENT OF PEOPLE ARE 65 AND OLDER AND 62 PERCENT ARE BETWEEN 18 AND 64 YEARS OLD, COMPARED TO 16 PERCENT AND 62 PERCENT OF WASHINGTONIANS WHO FALL WITHIN THOSE AGE RANGES, RESPECTIVELY. PIERCE COUNTY HAS THE LARGEST PERCENTAGE OF YOUTH IN THE FRED HUTCH COMMUNITY AREA; THIS IS ALSO HIGHER THAN THE AVERAGE YOUTH POPULATION IN THE STATE. A GROWING BREADTH OF DEMOGRAPHIC CHARACTERISTICS CONTINUE TO SHAPE THE LANDSCAPE OF OUR REGION. A LARGER PROPORTION OF OUR COMMUNITY'S POPULATION IDENTIFY AS ASIAN, BLACK, HISPANIC/LATINO OR RACIALLY MIXED. INCREASING RACIAL AND ETHNIC DIVERSITY AMONG CHILDREN IS A CONTINUING DEMOGRAPHIC TREND. THE POPULATION OF CHILDREN UNDER AGE 18 IS NOW 53 PERCENT PEOPLE OF COLOR. OUR REGION HAS A WIDE RANGE OF CULTURAL AND LINGUISTIC CHARACTERISTICS. ABOUT ONE IN FIVE INDIVIDUALS (ONE IN THREE IN KING COUNTY) LIVE IN A HOUSEHOLD WHERE A LANGUAGE OTHER THAN ENGLISH IS SPOKEN. THE MOST SPOKEN LANGUAGES OUTSIDE OF ENGLISH ARE SPANISH, CHINESE AND VIETNAMESE. IN THE FRED HUTCH COMMUNITY, THE MEDIAN HOUSEHOLD INCOME IN 2019 WAS ESTIMATED AT \$95,850 ABOVE THE WASHINGTON ESTIMATE OF \$78,700. DATA SHOW VARIATION IN INCOME BY RACE AND ETHNICITY, WITH BLACK/AFRICAN AMERICAN AND HISPANIC/LATINO HOUSEHOLDS AVERAGING \$34,600 AND \$22,705 BELOW THE FRED HUTCH COMMUNITY AVERAGE, RESPECTIVELY. AMERICAN INDIAN AND ALASKA NATIVES IN KING COUNTY HAVE THE LOWEST HOUSEHOLD INCOMES OF ALL RACES AND ETHNICITIES IN THE THREE-COUNTY AREA (\$40,306).</p>
PART VI, LINE 5:	<p>FRED HUTCH CONTRIBUTES TO COMMUNITY HEALTH PROMOTION THROUGH A VARIETY OF PROGRAMS AND ACTIVITIES, EXAMPLES OF WHICH ARE OUTLINED BELOW. TRAINING HEALTH PROFESSIONALS:OUR CONTRIBUTION IS BROAD BECAUSE WE HAVE UNPARALLELED RESOURCES TO SHARE WHAT WE KNOW THROUGH THE EDUCATION OF DOCTORS, NURSES, AND SCIENTISTS, PUBLICATIONS IN LEADING MEDICAL JOURNALS, AND SPECIALIZED TRAINING AND SYMPOSIA FOR MEDICAL PROFESSIONALS. WE ARE PROUD TO BE A HUB FOR CONTINUING MEDICAL EDUCATION (CME) IN OUR REGION. FRED HUTCH PARTICIPATES IN MULTIPLE EDUCATION AND TRAINING PROGRAMS FOR PHYSICIANS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS. THIS INCLUDES RESIDENCY, ROTATIONS, SHADOWING AND OTHER PROGRAMS TO ALLOW HEALTH PROFESSIONAL TRAINEES TO DEVELOP EXPERTISE IN SPECIALIZED ONCOLOGY SKILLSETS, THEREBY IMPROVING THE LOCAL HEALTHCARE WORKFORCE'S OVERALL CAPACITY TO ADDRESS THE COMMUNITY'S HEALTH NEEDS RELATED TO CANCER. CLINICAL RESEARCH: FRED HUTCH HAS HUNDREDS OF CLINICAL TRIALS OPEN AT ANY GIVEN TIME. THIS PROVIDES OUR COMMUNITY WITH ACCESS TO GROUNDBREAKING TREATMENT OPTIONS. AS THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN A FIVE-STATE AREA (WA, WY, AK, MT, ID), THE ACCESS TO CLINICAL TRIAL PARTICIPATION IS A VALUABLE RESOURCE TO PATIENTS ACROSS THE REGION. FRED HUTCH ALSO HAS DEDICATED STAFF TO REPORT PATIENT-LEVEL DATA TO STATE AND NATIONAL CANCER REGISTRIES FOR SOLID TUMOR AND BONE MARROW TRANSPLANT POPULATIONS TO HELP ADVANCE THE CLINICAL EVIDENCE BASE. COMMUNITY HEALTH SERVICES:FRED HUTCH HAS RELATIONSHIPS WITH FEDERALLY QUALIFIED HEALTH CENTERS LOCATED WITHIN THE MEDICALLY UNDERSERVED AREAS IN KING, SNOHOMISH AND PIERCE COUNTIES. FRED HUTCH HAS SPECIFIC CONTRACTS WITH PUBLIC HEALTH - SEATTLE & KING COUNTY AND SEA MAR COMMUNITY HEALTH CENTERS TO PROVIDE PREVENTIVE HEALTH SCREENINGS TO THE LOCAL UNDERSERVED COMMUNITIES. FRED HUTCH IS ALSO PART OF THE BREAST, CERVICAL, AND COLON HEALTH PROGRAM (BCCHP). THE PURPOSE OF THE BCCHP IS TO REDUCE MORBIDITY AND MORTALITY FROM BREAST, CERVICAL AND COLON CANCERS BY THE EARLY DETECTION OF CANCER THROUGH FREE SCREENINGS. FRED HUTCH PROVIDES BREAST CANCER SCREENING THROUGH REGULAR MAMMOGRAMS. FRED HUTCH ACCEPTS REFERRALS OF PATIENTS WHO HAVE A FINDING ON THEIR MAMMOGRAM AND PERFORMS DIAGNOSTICS AND TREATS PATIENTS WHO ARE DEEMED TO HAVE CANCER. SINCE 2014, FRED HUTCH HAS PARTICIPATED IN THE ANNUAL SEATTLE-KING COUNTY FREE CLINIC TO PROVIDE NECESSARY HEALTH CARE TO INDIVIDUALS WITH TRADITIONALLY LIMITED ACCESS, INCLUDING CANCER SCREENINGS AND OTHER MEDICAL SERVICES. FRED HUTCH PROVIDES BREAST CANCER SCREENINGS THROUGH ITS MAMMOGRAM VAN AND FRED HUTCH STAFF VOLUNTEER AT THE EVENT. COMMUNITY HEALTH EDUCATION:FRED HUTCH PROVIDES COMMUNITY EDUCATION PROGRAMMING FOR CANCER SURVIVORS, INCLUDING MEDICAL NUTRITION EDUCATION TO COMMUNITY CANCER SUPPORT GROUPS, WELLNESS CONFERENCES AND CANCER SURVIVORSHIP CONFERENCES. FRED HUTCH ALSO PROVIDES MONTHLY SURVIVORSHIP EDUCATION. FURTHERMORE, FRED HUTCH ATTENDS LOCAL COMMUNITY HEALTH FAIRS AND EVENTS TO PROVIDE CANCER SCREENING INFORMATION AND TOBACCO CESSATION EDUCATION AND COUNSELING. HEALTH POLICY ADVOCACY:FRED HUTCH INVESTS RESOURCES IN ADVOCATING FOR POLICIES THAT IMPROVE THE HEALTH OF OUR COMMUNITY, LOWER THE BURDEN OF CANCER-RELATED DISEASE, AND INCREASE ACCESS TO HIGH-QUALITY, INNOVATIVE, AND AFFORDABLE CANCER CARE. FOR EXAMPLE, FRED HUTCH RESEARCHERS AND CLINICIANS SUPPORTED THE RAPID ADAPTION OF CLINICAL TRIAL RESEARCH TO THE CIRCUMSTANCES OF ENROLLING AND TREATING PATIENTS ON PROTOCOLS DURING THE COVID-19 PANDEMIC. COVID-19 VACCINE DISTRIBUTION: FRED HUTCH WAS AMONG THE FIRST WASHINGTON HEALTHCARE PROVIDERS TO RECEIVE THE COVID-19 VACCINE AND DISTRIBUTE DOSES TO PATIENTS, FAMILIES AND THE BROADER COMMUNITY. WE PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS, PUBLIC SCHOOLS, FAITH-BASED ORGANIZATIONS, LOW INCOME/HIGH DENSITY HOUSING GROUPS, AND PRODUCTION AND MANUFACTURING FACILITIES TO HOST MOBILE CLINICS AND REACH ACCESS-LIMITED COMMUNITIES. INSTITUTIONAL SERVICE TO THE COMMUNITY:FRED HUTCH HAS A LONG AND PROUD REPUTATION OF COLLABORATION WITH OTHER HEALTHCARE, GOVERNMENTAL, AND NONPROFIT ORGANIZATIONS IN THE DEVELOPMENT AND DEPLOYMENT OF COMMUNITY EDUCATION PROGRAMS, WELLNESS INITIATIVES, AND AWARENESS CAMPAIGNS. WE ARE</p>

