Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07-01-2024 , and ending 06-30-2025

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) | Room/suite
1100 Fairview Avenue North

City or town, state or province, country, and ZIP or foreign postal code
Seatle, WA 981091024

D Employer identification number
91-1935159

E Telephone number
(206) 606-1000

G Gross receipts $ 3,466,212,478

F Name and address of principal officer:
Dr Thomas Lynch JR
1100 Fairview Avenue North
Seatle,WA 981091024

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

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

H(c) Group exemption number

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

J Website: HTTPS://WWW.FREDHUTCH.ORG

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

L Year of formation: 1998

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
FRED HUTCHINSON CANCER CENTER UNITES INNOVATIVE RESEARCH AND COMPASSIONATE CARE TO PREVENT AND ELIMINATE CANCER AND INFECTIOUS DISEASE.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	7,088
6	Total number of volunteers (estimate if necessary)	**6**	719
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	630,655,652	705,214,753
9	Program service revenue (Part VIII, line 2g)	1,354,597,702	1,650,922,336
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,750,936	137,731,829
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,042,381	38,523,989
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,027,046,671	2,532,392,907
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	120,169,153	101,223,693
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	754,924,414	853,703,548
16a	Professional fundraising fees (Part IX, column (A), line 11e)	288,327	456,941
b	Total fundraising expenses (Part IX, column (D), line 25) 28,942,816		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,189,362,059	1,450,601,535
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,064,743,953	2,405,985,717
19	Revenue less expenses. Subtract line 18 from line 12	-37,697,282	126,407,190

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,446,635,074	3,600,753,073
21	Total liabilities (Part X, line 26)	1,989,465,864	2,033,708,861
22	Net assets or fund balances. Subtract line 21 from line 20	1,457,169,210	1,567,044,212

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2026-05-15
Dr Thomas Lynch JR President and Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2026-05-14		P00737884

Firm's name CLARK NUBER PS — Firm's EIN 91-1194016

Firm's address 555 110TH AVE NE SUITE 700
BELLEVUE, WA 98004 — Phone no. (424) 454-4919

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FRED HUTCH CANCER CENTER ("FRED HUTCH") UNITES INNOVATIVE RESEARCH AND COMPASSIONATE CARE TO PREVENT AND ELIMINATE CANCER AND INFECTIOUS DISEASE. CONTINUED ON SCHEDULE O

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 $ 1,318,857,503 including grants of $ 1,010,128) (Revenue $ 1,632,271,113)

Clinical Program: 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 4,395 PATIENT DAYS, 77,331 OUTPATIENT CLINIC VISITS, 111,884 INFUSION HOURS, 13,417 RADIATION ONCOLOGY TREATMENTS, AND PERFORMED 59,223 IMAGING SCANS. OUR CARE TEAMS SERVED MORE THAN 72,000 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 FY25, 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 $ 784,558,623 including grants of $ 100,213,565) (Revenue $ 18,051,057)

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 FY25, FRED HUTCH RESEARCHERS PUBLISHED 1,284 RESEARCH ARTICLES AND 44 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** 2,103,416,126

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see 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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations 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	1,034		
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)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 7,088				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**	Yes		
b	If "Yes," enter the name of the foreign country: SF, UG, UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**	Yes		
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d** 2				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**	Yes		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**	Yes		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**			No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	17		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2** Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**	No
6	Did the organization have members or stockholders?			**6**	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b** Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
David Browdy 1100 Fairview Avenue North Seattle, WA 981091024 (206) 667-4876