Form and Line Reference	Explanation
	ALSO COMMUNITY SERVANTS IN THAT FRED HUTCH IS GOVERNED BY A SEVENTEEN (17)-MEMBER BOARD OF DIRECTORS, INCLUDING THIRTEEN (13) COMMUNITY DIRECTORS AND FOUR (4) EX-OFFICIO POSITIONS. THE COMMUNITY DIRECTORS BRING A DIVERSE RANGE OF EXPERTISE AND PERSPECTIVES FROM ACROSS HEALTH CARE, TECHNOLOGY AND PROFESSIONAL SERVICES SECTORS.
PART VI, LINE 6:	FRED HUTCH SERVES AS THE CANCER PROGRAM FOR UW MEDICINE, AN INTEGRATED CLINICAL, RESEARCH AND LEARNING HEALTH SYSTEM. FRED HUTCH AND UW MEDICINE SHARE COMPLEMENTARY GOALS AND EXPERTISE IN DELIVERING CARE, WITH FRED HUTCH FOCUSING ON CARING FOR CANCER AND RELATED BLOOD DISORDERS, WHILE UW MEDICINE OFFERS AN EXTENSIVE RANGE OF SPECIALTY CARE FOR OTHER HEALTH NEEDS. CANCER CARE PROVIDERS ARE DUALY CREDENTIALLED TO TREAT PATIENTS AT FRED HUTCH AND UW MEDICINE LOCATIONS, GIVING PATIENTS GREATER ACCESS TO CANCER TREATMENTS AND SUPPORTIVE CARE.
PART VI, LINE 7:	WASHINGTON STATE REQUIRES HOSPITALS TO MAKE THEIR CHNA WIDELY AVAILABLE TO THE PUBLIC AND TO ADOPT A COMMUNITY BENEFIT IMPLEMENTATION STRATEGY, WHICH IS ALSO MADE AVAILABLE TO THE PUBLIC. FRED HUTCH COMPLIES WITH BOTH REQUIREMENTS AND POSTS ITS CHNA AND IMPLEMENTATION STRATEGY ON ITS PUBLIC WEBSITE.

Additional Data

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Schedule I (Form 990) **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/form990 for the latest information.

Department of the Treasury Internal Revenue Service
FRED HUTCHINSON CANCER CENTER
Employer identification number
91-1935119

Part I General Information on Grants and Assistance

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

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

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

4 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 5005SP Schedule I (Form 990) 2023

(a) Name and address of grantee 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 cash assistance	(h) Purpose of grant or assistance
(1) ABRAHAM J AND RUTH M BLOOD FOUNDATION 150 CLEVELAND, OH 441255632	20-8376689	501(C)(3)	6,158	0			RESEARCH/SUBAWARDS
(2) ADVANCED HEALTH INSTITUTE 18517 EASTLAKE AVE E STE 400 1981023797	91-1608978	501(C)(3)	329,477	0			RESEARCH SUPPORT/SUBAWARDS
(3) ALASKA NATIVE TRIBAL HEALTH CENTER 4600 AMBASADOR DR ANCHORAGE, AK 9958599	92-0162721	501(C)(3)	237,378	0			RESEARCH SUPPORT/SUBAWARDS
(4) ALBERT EINSTEIN COLLEGE OF MEDICINE 11000 LEBESON PARK AVENUE 104611900	83-0621846	501(C)(3)	108,060	0			RESEARCH SUPPORT/SUBAWARDS
(5) ALLIANCE FOR REGENERATIVE MEDICINE 1015 18TH ST NW STE 310 WASHINGTON, DC 20035202	27-0486705	501(C)(4)	20,000	0			CHARITABLE CONTRIBUTION/COMMUNITY SUPPORT
(6) AMERICAN CANCER SOCIETY INC 270 PEACHTREE ST NW STE 1300 ATLANTA, GA 303031246	13-1788491	501(C)(3)	53,575	0			RESEARCH & PROGRAM SUPPORT
(7) ARIZONA STATE UNIVERSITY PO BOX 876011 4800 W WASHINGTON AVENUE PHOENIX, AZ 850243000	86-0196696	GOVERNMENT	106,720	0			RESEARCH SUPPORT/SUBAWARDS
(8) ARKANSAS CANCER CENTER 4101 JOHN R ST DETROIT, MI 482021013	20-1494466	501(C)(3)	28,764	0			RESEARCH SUPPORT/SUBAWARDS
(9) ARIZONA COLLEGE OF MEDICINE 1300 W UNIVERSITY AVENUE PHOENIX, AZ 850243000	74-1613878	501(C)(3)	44,729	0			RESEARCH SUPPORT/SUBAWARDS
(10) ARKANSAS RESEARCH CENTER OF THE CITY OF HOPE 1000 QUARTERLINE AVENUE QUARTERLINE, AR 710530012	95-3432210	501(C)(3)	291,613	0			RESEARCH SUPPORT/SUBAWARDS
(11) BETH ISRAEL MEDICAL CENTER 330 BROOKLINE AVE SEATTLE, WA 981223809	41-2103881	501(C)(3)	325,693	0			RESEARCH SUPPORT/SUBAWARDS
(12) BINAYARA FOUNDATION 3300 140TH PL SE STE 330 BELLEVUE, WA 980076427	26-1603676	501(C)(3)	12,750	0			CHARITABLE CONTRIBUTION/COMMUNITY SUPPORT
(13) BROAD INSTITUTE 415 MAIN ST CAMBRIDGE, MA 021421227	26-3428781	501(C)(3)	329,084	0			RESEARCH SUPPORT/SUBAWARDS
(14) CANCER RESEARCH AND BIOMEDICINE 1505 WESTLAKE AVENUE SEATTLE, WA 981093050	91-6182951	501(C)(3)	22,750	0			CHARITABLE CONTRIBUTION/COMMUNITY SUPPORT
(15) CANCER PATHWAYS 1400 BROADWAY SEATTLE, WA 981223809	91-1742315	501(C)(3)	15,000	0			CHARITABLE CONTRIBUTION/COMMUNITY SUPPORT
(16) CANCER RESEARCH AND BIOMEDICINE 1505 WESTLAKE AVENUE SEATTLE, WA 981093050	91-1828539	501(C)(3)	7,589,422	0			RESEARCH SUPPORT/SUBAWARDS
(17) CASE WESTERN RESERVE UNIVERSITY 10969 CEDAR AVE SUITE 200 CLEVELAND, OH 441063004	34-1018992	501(C)(3)	17,270	0			RESEARCH SUPPORT/SUBAWARDS
(18) CECILS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD WASHINGTON, DC 2000481804	95-1644600	501(C)(3)	162,988	0			RESEARCH SUPPORT/SUBAWARDS
(19) CENTER FOR REGENERATIVE MEDICINE FUND 1301 5TH AVE STE 1508 SEATTLE, WA 981012632	91-1648680	501(C)(3)	25,000	0			CHARITABLE CONTRIBUTION/COMMUNITY SUPPORT
(20) CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION 1201 S MILLER ST SEATTLE, WA 9810413201	91-0171250	501(C)(3)	17,208	0			RESEARCH SUPPORT/SUBAWARDS
(21) CHILDRENS HOSPITAL CORPORATION 3300 UNIVERSITY AVENUE SEATTLE, WA 9810515724	41-2774441	501(C)(3)	385,527	0			RESEARCH SUPPORT/SUBAWARDS
(22) CHRISTUS SANTA TERESA CARE CORPORATION 333 N SANTA ROSA SAN ANTONIO, TX 782073108	74-1109665	501(C)(3)	61,691	0			RESEARCH SUPPORT/SUBAWARDS
(23) CITY OF FRANCISCO 1380 HOWARD ST RM 411 SAN FRANCISCO, CA 941032614	94-6000417	GOVERNMENT	140,686	0			RESEARCH SUPPORT/SUBAWARDS
(24) CITY OF HOPE HENRY MEDICAL CENTER 1500 DUARTE RD HOUSTON, TX 7705513012	95-1683875	501(C)(3)	64,550	0			RESEARCH SUPPORT/SUBAWARDS
(25) COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 W 131 ST MC 8741 100277922	13-5598093	501(C)(3)	1,039,988	0			RESEARCH SUPPORT/SUBAWARDS
(26) CYTEL INC 1321 3RD AVE SEATTLE, WA 98122	41-2955676	OTHER	301,556	0			RESEARCH SUPPORT/SUBAWARDS
(27) DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE 02115	41-2263040	501(C)(3)	360,233	0			RESEARCH SUPPORT/SUBAWARDS
(28) DREXEL UNIVERSITY 3201 ARCH STREET PHILADELPHIA, PA 191042000	23-1352630	501(C)(3)	28,424	0			RESEARCH SUPPORT/SUBAWARDS
(29) DUKE UNIVERSITY 2200 W MAIN ST STE 300 DURHAM, NC 277082527	56-0532129	501(C)(3)	6,539,517	0			RESEARCH SUPPORT/SUBAWARDS
(30) ENHES COMPANY LLC 700 WASHINGTON STREET SUITE 100 ROCKVILLE, MD 20850	54-1058268	OTHER	235,295	0			RESEARCH SUPPORT/SUBAWARDS
(31) ERGORY UNIVERSITY 15900 WILSON RD NE 300 FLR RM 3101 WASHINGTON, DC 200425003	58-0566256	501(C)(3)	1,001,898	0			RESEARCH SUPPORT/SUBAWARDS
(32) EMPower LEARNING LLC GREENVILLE, OH 45331	47-4290056	OTHER	65,520	0			RESEARCH SUPPORT/SUBAWARDS
(33) EXAMORE WORLD HEALTH CENTER PO BOX 201392 DALLAS, TX 752201392	23-2057350	OTHER	1,387,731	0			RESEARCH SUPPORT/SUBAWARDS
(34) FENWAY HEALTH CENTER INC 1340 BOYLSTON STREET BOSTON, MA 022154302	84-2487545	501(C)(3)	12,750	0			CHARITABLE CONTRIBUTION/COMMUNITY SUPPORT
(35) FISHER CENTER INC 54-1348241 OTHER 1,017,813	04-2510564	501(C)(3)	62,818	0			RESEARCH SUPPORT/SUBAWARDS
(36) FORTIS P O BOX 418395 637 BENTLEY BLVD WASHINGTON, DC 2000481804	91-2061474	501(C)(3)	27,000	0			CHARITABLE CONTRIBUTION/COMMUNITY SUPPORT
(37) FORD HEALTH AND TECHNOLOGY RESEARCH FOUNDATION INC 4033 MAPLE ROAD 142261056	16-1056614	501(C)(3)	319,597	0			RESEARCH SUPPORT/SUBAWARDS
(38) FORD HEALTH AND TECHNOLOGY RESEARCH FOUNDATION INC 400 E PINE ST STE 322 SEATTLE, WA 981223809	91-1171271	501(C)(6)	8,500	0			CHARITABLE CONTRIBUTION/COMMUNITY SUPPORT
(39) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(40) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(41) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(42) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(43) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(44) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(45) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(46) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(47) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(48) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(49) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(50) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(51) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(52) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(53) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(54) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(55) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(56) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(57) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(58) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(59) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(60) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(61) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
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(63) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(64) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(65) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(66) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
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(68) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(69) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(70) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(71) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
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(81) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
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(85) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(86) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(87) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(88) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(89) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(90) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(91) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(92) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(93) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(94) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(95) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(96) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(97) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(98) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(99) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(100) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(101) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(102) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	52-1317896	501(C)(3)	263,498	0			RESEARCH SUPPORT/SUBAWARDS
(103) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980573368	59-3238634	501(C)(3)	45,425	0			RESEARCH SUPPORT/SUBAWARDS
(104) HENRY FORD HEALTH SYSTEMS BIOLOGY 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980							