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, 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	Former			
(1) Julie Nordstrom Secretary	4.0 0	X		X				0	0	0
(2) Leigh Morgan Chair	4.0 2.0	X		X				0	0	0
(3) Pete Shimer Treasurer	4.0 0	X		X				0	0	0
(4) Richard Anderson Vice-Chair	4.0 0	X		X				0	0	0
(5) THOMAS J LYNCH MD President & Director	55.0 0	X		X				2,232,376	0	366,037
(6) Bradley Simmons Director	2.0 0	X						0	0	0
(7) Cheryl M Scott Director	2.0 0	X						0	0	0
(8) Eduardao Penalver Director	2.0 0	X						0	0	0
(9) JAMES LICO Director - Beg 6/18/25	2.0 0	X						0	0	0
(10) JEFF YURCISIN DIRECTOR - Beg 1/29/25	2.0 0	X						0	0	0
(11) Joanne Harrell Director	2.0 0	X						0	0	0
(12) Kathy Surace-Smith Director	2.0 0	X						0	0	0
(13) MICHELLE SEITZ Director	2.0 0	X						0	0	0
(14) NANCY DAVIDSON MD EVP, Clinical Affairs	55.0 0	X						1,250,784	0	173,381
(15) Sean Boyle Director	2.0 0	X						0	0	0
(16) Stephen Graham Director	2.0 0	X						0	0	0
(17) Timothy H Dellit MD Director	2.0 0	X						0	0	0

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	Former			
(18) CHRIS BUNDESMANN Corporate Controller	54.0 1.0			X				317,546	0	53,455
(19) DAVID BROWDY VP & Chief Financial Officer	54.0 1.0			X				1,186,790	0	171,147
(20) GERIANNE SANDS Corporate Secretary, VP & General Counsel	55.0 0			X				539,962	0	102,057
(21) HERBERT L BONE III Corporate Treasurer	55.0 0			X				284,408	0	57,701
(22) NICOLE C ROBINSON PhD VP & Chief Operating Officer	55.0 0			X				1,587,507	0	168,028
(23) BRUCE E CLURMAN MD PHD EVP, Chief Sci. Officer & Deputy Director	55.0 0				X			1,019,199	0	161,693
(24) Denene Prophet-Williams MBA MLA BSN VP & Chief Nursing Officer - Beg 4/1/24	55.0 0				X			471,417	0	58,935
(25) FREDERICK APPELBAUM MD Executive Vice President	55.0 0				X			811,307	0	147,590
(26) KELLY O'BRIEN VP & Chief Philanthropy Officer	55.0 0				X			786,916	0	147,090
(27) Nida Shekhani VP & Chief Strategy Officer	55.0 0				X			805,373	0	160,154
(28) TOM PURCELL MD VP & Chief Medical Officer	55.0 0				X			1,150,671	0	153,743
(29) ERIC C HOLLAND MD PHD SVP & Director, Human Biology	55.0 0					X		860,361	0	149,485
(30) GEOFFREY HILL MD SVP & Director, Translational Sci	55.0 0					X		772,025	0	144,809
(31) JODI BURKE VP, Human Resources	55.0 0					X		615,767	0	142,421
(32) SARA HURVITZ MD SVP & Director, Clinical Research	55.0 0					X		1,271,572	0	197,194
(33) Warren T Phipps MD Associate Professor	54.0 1.0					X		692,880	0	111,646
(34) ANDREW JACKSON Former Key Employee	55.0 0						X	165,723	0	33,211
(35) BRITTANY MCCREERY MD Former Key Employee	55.0 0						X	373,473	0	112,239
(36) CHAD HOGGARD Former Key Employee	55.0 0						X	238,527	0	29,956
(37) CINDY GIST MHA Former Key Employee	55.0 0						X	312,580	0	83,751
(38) DANIEL MARKUS Former Key Employee	55.0 0						X	284,932	0	35,739
(39) GANSUVD BALGANSUREN Former Key Employee	55.0 0						X	243,187	0	49,924
(40) MATTHEW MCSWEYN Former Key Employee	55.0 0						X	224,380	0	45,544
(41) MICHELLE HALL Former Key Employee	55.0 0						X	265,346	0	52,496
(42) NICKI NGUYEN-COLVIN Former Key Employee	55.0 0						X	291,603	0	60,432
(43) PAUL HELMUTH Former Key Employee	55.0 0						X	251,338	0	35,300
(44) RICHARD LAFRANCE Former Key Employee	55.0 0						X	328,414	0	72,151
(45) STEPHANIE MAYS Former Officer	55.0 0						X	463,223	0	69,661
(46) STEVEN HAYDON Former Officer	55.0 0						X	1,045,174	0	14,579
(47) TIMOTHY EHLING Former Key Employee	55.0 0						X	262,659	0	61,988
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								21,407,420	0	3,423,537

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 2,390

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF WASHINGTON 1959 NE 59TH AVENUE SUITE 1005 SEATTLE, WA 98104	HEALTHCARE SERVICES	137,036,236
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	BONE MARROW TRANSPLANT SERVICES	16,149,180
LEASE CRUTCHER LEWIS 2200 WESTERN AVENUE SUITE 500 SEATTLE, WA 98121	CONSTRUCTION SERVICES	11,324,921
IBA Proton Therapy Inc 2200 Edmund Halley Drive Suite 210 Reston, VA 20191	Proton Therapy Equipment Services	8,869,296
Allied Universal 450 Exchange Irvine, CA 92602	Security Services	6,132,156

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 186

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 OtherAmt Similar Amounts				
1a Federated campaigns . .	1a 1,651,556			
b Membership dues . .	1b 0			
c Fundraising events . .	1c 9,262,055			
d Related organizations	1d 0			
e Government grants (contributions)	1e 404,404,170			
f All other contributions, gifts, grants, and similar amounts not included above	1f 289,896,972			
g Noncash contributions included in lines 1a - 1f:$	1g 98,235,877			
h **Total.** Add lines 1a-1f	705,214,753			
Program Service Revenue	Business Code			
2a Patient Service Revenue	622310	1,583,726,835	1,583,726,835	
b Other Patient Ancillary Services	622310	35,079,021	35,079,021	
c Research Activities	541714	23,608,524	23,608,524	
d Patient Housing	624221	3,981,852	3,981,852	
e Programmatic Rental Income	531120	3,408,766	3,408,766	
f All other program service revenue.		1,117,338	517,172	0 600,166
g **Total.** Add lines 2a–2f.	1,650,922,336			
Other Revenue				
3 Investment income (including dividends, interest, and other similar amounts)		42,783,236		42,783,236
4 Income from investment of tax-exempt bond proceeds		0		0
5 Royalties		20,468,284		20,468,284
	(i) Real	(ii) Personal		
6a Gross rents 6a	9,132,204			
b Less: rental expenses 6b				
c Rental income or (loss) 6c	9,132,204	0		
d Net rental income or (loss)		9,132,204		9,132,204
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a	1,026,491,134	103,025		
b Less: cost or other basis and sales expenses 7b	935,818,579	-4,173,013		
c Gain or (loss) 7c	90,672,555	4,276,038		
d Net gain or (loss)		94,948,593		94,948,593
8a Gross income from fundraising events (not including $ 9,262,055 of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	361,744			
b Less: direct expenses 8b	2,165,530			
c Net income or (loss) from fundraising events . .		-1,803,786		-1,803,786
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a	34,950			
b Less: direct expenses 9b	8,475			
c Net income or (loss) from gaming activities . .		26,475		26,475
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 . .				
OtherRevenueMiscAmt	Business Code			
11a Investment in Affiliates	531120	6,668,237		6,668,237
b Parking Income	812930	3,324,582		3,324,582
c Rebates and Refunds	900099	359,203		359,203
d All other revenue		348,790	0	0 348,790
e **Total.** Add lines 11a–11d		10,700,812		
12 **Total revenue.** See instructions		2,532,392,907	1,650,322,170	0 176,855,984