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) FOOD	3000	0	47,665	FMV	FOOD FOR PATIENTS
(2) GAS GIFT CARDS	64	0	59,771	FMV	GAS GIFT CARDS
(3) GROCERY GIFT CARDS	205	0	127,965	FMV	GROCERY GIFT CARDS
(4) MEDICAL ACCESSORIES	36	0	24,878	FMV	PROSTHESIS FOR PATIENTS
(5) SHELTER	71	0	162,790	FMV	RENT PAID FOR PATIENTS
(6) SUNDRIES	266	0	1,739	FMV	CLOTHING AND HOUSEHOLD GOODS
(7) TRANSPORTATION	4	0	1,416	FMV	CAB FARE, AIRFARE, AND PARKING FOR PATIENTS
(8) WIGS	26	0	3,900	FMV	WIGS AND HATS FOR PATIENTS
(9) TUITION ASSISTANCE	257	1,760,680	0		

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 RESEARCH GRANTS RECEIVED BY FRED HUTCH ARE PASSED ON TO SUBRECIPIENTS, IN ALL OR IN PART. ONCE THE NOTICE OF AWARD HAS BEEN RECEIVED FOR THE PRIME AWARD, FRED HUTCH SETS UP A SUBAWARD. THERE ARE TWO DIFFERENT ASPECTS OF SUBRECIPIENT MONITORING INSTITUTIONAL AND PROGRAMMATIC. THE OFFICE OF SPONSORED RESEARCH (OSR) CLOSELY REVIEWS THE PRIME AWARD TO FLOW DOWN APPLICABLE TERMS AND CONDITIONS AND CONFIRMS REGULATORY COMPLIANCE. THE PRINCIPAL INVESTIGATOR (PI) AND RESEARCH ADMINISTRATOR (RA) HOLD PRIMARY RESPONSIBILITY FOR ENSURING THE SUBAWARD IS USED IN LINE WITH ITS INTENDED USE PER THE SCOPE OF WORK (SOW) AND BUDGET. 1) THE PRINCIPAL INVESTIGATOR (PI) OR RESEARCH ADMINISTRATOR (RA), ON BEHALF OF THE PI, SUBMITS A SUBAWARD ACQUISITION FORM AUTHORIZING THE ISSUANCE OF A SUBAWARD AND INCLUDES PERTINENT SUBRECIPIENT INFORMATION. A COPY OF THE PRIME AWARD AND LETTER OF INTENT (LOI), SIGNED BY THE SUBRECIPIENT, ARE OBTAINED. THE LOI SHOWS THAT THE SUBRECIPIENT ORGANIZATION REVIEWED AND APPROVED THE BUDGET AND SCOPE OF WORK. 2) 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, REVIEW OF THE PRIME SPECIAL TERMS AND CONDITIONS TO DETERMINE FLOW-DOWN, CONFIRMATION THAT THE SUBRECIPIENT IS NOT DEBARRED, COMPLETES A RISK ASSESSMENT TO ENSURE THE INSTITUTION IS A GOOD STEWARD OF FUNDS AND OTHER SIMILAR REGULATORY AND ADMINISTRATIVE REQUIREMENTS. 3) THE SUBAWARD AGREEMENT IS COMPLETED TO INCLUDE APPLICABLE FLOW-DOWN TERMS, REPORTING AND INVOICING REQUIREMENTS. THE SUBAWARD AGREEMENT IS SENT TO THE SUBRECIPIENT INSTITUTION FOR REVIEW OF THE TERMS AND SIGNATURE; APPLICABLE REGULATORY INFORMATION IS REQUESTED. 4) THE FULLY EXECUTED AGREEMENT INCLUDES THE PRIME AWARD TERMS AND CONDITIONS. NO PAYMENTS ARE MADE TO THE SUBRECIPIENT UNTIL THE FULLY EXECUTED AGREEMENT IS IN PLACE. FRED HUTCH PROVIDES LIMITED ASSISTANCE TO PATIENTS AND FAMILIES WITH CRITICAL FINANCIAL NEEDS BROUGHT ABOUT BY THEIR TREATMENT. THE DONATED FAMILY ASSISTANCE FUND (FAF) IS INTENDED TO IDENTIFY AND ASSIST THOSE PATIENTS WHO CANNOT PROVIDE FOR THE MOST BASIC NEEDS (I.E. SHELTER, FOOD, TRANSPORTATION) THAT HAVE BEEN INCURRED BECAUSE OF THE NEED FOR TREATMENT OR ACCESS TO CARE. TO BE CONSIDERED FOR ASSISTANCE, PATIENTS GENERALLY MUST BE: 1) RECEIVING ACTIVE AND ONGOING TREATMENT AT A FRED HUTCH INPATIENT OR OUTPATIENT SITE MULTIPLE TIMES PER MONTH; 2) HAVE EXHAUSTED ALL OTHER SOURCES OF FINANCIAL ASSISTANCE, OR HAVE DETERMINED TO NOT BE AVAILABLE OR MEET ALL THE NEED; 3) HAVE GROSS HOUSEHOLD INCOME AT OR BELOW THE THRESHOLD MENTIONED IN THE FAF APPLICATION; AND 4) COMPLETE A FAF APPLICATION AND PROVIDE ALL REQUIRED SUPPORTING DOCUMENTATION. IF APPROVED FOR ASSISTANCE, ASSISTANCE MAY BE PROVIDED IN THE FORM OF GROCERY, TRANSPORTATION, OR GAS GIFT CARDS, OR IN THE CASE OF MEDICALLY-NECESSARY LODGING, AMOUNTS ARE PAID DIRECTLY TO THE APPROVED VENDOR.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.**

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FRED HUTCHINSON CANCER CENTER

Employer identification number

91-1935159

Part I Questions Regarding Compensation

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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				
1 THOMAS J LYNCH MD PRESIDENT & DIRECTOR	(i)	1,645,146	352,610	30,321	326,445	37,691	2,392,213	0
	(ii)	0	0	0	0	0	0	0
2 NANCY DAVIDSON MD EVP, CLINICAL AFFAIRS	(i)	975,136	209,364	14,047	144,427	15,474	1,358,448	0
	(ii)	0	0	0	0	0	0	0
3 NICOLE C ROBINSON PHD VP & COO	(i)	831,896	296,382	24,749	134,939	27,115	1,315,081	0
	(ii)	0	0	0	0	0	0	0
4 DAVID BROWDY VP & CFO	(i)	832,660	275,951	7,211	133,534	38,141	1,287,497	0
	(ii)	0	0	0	0	0	0	0
5 SARA HURVITZ MD SVP & DIRECTOR, CLINICAL RESEARCH	(i)	417,672	600,000	40,116	44,014	14,142	1,115,944	0
	(ii)	0	0	0	0	0	0	0
6 BRUCE E CLURMAN MD PHD EVP, CHIEF SCI. OFFICER & DEPUTY DIR	(i)	706,525	247,321	7,211	118,415	29,088	1,108,560	0
	(ii)	0	0	0	0	0	0	0
7 ERIC C HOLLAND MD PHD SVP & DIRECTOR, HUMAN BIOLOGY	(i)	695,873	78,054	29,689	119,105	25,038	947,759	0
	(ii)	0	0	0	0	0	0	0
8 FREDERICK APPELBAUM MD EXECUTIVE VICE PRESIDENT	(i)	614,229	146,653	10,661	114,405	27,570	913,518	0
	(ii)	0	0	0	0	0	0	0
9 STEVEN HAYDON VP & GENERAL COUNSEL(THRU 2/24)	(i)	579,715	202,709	30,321	41,490	32,038	886,273	0
	(ii)	0	0	0	0	0	0	0
10 GEOFFREY HILL MD SVP & DIRECTOR, TRANSLATIONAL SCI	(i)	597,921	58,090	62,433	108,124	29,126	855,694	0
	(ii)	0	0	0	0	0	0	0
11 KELLY PATRICK VP & CIO	(i)	537,890	182,048	41,935	41,490	15,137	818,500	3,557
	(ii)	0	0	0	0	0	0	0
12 TOM PURCELL MD VP & CHIEF MEDICAL OFFICER	(i)	654,721	0	7,211	116,115	21,855	799,902	0
	(ii)	0	0	0	0	0	0	0
13 JODI BURKE VP, HUMAN RESOURCES	(i)	455,045	172,993	12,783	93,682	39,185	773,688	0
	(ii)	0	0	0	0	0	0	0
14 KELLY O'BRIEN VP & CHIEF PHILANTHROPY OFFICER	(i)	507,978	108,730	4,780	107,020	29,458	757,966	0
	(ii)	0	0	0	0	0	0	0
15 THERESA MCDONNELL DNP VP & CHIEF NURSING OFFICER(THRU 9/23)	(i)	354,170	91,333	163,080	41,490	21,603	671,676	36,219
	(ii)	0	0	0	0	0	0	0
16 STEPHANIE MAYS FORMER OFFICER	(i)	431,766	76,667	4,279	31,590	36,614	580,916	0
	(ii)	0	0	0	0	0	0	0
17 CINDY GIST MHA FORMER KEY EMPLOYEE	(i)	251,095	96,612	7,096	68,146	19,427	442,376	0
	(ii)	0	0	0	0	0	0	0
18 CHAD HOGGARD FORMER KEY EMPLOYEE	(i)	282,013	85,333	1,479	31,590	38,797	439,212	0
	(ii)	0	0	0	0	0	0	0
19 GERIANNE SANDS CORP SEC., VP&GEN. COUNSEL(BEG 2/24)	(i)	355,410	0	10,531	31,590	31,191	428,722	0
	(ii)	0	0	0	0	0	0	0
20 BRITTANY MCCREERY MD FORMER KEY EMPLOYEE	(i)	258,661	61,628	579	73,475	34,234	428,577	0
	(ii)	0	0	0	0	0	0	0

(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 NICKI NGUYEN-COLVIN FORMER KEY EMPLOYEE	(i)	285,091	41,250	941	31,590	33,253	392,125	0
	(ii)	0	0	0	0	- 0	- 0	0
22 RICHARD LAFRANCE FORMER KEY EMPLOYEE	(i)	268,405	0	7,798	25,583	40,401	342,187	0
	(ii)	0	0	0	0	- 0	- 0	0
23 CHRIS BUNDESMANN CORPORATE CONTROLLER	(i)	286,646	822	1,487	27,157	23,087	339,199	0
	(ii)	0	0	0	0	- 0	- 0	0
24 HERBERT L BONE III CORPORATE TREASURER	(i)	254,856	0	3,793	23,493	33,811	315,953	0
	(ii)	0	0	0	0	- 0	- 0	0
25 TIMOTHY EHLLING FORMER KEY EMPLOYEE	(i)	244,957	0	7,060	22,699	38,150	312,866	0
	(ii)	0	0	0	0	- 0	- 0	0
26 MICHELLE HALL FORMER KEY EMPLOYEE	(i)	247,556	4,301	7,018	22,965	29,128	310,968	0
	(ii)	0	0	0	0	- 0	- 0	0
27 DANIEL MARKUS FORMER KEY EMPLOYEE	(i)	268,937	0	1,805	25,132	8,620	304,494	0
	(ii)	0	0	0	0	- 0	- 0	0
28 GANSUVD BALGANSUREN FORMER KEY EMPLOYEE	(i)	230,369	0	3,359	20,386	29,043	283,157	0
	(ii)	0	0	0	0	- 0	- 0	0
29 PAUL HELMUTH FORMER KEY EMPLOYEE	(i)	238,174	0	2,125	19,610	14,735	274,644	0
	(ii)	0	0	0	0	- 0	- 0	0
30 MATTHEW MCSWEYN FORMER KEY EMPLOYEE	(i)	226,427	0	1,150	19,917	25,295	272,789	0
	(ii)	0	0	0	0	- 0	- 0	0
31 CARILLA WALLIN FORMER KEY EMPLOYEE	(i)	215,613	0	710	18,559	31,177	266,059	0
	(ii)	0	0	0	0	- 0	- 0	0
32 TAMI DEEB FORMER KEY EMPLOYEE	(i)	60,956	70,000	74,524	18,040	4,774	228,294	0
	(ii)	0	0	0	0	- 0	- 0	0
33 ANDREW JACKSON FORMER KEY EMPLOYEE	(i)	161,754	0	1,464	11,776	19,225	194,219	0
	(ii)	0	0	0	0	- 0	- 0	0

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	FRED HUTCH PERMITS FIRST-CLASS AIR TRAVEL IN ACCORDANCE WITH FEDERAL REIMBURSEMENT REGULATIONS, AND GENERALLY ONLY WHEN COACH FARE IS NOT AVAILABLE. FRED HUTCH ALSO PAYS SOCIAL CLUB DUES FOR THE PRESIDENT AND DIRECTOR. NEITHER OF THESE BENEFITS ARE TREATED AS TAXABLE COMPENSATION. WHEN WARRANTED, THE ORGANIZATION OFFERS TEMPORARY HOUSING TO MEMBERS OF ITS LEADERSHIP TEAM AS PART OF A RELOCATION PACKAGE. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUAL.
PART I, LINE 4B	FRED HUTCH MAINTAINS A NONQUALIFIED 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THAT WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED RETIREMENT PLAN. EMPLOYER CONTRIBUTIONS MADE TO THE PARTICIPANT'S PLAN HAVE A THREE-YEAR VESTING PERIOD. THESE CONTRIBUTIONS ARE REFLECTED IN THE AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN (C). THE FOLLOWING CONTRIBUTIONS WERE MADE TO THE REFERENCED INDIVIDUAL'S ACCOUNT FOR THE 2023 CALENDAR YEAR: THOMAS J. LYNCH, M.D.: \$284,955 NANCY DAVIDSON, M.D.: \$102,937 NICOLE C. ROBINSON, PH.D.: \$93,449 DAVID BROWDY: \$92,044 SARA HURVITZ, M.D.: \$44,014 BRUCE E. CLURMAN, M.D., PH.D.: \$76,925 ERIC C. HOLLAND, M.D., PH.D.: \$77,615 FREDERICK APPELBAUM, M.D.: \$72,915 GEOFFREY HILL, M.D.: \$66,634 TOM PURCELL, M.D.: \$74,625 JODI BURKE: \$52,192 KELLY O'BRIEN: \$65,530 CINDY GIST, M.H.A.: \$26,656 BRITTANY MCCREERY, M.D.: \$32,400 THE FOLLOWING INDIVIDUALS RECEIVED DISTRIBUTIONS FROM THEIR 457(F) PLAN ACCOUNT FOR THE 2023 CALENDAR YEAR: KELLY PATRICK: \$37,033 THERESA MCDONNELL: \$117,540