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	88,367,993	88,367,993		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,308,500	3,308,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	9,547,200	9,547,200		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,818,314	5,526,945	7,386,126	905,243
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,785,077	1,808,345	3,976,732	
7 Other salaries and wages	654,299,492	527,532,817	112,031,737	14,734,938
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,299,606	33,233,104	6,109,403	957,099
9 Other employee benefits	91,267,501	91,610,039	-2,148,574	1,806,036
10 Payroll taxes	48,233,558	39,027,144	8,183,319	1,023,095
11 Fees for services (non-employees):				
a Management				
b Legal	2,842,662		2,842,662	
c Accounting	1,195,124		1,195,124	
d Lobbying	706,691		706,691	
e Professional fundraising services. See Part IV, line 17	456,941			456,941
f Investment management fees	2,084,560		2,084,560	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	275,123,584	238,828,298	32,870,587	3,424,699
12 Advertising and promotion	8,133,913	218,664	7,735,078	180,171
13 Office expenses	13,032,579	11,035,900	212,184	1,784,495
14 Information technology	55,911,496	8,921,760	46,977,952	11,784
15 Royalties	5,403,599	5,403,599		
16 Occupancy	39,484,850	27,495,613	11,983,614	5,623
17 Travel	6,640,359	5,672,195	717,232	250,932
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,101,043	3,595,950	457,267	47,826
20 Interest	46,832,691	43,963,789	2,693,397	175,505
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,810,261	59,765,853	15,876,768	167,640
23 Insurance	8,153,085	93,667	8,059,418	
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 Supplies	754,870,116	754,870,116		
b Collaborative Agreement	78,943,217	78,943,217		
c Equipment Rental & Maintenance	27,856,352	27,294,202	559,197	2,953
d Safety Net	20,058,751	20,058,751		
e All other expenses	23,416,602	17,292,465	3,116,301	3,007,836
25 **Total functional expenses.** Add lines 1 through 24e	2,405,985,717	2,103,416,126	273,626,775	28,942,816
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		8,580	1	8,580
	2	Savings and temporary cash investments		307,539,626	2	190,964,649
	3	Pledges and grants receivable, net		433,033,370	3	448,114,919
	4	Accounts receivable, net		350,835,325	4	388,750,567
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0
	7	Notes and loans receivable, net		2,217,424	7	2,792,520
	8	Inventories for sale or use		31,223,958	8	35,984,992
	9	Prepaid expenses and deferred charges		20,380,119	9	20,958,986
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,784,960,441			
	b	Less: accumulated depreciation	10b 650,110,258	945,080,967	10c	1,134,850,183
	11	Investments—publicly traded securities		955,895,056	11	788,749,976
	12	Investments—other securities. See Part IV, line 11		165,257,421	12	119,289,578
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		235,163,228	15	470,288,123
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,446,635,074	16	3,600,753,073
Liabilities	17	Accounts payable and accrued expenses		244,117,636	17	255,113,163
	18	Grants payable		3,953,599	18	2,767,379
	19	Deferred revenue		30,910,960	19	33,677,354
	20	Tax-exempt bond liabilities		645,879,271	20	627,315,168
	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	0
	23	Secured mortgages and notes payable to unrelated third parties		419,104,601	23	419,180,329
	24	Unsecured notes and loans payable to unrelated third parties		5,165,790	24	4,620,309
	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		640,334,007	25	691,035,159
	26	**Total liabilities.** Add lines 17 through 25		1,989,465,864	26	2,033,708,861
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		768,552,464	27	807,322,505
	28	Net assets with donor restrictions		688,616,746	28	759,721,707
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **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		1,457,169,210	32	1,567,044,212
	33	Total liabilities and net assets/fund balances		3,446,635,074	33	3,600,753,073

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,532,392,907
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,405,985,717
3	Revenue less expenses. Subtract line 2 from line 1	3	126,407,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,457,169,210
5	Net unrealized gains (losses) on investments	5	-21,282,862
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	4,750,674
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1,567,044,212

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

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Software ID: 24020961
Software Version: 2024v5.1

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2024

Open to Public Inspection

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	6,302,039	159,178,335	1,047,209,861	630,655,652	705,214,753	2,548,560,640
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						0
4 **Total.** Add lines 1 through 3	6,302,039	159,178,335	1,047,209,861	630,655,652	705,214,753	2,548,560,640
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						429,123,118
6 **Public support.** Subtract line 5 from line 4.						2,119,437,522

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	6,302,039	159,178,335	1,047,209,861	630,655,652	705,214,753	2,548,560,640
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	11,477,095	22,909,249	51,795,426	62,094,685	79,051,961	227,328,416
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	1,957,545	2,526,957	3,321,301	2,918,669	2,147,437	12,871,909
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	4,170,223	-70,570	-313,146	588,628	707,993	5,083,128
11 **Total support.** Add lines 7 through 10						2,793,844,093

12	Gross receipts from related activities, etc. (see instructions)	12	6,186,919,508

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	75.861 %
15	Public support percentage for 2023 Schedule A, Part II, line 14	15	69.513 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described 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.*	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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(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 (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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 Other Income	DESCRIPTION - RECYLING, CONSIGNMENT SALES, COLUMN A - 13517.0, COLUMN B - 7613.0, COLUMN C - 8266.0, COLUMN D - 0.0, COLUMN E - 0.0, COLUMN F - 29396.0; DESCRIPTION - MISC INCOME, COLUMN A - 3844.0, COLUMN B - -78183.0, COLUMN C - -3440.0, COLUMN D - 5529.0, COLUMN E - 348790.0, COLUMN F - 276540.0; DESCRIPTION - DEBT EXTINGUSHMENTS, COLUMN A - 4152862.0, COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - 4152862.0; DESCRIPTION - CURRENCY GAIN/LOSS, COLUMN A - , COLUMN B - , COLUMN C - -317972.0, COLUMN D - , COLUMN E - , COLUMN F - -317972.0; DESCRIPTION - REBATES AND REFUNDS, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - 583099.0, COLUMN E - 359203.0, COLUMN F - 942302.0;

Additional Data

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Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
Fred Hutchinson Cancer Center	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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		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		2,382
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		706,691
j	Total. Add lines 1c through 1i			709,073
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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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 RELATES ISSUES. THE TOTAL AMOUNT PAID TO LOBBYISTS FOR LOBBYING ACTIVITIES DURING THE TAX YEAR WAS $563,344. 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 $143,347.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE D
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

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 ▶ $ 51,000

(ii) Assets included in Form 990, Part X ▶ $ 1,065,786

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 ▶ $ _____

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

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

3 Using the organization's 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	564,946,782	547,049,575	502,455,707	7,343,138	5,981,426
b Contributions . . .	22,145,451	11,382,186	6,595,026	560,945,684	50,000
c Net investment earnings, gains, and losses	48,835,657	63,496,890	45,010,776	-56,394,984	1,317,949
d Grants or scholarships . . .		5,496			
e Other expenditures for facilities and programs . . .	194,758,755	56,376,691	7,011,934	9,438,131	
f Administrative expenses	1,494,666	599,682			6,237
g End of year balance	439,674,469	564,946,782	547,049,575	502,455,707	7,343,138

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

- **a** Board designated or quasi-endowment ▶ 66.51 %
- **b** Permanent endowment ▶ 24.55 %
- **c** Term endowment ▶ 8.94 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		187,646,116		187,646,116
b Buildings		626,656,298	115,199,478	511,456,820
c Leasehold improvements		21,595,020	7,260,735	14,334,285
d Equipment		567,618,570	346,485,228	221,133,342
e Other		381,444,437	181,164,817	200,279,620
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				1,134,850,183

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	198,391,143
(2)Beneficial Interst in Perpetual Trusts	37,106,006
(3)Contributed Artwork	1,065,786
(4)Restricted Funds	4,854,739
(5)Other noncurrent Assets	16,295,548
(6)Investment in Affiliates	212,574,901
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	470,288,123

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	
Federal Income Taxes	
UW Collaborative Arrangement	468,655,763
Lease Liability	216,832,759
Deferred Credit on Cash Flow Hedges	5,546,637
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	691,035,159