Additional Data

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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 CENTER

Employer identification number
91-1935159

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HLJ2	10-30-2014	97,921,097	ADVANCE REFUND OF BONDS ISSUED 2/3/2009		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HXM2	07-08-2020	278,176,101	CONSTRUCT HEALTHCARE FACILITIES AND ADVANCE REFUND OF BONDS ISSUED 7/8/20		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HYF6	02-11-2021	44,555,911	REFUND SEATTLE PROTON CENTER, LLC'S SERIES 2018 TAXABLE BONDS		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	CT1656350	06-30-2022	55,000,000	REFINANCE BONDS ISSUED ON 03/10/22 AND 03/31/22		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	24,920,000	690,000	2,140,000	
2 Amount of bonds legally deceased				
3 Total proceeds of issue	97,921,097	279,510,225	44,555,911	55,000,000
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds		23,413,658		
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	1,268,751	2,358,312	861,534	
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds		236,952,559		
11 Other spent proceeds	96,652,346	16,785,696	43,694,377	55,000,000
12 Other unspent proceeds				
13 Year of substantial completion	2010	2022	2021	2015
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X	X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?	X		X	X
16 Has the final allocation of proceeds been made?	X		X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	X

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X	X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0.110 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0.110 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X	X	

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: WASHINGTON HEALTH CARE FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 03/01/2024
SCHEDULE K, PART II, LINE 3, COLUMN B:	THE DIFFERENCE BETWEEN THE ISSUE PRICE OF \$278,176,101 AND THE TOTAL PROCEEDS OF THE ISSUE OF \$279,510,225 IS DUE TO INVESTMENT EARNINGS INCLUDED IN LINE 3, TOTAL PROCEEDS OF ISSUE.

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2023

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
FRED HUTCHINSON CANCER CENTER

Employer identification number
91-1935159

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	CT1656356	06-30-2022	103,545,000	REFINANCE BONDS ISSUED ON 03/10/22 AND 03/31/22		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	CT1656359	06-30-2022	125,000,000	REFINANCE BONDS ISSUED ON 03/10/22 AND 03/31/22		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	8,750,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	103,545,000	125,000,000		
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	103,545,000	125,000,000		
12 Other unspent proceeds				
13 Year of substantial completion	2001		2022	
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X	X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?	X		X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X	X					
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6 Total of lines 4 and 5	0 %		0 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation

Additional Data

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
FRED HUTCHINSON CANCER CENTER

Employer identification number

91-1935159

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	X		1,218	FAIR MARKET VALUE
6 Cars and other vehicles	X	84	170,745	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	71	61,859,950	AVG. SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	2,566	12,407	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other (AUCTION ITEMS)	X	44	148,491	FAIR MARKET VALUE
26 Other (WIGS)	X	26	3,900	FAIR MARKET VALUE
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 3

	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):	PUBLICLY TRADED STOCK - FRED HUTCH IS REPORTING THE NUMBER OF CONTRIBUTION'S RECEIVED; FOOD INVENTORY - FRED HUTCH IS REPORTING THE NUMBER OF ITEMS RECEIVED; AUCTION ITEMS - FRED HUTCH IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED; WIGS - FRED HUTCH IS REPORTING THE NUMBER OF ITEMS RECEIVED.
PART I, LINE 32B:	FRED HUTCH HAS AN AGREEMENT WITH A THIRD-PARTY TO SOLICIT, PROCESS, AND SELL CONTRIBUTIONS OF VEHICLES ON BEHALF OF THE ORGANIZATION.

Additional Data

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Software ID:

Software Version:

SCHEDULE O
(Form 990)**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.

2023**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
FRED HUTCHINSON CANCER CENTER