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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	0

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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	0

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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
Schedule D, Part III, Line 4 Collections of art - description of collections	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.
Schedule D, Part V, Line 4 Intended uses of endowment funds	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.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	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 2025 AND 2024, FRED HUTCH DID NOT RECORD ANY LIABILITY FOR UNCERTAIN TAX BENEFITS.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE F (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in 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 Caribbean	0	0	Program Services,Conference Travel	Research Activities	3,404
(2)	East Asia and the Pacific	0	7	Program Services,Conference Travel	RESEARCH ACTIVITIES	485,947
(3)	Europe (Including Iceland and Greenland)	0	31	Program Services,Conference Travel	RESEARCH ACTIVITIES	2,890,159
(4)	Middle East and North Africa	0	2	Program Services,Conference Travel	RESEARCH ACTIVITIES	51,637
(5)	North America (Canada & Mexico only)	0	16	Program Services,Conference Travel	RESEARCH ACTIVITIES	781,991
(6)	South America	0	7	Program Services,Conference Travel	RESEARCH ACTIVITIES	373,665
(7)	Sub-Saharan Africa	0	16	Program Services,Conference Travel	RESEARCH ACTIVITIES	1,022,666
(8)	Central America and the Caribbean	0	0	Grantmaking		750,266
(9)	East Asia and the Pacific	0	0	Grantmaking		411,846
(10)	Europe (Including Iceland and Greenland)	0	0	Grantmaking		1,103,191
(11)	Middle East and North Africa	0	0	Grantmaking		38,409
(12)	North America (Canada & Mexico only)	0	0	Grantmaking		803,481
(13)	South America	0	0	Grantmaking		796,606
(14)	Sub-Saharan Africa	0	0	Grantmaking		5,643,401
(15)	Central America and the Caribbean	0	0	Investments		77,719,041
(16)	Europe (Including Iceland and Greenland)	0	0	Investments		13,057,535
(17)						
3a	Sub-total	0	79			105,933,245
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	79			105,933,245

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 & Infectious Disease Research	147,098	WIRE			
(2)			South America	Vaccine & Infectious Disease Research	27,020	WIRE			
(3)			South America	Vaccine & Infectious Disease Research	210,485	WIRE			
(4)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	202,566	WIRE			
(5)			North America (Canada & Mexico only)	Vaccine & Infectious Disease Research	20,576	WIRE			
(6)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	23,848	WIRE			
(7)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	46,909	WIRE			
(8)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	210,941	WIRE			
(9)			North America (Canada & Mexico only)	Vaccine & Infectious Disease Research	366,437	WIRE, CHECK			
(10)			Europe (Including Iceland and Greenland)	Vaccine & Infectious Disease Research	56,555	WIRE			
(11)			South America	Vaccine & Infectious Disease Research	297,742	WIRE			
(12)			Europe (Including Iceland and Greenland)	Human Biology, Public Health Sciences	75,626	WIRE, CHECK			
(13)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	9,013	WIRE			
(14)			Europe (Including Iceland and Greenland)	Public Health Sciences	312,180	WIRE			
(15)			South America	Vaccine & Infectious Disease Research	39,424	WIRE			
(16)			South America	Vaccine & Infectious Disease Research	53,238	WIRE			
(17)			South America	Vaccine & Infectious Disease Research	21,600	WIRE			
(18)			Europe (Including Iceland and Greenland)	Vaccine & Infectious Disease Research	169,044	WIRE, CHECK			
(19)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	12,866	WIRE			
(20)			Europe (Including Iceland and Greenland)	Public Health Sciences	8,516	WIRE			
(21)			East Asia and the Pacific	Vaccine & Infectious Disease Research	68,287	WIRE			
(22)			Central America and the Caribbean	Public Health Sciences	473,317	WIRE			
(23)			Sub-Saharan Africa	Public Health Sciences	36,615	WIRE			
(24)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	697,487	WIRE			
(25)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	25,870	WIRE			
(26)			Europe (Including Iceland and Greenland)	Vaccine & Infectious Disease Research	110,593	WIRE			
(27)			Europe (Including Iceland and Greenland)	Human Biology	31,698	WIRE			
(28)			Central America and the Caribbean	Vaccine & Infectious Disease Research	276,950	WIRE			
(29)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	25,722	WIRE			
(30)			East Asia and the Pacific	Vaccine & Infectious Disease Research	18,821	WIRE			
(31)			Europe (Including Iceland and Greenland)	Translational Science & Therapy	143,399	WIRE			
(32)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	50,459	WIRE			
(33)			East Asia and the Pacific	Translational Science & Therapy	197,524	WIRE, CHECK			
(34)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	56,400	WIRE, CHECK			
(35)			Sub-Saharan Africa	Public Health Sciences	15,359	WIRE			
(36)			East Asia and the Pacific	Public Health Sciences	53,914	WIRE			
(37)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	19,213	WIRE			
(38)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	305,702	WIRE			
(39)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	22,380	WIRE			
(40)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	395,873	WIRE			
(41)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	532,912	WIRE			
(42)			Europe (Including Iceland and Greenland)	Vaccine & Infectious Disease Research	65,350	WIRE			
(43)			North America (Canada & Mexico only)	Vaccine & Infectious Disease Research	63,845	WIRE			
(44)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	543,963	WIRE			
(45)			North America (Canada & Mexico only)	Vaccine & Infectious Disease Research	50,141	WIRE			
(46)			Europe (Including Iceland and Greenland)	Public Health Sciences	74,174	WIRE			
(47)			North America (Canada & Mexico only)	Public Health Sciences, Human Biology and Clinical Research	302,483	WIRE, CHECK			
(48)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	933,537	WIRE			
(49)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	18,716	WIRE			
(50)			Middle East and North Africa	Public Health Sciences	38,409	WIRE			
(51)			Europe (Including Iceland and Greenland)	Vaccine & Infectious Disease Research	56,055	WIRE			
(52)			East Asia and the Pacific	Public Health Sciences	73,299	WIRE			
(53)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	106,425	WIRE			
(54)			Sub-Saharan Africa	Vaccine & Infectious Disease Research	1,350,401	WIRE			

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 . . . . . ▶ 36

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

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V Supplemental Information

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

ReturnReference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	SOME RESEARCH GRANTS RECEIVED BY FRED HUTCH ARE PASSED ON TO SUBRECIPIENTS, IN ALL OR IN PART. ONCE THE NOTICE OF AWARD AS 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. THE RA & PI MAY COMPLETE PROGRAMMATIC SITE VISITS AND ASSESSMENTS TO DETERMINE SITE PREPAREDNESS FOR THE ACTIVITY. 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.
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EAST ASIA AND THE PACIFIC-Accrual; EUROPE (INCLUDING ICELAND AND GREENLAND)-Accrual; MIDDLE EAST AND NORTH AFRICA-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; SOUTH AMERICA-Accrual; SUB-SAHARAN AFRICA-Accrual
Schedule F, Part II, Line 1 Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EAST ASIA AND THE PACIFIC-Accrual; EUROPE (INCLUDING ICELAND AND GREENLAND)-Accrual; MIDDLE EAST AND NORTH AFRICA-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; SOUTH AMERICA-Accrual; SUB-SAHARAN AFRICA-Accrual

Additional Data

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

Open to Public Inspection

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

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

b If "Yes," list the 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? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	The DONLON AGENCY LLC 115 Terrace Drive NE Atlanta, GA 30305	DIRECT MAIL, DIGITAL SOLICITATION AND ANALYTICS		No	4,629,046	456,941	4,172,105
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶					4,629,046	456,941	4,172,105

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.