Employer identification number

91-1935159

Return Reference	Explanation
FORM 990, PART I, LINE 6, DESCRIPTION OF VOLUNTEERS:	HUNDREDS OF VOLUNTEERS PROVIDE FRED HUTCH WITH THE IMPORTANT GIFT OF THEIR TIME. OVER 130 CARING CLINIC VOLUNTEERS GIVE MORE THAN 1,600 HOURS OF SERVICE ALONE ANNUALLY IN OUR CLINICAL AREAS. THESE VOLUNTEERS PROVIDE VITAL PRACTICAL AND SOCIAL SUPPORT FOR PATIENTS AND THEIR FAMILIES AT A CRITICAL TIME IN THEIR LIVES. VOLUNTEERS CONTRIBUTE TO A COMPASSIONATE CARE EXPERIENCE BY PROVIDING AIRPORT TRANSPORTATION, SHARING HEALING MUSICAL TALENTS, AND ASSISTING WITH PATIENT EDUCATION PROJECTS. OTHER 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.
FORM 990, PART III, LINE 1 DESCRIPTION OF ORGANIZATION MISSION (CONTINUED):	BREAKTHROUGHS AND HEALTHIER LIVES FOR EVERY PERSON IN EVERY COMMUNITY. THROUGH OUR INDIVIDUALIZED CANCER CARE AND ADVANCED SCIENTIFIC RESEARCH, FRED HUTCH PROVIDES THE LATEST CANCER TREATMENT OPTIONS AND ACCELERATES DISCOVERIES THAT PREVENT, TREAT AND CURE CANCER AND INFECTIOUS DISEASES WORLDWIDE. BASED IN SEATTLE, FRED HUTCH IS THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN WASHINGTON STATE. OUR CARE IS FOCUSED ON PREVENTING, DIAGNOSING AND TREATING CANCER IN ADULTS. FRED HUTCH PROVIDERS ARE EXPERTS IN A WIDE ARRAY OF CANCERS AND DISEASES, PROVIDING DIAGNOSTIC SERVICES, TREATMENT AND FOLLOW-UP CARE TAILORED TO SPECIFIC NEEDS. FRED HUTCH OPERATES EIGHT CLINICAL CARE SITES THAT PROVIDE MEDICAL ONCOLOGY, INFUSION, RADIATION, PROTON THERAPY AND RELATED SERVICES. IT ALSO OFFERS SERVICES AT MULTIPLE UW MEDICAL CENTER LOCATIONS AND AT TWO COMMUNITY HOSPITAL SITES IN THE PUGET SOUND AREA. WE HAVE EARNED A GLOBAL REPUTATION FOR OUR TRACK RECORD OF DISCOVERIES IN CANCER, INFECTIOUS DISEASE AND BASIC RESEARCH, INCLUDING IMPORTANT ADVANCES IN BONE MARROW TRANSPLANTATION, IMMUNOTHERAPY, HIV/AIDS PREVENTION AND COVID-19 VACCINES. OUR INNOVATION AND DISCOVERY EFFORTS SPAN THE BASIC SCIENCES, FOUNDATIONAL BIOLOGY, AND TRANSLATIONAL AND COMPUTATIONAL SCIENCES, WITH SIGNIFICANT EFFORTS TO IMPROVE POPULATION HEALTH AND REDUCE HEALTH DISPARITIES.
FORM 990, PART VI, SECTION A, LINE 2	BRADLEY SIMMONS AND TIMOTHY DELLIT HAVE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 4	THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO FRED HUTCH'S BYLAWS, EFFECTIVE SEPTEMBER 22, 2023: 1) THE CHAIR OF THE BOARD IS NO LONGER REQUIRED TO SIT ON THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS. THE FOLLOWING SIGNIFICANT CHANGES WERE MADE TO FRED HUTCH'S BYLAWS, EFFECTIVE JANUARY 24, 2024: 1) THE NUMBER OF DIRECTORS ALLOWED TO SERVE ON THE BOARD OF DIRECTORS AT ANY GIVEN TIME WAS INCREASED FROM THIRTEEN (13) TO SEVENTEEN (17).
FORM 990, PART VI, SECTION A, LINE 7A	PER FRED HUTCH'S BYLAWS, THE CHIEF EXECUTIVE OFFICER OF UW MEDICINE, THE HEALTH CARE SYSTEM OF THE UNIVERSITY OF WASHINGTON, AND THE UW MEDICINE PRESIDENT OF HOSPITALS & CLINICS, ARE EX-OFFICIO DIRECTORS ON THE FRED HUTCH BOARD OF DIRECTORS AND HAVE THE SAME VOTING RIGHTS AS OTHER MEMBERS OF THE BOARD OF DIRECTORS. IN THE EVENT OF A VACANCY IN THE POSITION OF CHIEF EXECUTIVE OFFICER OF UW MEDICINE OR UW MEDICINE PRESIDENT OF HOSPITALS & CLINICS, THE INDIVIDUAL SERVING IN THE INTERIM ROLE ON WHICH THE EX-OFFICIO STATUS IS BASED WILL ASSUME THE POSITION'S RESPECTIVE ROLE ON THE FRED HUTCH BOARD OF DIRECTORS UNTIL THAT POSITION IS PERMANENTLY FILLED.
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING ACTIONS REQUIRE THE APPROVAL OF THE UNIVERSITY OF WASHINGTON BOARD OF REGENTS: A) AMEND THE ARTICLES OF INCORPORATION; B) AMEND THE SECTIONS OF THE BYLAWS THAT PROVIDE FOR SPECIFIC RIGHTS OR REPRESENTATION TO UNIVERSITY OF WASHINGTON MEDICINE OR ITS PERSONNEL; LIQUIDATE, DISSOLVE OR WIND-UP THE BUSINESS AND AFFAIRS OF FRED HUTCH OR CONSENT TO ANY OF THE FOREGOING; D) ENTER INTO ANY TRANSACTION WHICH WOULD: (I) REVISE THE OUTCOME OF THE FINANCIAL ALIGNMENT TERMS IN SECTION 6 OF THE RESTRUCTURING AND ENHANCED COLLABORATION AGREEMENT ENTERED INTO BY FRED AND THE UNIVERSITY OF WASHINGTON (AS THE PARTIES THERETO MAY AMEND FROM TIME TO TIME) IN A MANNER THAT WOULD BE MATERIALLY FINANCIALLY DETRIMENTAL TO UW MEDICINE ON AN OBJECTIVELY-DETERMINED BASIS; (II) CONSTITUTE THE SALE, LEASE, TRANSFER, EXCLUSIVE LICENSE OR OTHER DISPOSITION, IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS, OF MORE THAN TEN PERCENT (10%) OF THE ASSETS HELD BY FRED HUTCH WITHIN THE WASHINGTON, WYOMING, ALASKA, MONTANA, AND IDAHO REGION; OR (III) CONSTITUTE THE SALE, LEASE, TRANSFER, EXCLUSIVE LICENSE OR OTHER DISPOSITION, IN A SINGLE TRANSACTION OR SERIES OF RELATED TRANSACTIONS, OF MORE THAN TWENTY-FIVE PERCENT (25%) OF THE ASSETS HELD BY FRED HUTCH REGARDLESS OF THE LOCATION OF SUCH ASSETS.
FORM 990, PART VI, SECTION A, LINE 8B	FRED HUTCH HAD NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B	THE INFORMATION NEEDED TO PREPARE THE FORM 990 IS GATHERED BY THE FRED HUTCH TAX AND REGULATORY TEAM FROM OTHER INTERNAL DEPARTMENTS AT FRED HUTCH. THE INFORMATION IS THEN PROVIDED TO FRED HUTCH'S OUTSIDE ACCOUNTING FIRM FOR REVIEW AND COMPIATION. A DRAFT OF THE FORM 990 IS THEN PREPARED AND SUBSEQUENTLY REVIEWED INTERNALLY BY FRED HUTCH MANAGEMENT, WITH ANY NECESSARY REVISIONS BEING COMMUNICATED TO THE OUTSIDE ACCOUNTING FIRM. A REVISED DRAFT OF THE FORM 990 IS THEN PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS, IN ACCORDANCE WITH FRED HUTCH'S BYLAWS, FOR THEIR REVIEW

Return Reference	Explanation
	OF THE FORM 990. FOLLOWING THE FINANCE COMMITTEE'S REVIEW, THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS, GIVING THEM THE OPPORTUNITY TO REVIEW THE FORM 990 AND ASK QUESTIONS PRIOR TO THE RETURN BEING FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS OF THE BOARD, OFFICERS, AND KEY EMPLOYEES ("COVERED PERSON(S)") ARE FIDUCIARIES OF FRED HUTCH AND ARE REQUIRED TO ACT IN GOOD FAITH AND IN THE BEST INTERESTS OF FRED HUTCH AT ALL TIMES. COVERED PERSONS ARE REQUIRED TO DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST AT THE TIME OF THEIR INITIAL APPOINTMENT TO THEIR POSITION, PRIOR TO PARTICIPATING IN A TRANSACTION IN WHICH A COVERED PERSON HAS A PERCEIVED OR ACTUAL CONFLICT OF INTEREST, AS WELL AS ON AN ANNUAL BASIS BY COMPLETING THE ANNUAL DISCLOSURE FORM, EVEN IF THERE HAVE BEEN NO CHANGES SINCE THE PRIOR DISCLOSURE FORM WAS COMPLETED. COVERED PERSONS DISCLOSURES AND PRIOR APPROVAL REQUESTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OR ITS DESIGNEE (THE CHAIR OF THE BOARD). THE CHAIR OF THE BOARD, IN CONSULTATION WITH THE OFFICE OF GENERAL COUNSEL REVIEWS ALL DISCLOSURES AND REQUEST FOR PRIOR APPROVAL FROM THE PRESIDENT & DIRECTOR. CONFLICT MANAGEMENT PLANS AND APPROVED ACTIVITIES AND INTEREST ARE REVIEWED AT LEAST ANNUALLY BY THE BODY OR INDIVIDUAL RESPONSIBLE FOR THE ORIGINAL APPROVAL. COVERED PERSONS MUST RECUSE THEMSELVES FROM ANY TRANSACTION WHERE THEY HAVE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST UNLESS THE TRANSACTION HAS BEEN REVIEWED AND APPROVED IN ACCORDANCE WITH THE POLICY, AND FOLLOWING DISCLOSURE OF ALL RELEVANT FACTS. VIOLATIONS OF THE CONFLICT-OF-INTEREST POLICY BY COVERED PERSONS ARE REPORTED TO THE EXECUTIVE COMMITTEE FOR APPROPRIATE ACTION. INTENTIONAL OR REPEATED VIOLATIONS OF THE POLICY MAY RESULT IN DISMISSAL FROM THE BOARD (IN THE CASE OF DIRECTORS), OR TERMINATION OF EMPLOYMENT (IN THE CASE OF OFFICERS AND KEY EMPLOYEES).
FORM 990, PART VI, SECTION B, LINE 15	FORM 990, PART VI, LINE 15A: THE COMPENSATION FOR THE PRESIDENT & DIRECTOR IS DETERMINED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE HAS DEVELOPED, CONSISTENT WITH FRED HUTCH'S PHILOSOPHY AND PRINCIPLES, GUIDELINES FOR DETERMINING COMPENSATION AND BENEFITS. THE COMPENSATION COMMITTEE ENGAGES 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, INCLUDING THE PRESIDENT & DIRECTOR AND KEY EMPLOYEES. NO PERSON WITH A CONFLICT-OF-INTEREST MAY PARTICIPATE IN DETERMINING OR APPROVING ANY EXECUTIVE COMPENSATION PACKAGE. THE DELIBERATIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED IN THE MINUTES OF THE MEETING, WHICH ARE THEN APPROVED AT THE FOLLOWING COMMITTEE MEETING. WITH RESPECT TO THE TAX YEAR, THE ABOVE PROCESS WAS MOST RECENTLY COMPLETED IN OCTOBER 2023. FORM 990, PART VI, LINE 15B: THE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & DIRECTOR AND IS SUBJECT TO RATIFICATION BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE HAS DEVELOPED, CONSISTENT WITH FRED HUTCH'S PHILOSOPHY AND PRINCIPLES, GUIDELINES FOR DETERMINING COMPENSATION AND BENEFITS. THE COMPENSATION COMMITTEE ENGAGES 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. NO PERSON WITH A CONFLICT-OF-INTEREST MAY PARTICIPATE IN DETERMINING OR APPROVING ANY EXECUTIVE COMPENSATION PACKAGE. THE DELIBERATIONS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED IN THE MINUTES OF THE MEETING, WHICH ARE THEN APPROVED AT THE FOLLOWING COMMITTEE MEETING. WITH RESPECT TO THE TAX YEAR, THE ABOVE PROCESS WAS MOST RECENTLY COMPLETED IN APRIL 2024.
FORM 990, PART VI, SECTION C, LINE 19	FRED HUTCH MAKES ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. FRED HUTCH'S GOVERNING DOCUMENTS, AS WELL AS ITS CONFLICT-OF-INTEREST POLICY ARE AVAILABLE UPON REQUEST.
FORM 990, PART VII, FORMER KEY EMPLOYEES:	PRIOR TO FRED HUTCH'S (FORMERLY KNOWN AS SEATTLE CANCER CARE ALLIANCE) MERGER WITH FRED HUTCHINSON CANCER RESEARCH CENTER, A NUMBER OF INDIVIDUALS SATISFIED ALL THREE-PRONGS OF THE KEY EMPLOYEE TEST AND WERE DESIGNATED AS KEY EMPLOYEES ON FORM 990, PART VII, SECTION A. MANY OF THESE INDIVIDUALS REMAIN EMPLOYED AT FRED HUTCH FOLLOWING THE MERGER, BUT DUE TO A VARIETY OF REASONS (E.G. INCREASE IN SIZE OF THE ORGANIZATION, INTERNAL RESTRUCTURING, ETC.), NO LONGER SATISFY ALL THREE-PRONGS OF THE KEY EMPLOYEE TEST AND ARE DESIGNATED AS EITHER A "FORMER KEY EMPLOYEE OR "FORMER OFFICER" ON FORM 990, PART VII, SECTION A. IN ACCORDANCE WITH THE IRS INSTRUCTIONS FOR FORM 990.
FORM 990, PART IX, LINE 11G	ADMINISTRATIVE SERVICES: PROGRAM SERVICE EXPENSES 32,952,019. MANAGEMENT AND GENERAL EXPENSES 9,247,608. FUNDRAISING EXPENSES 1,388,732. TOTAL EXPENSES 43,588,359. STAFFING AGENCIES: PROGRAM SERVICE EXPENSES 6,771,949. MANAGEMENT AND GENERAL EXPENSES 399,644. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,171,593. CLINICAL SERVICES: PROGRAM SERVICE EXPENSES 149,328,678. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 149,328,678. RESEARCH SERVICES: PROGRAM SERVICE EXPENSES 8,248,384. MANAGEMENT AND GENERAL EXPENSES 91,341. FUNDRAISING EXPENSES 19,184. TOTAL EXPENSES 8,358,909. OTHER CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 5,354,388. MANAGEMENT AND GENERAL EXPENSES 6,681,271. FUNDRAISING EXPENSES 1,315,117. TOTAL EXPENSES 13,350,776.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT-INTEREST TRUST 2,051,475.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**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 CENTER

Employer identification number

91-1935159

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	0	0	FRED HUTCHINSON CANCER CENTER
(2) SEATTLE PROTON CENTER LLC 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 981091024	INACTIVE	DE	0	0	PROCURE SEATTLE HOLDINGS LLC
(3) PROCURE SEATTLE HOLDINGS LLC 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 981091024	INACTIVE	DE	0	0	FRED HUTCHINSON CANCER 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 CENTER	Yes	
(2) 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 CENTER	Yes	
(3) HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED POB 3935 MULAGO HOSPITAL UPPER MUL KAMPALA UGANDA UG	RESEARCH AND EDUCATION ON CANCER AND INFECTIOUS DISEASE	UG	N/A	N/A	FRED HUTCHINSON CANCER 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

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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r	Yes	
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	L	1,435,114	BOOK
(2) HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	P	807,128	BOOK
(3) HUTCHINSON CENTRE RESEARCH INSTITUTE OF SOUTH AFRICA	P	239,785	BOOK
(4) HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	R	3,240,000	BOOK
(5) HUTCHINSON CENTRE RESEARCH INSTITUTE OF SOUTH AFRICA	R	16,056,101	BOOK

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2023

Additional Data[Return to Form](#)**Software ID:****Software Version:**