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

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

		(a) Event #1 Obliteride (event type)	(b) Event #2 Mission Possible 2025 (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	6,758,903	2,255,411	609,485	9,623,799
	2 Less: Contributions	6,510,065	2,226,436	525,554	9,262,055
	3 Gross income (line 1 minus line 2)	248,838	28,975	83,931	361,744
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	415,048	11,372	18,763	445,183
	7 Food and beverages	586,717	45,933	75,790	708,440
	8 Entertainment	17,545	32,666	53,899	104,110
	9 Other direct expenses	726,250	56,416	125,131	907,797
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				2,165,530
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,803,786

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue			34,950	34,950
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			8,475	8,475
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes 0 % ☐ No	☐ Yes 0 % ☐ No	☐ Yes 0 % ☑ 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:
WA

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ KRISTIN NASH

Address ▶ 1100 Fairview Ave N Seattle, WA98109

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

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

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ KRISTIN NASH

Gaming manager compensation ▶ $ 0.

Description of services provided ▶ MANAGEMENT AND OVERSIGHT

☐ 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 ▶ $ 26,475

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(v) payment of fees or payment of expenses	THE DONLON AGENCY, LLC-FRED HUTCH HAS AN AGREEMENT WITH THE DONLON AGENCY, LLC ("DONLON") WHERE DONLON 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 DONLON ON FRED HUTCH'S BEHALF ARE ITEMIZED WHEN INVOICED. DURING THE TAX YEAR, FRED HUTCH INCURRED THE FOLLOWING EXPENSES RELATED TO ITS AGREEMENT WITH DONLON: ADVERTISING: $325,719 POSTAGE: $439,387 PRINTING AND PRODUCTION: $1,296,871;
Schedule G, Part III, Line 17 Distributions required under state law	STATE=WASHINGTON,MANDATORY DISTRIBUTION AMOUNT=26475;

Additional Data Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **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.**

OMB No. 1545-0047

2024

Open to Public Inspection

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	1a	Yes	
b	If "Yes," was it a written policy?	1b	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.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities			
	☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 30000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
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"?	4		
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	**(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
a Financial Assistance at cost (from Worksheet 1)			11,715,333	0	11,715,333	0.487 %
b Medicaid (from Worksheet 3, column a)			127,864,506	100,919,140	26,945,366	1.120 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	139,579,839	100,919,140	38,660,699	1.607 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			4,881,538	1,087,485	3,794,053	0.158 %
f Health professions education (from Worksheet 5)			20,168,699		20,168,699	0.839 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)			491,355,236	364,984,054	126,371,182	5.254 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			537,902	36,027	501,875	0.021 %
j **Total.** Other Benefits	0	0	516,943,375	366,107,566	150,835,809	6.271 %
k **Total.** Add lines 7d and 7j	0	0	656,523,214	467,026,706	189,496,508	7.879 %

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					0	0 %
2 Economic development			8,694		8,694	0 %
3 Community support			23,151		23,151	0.001 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			38,557		38,557	0.002 %
7 Community health improvement advocacy			46,576		46,576	0.002 %
8 Workforce development			34,536		34,536	0.001 %
9 Other					0	0 %
10 Total	0	0	151,514	0	151,514	0.006 %

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	231,156,561
6	Enter Medicare allowable costs of care relating to payments on line 5	6	352,083,867
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-120,927,306
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:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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					
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Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest —see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Facility reporting group		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1	FRED HUTCHINSON CANCER CENTER 1959 NE PACIFIC STREET SEATTLE,WA 98195 WWW.FREDHUTCH.ORG HAC.FS.00000204	X			X		X			ACUTE CARE HOSPITAL

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)

Name of hospital facility or letter of facility reporting group FRED HUTCHINSON CANCER CENTER

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 24			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): https://www.fredhutch.org/en/about/about-the-hutch/community-benefit.html			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): https://www.fredhutch.org/en/about/about-the-hutch/community-benefit.html			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

FRED HUTCHINSON CANCER CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 Yes	
	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 300.0 % and FPG family income limit for eligibility for discounted care of 400.0 %		
b ☐	Income level other than FPG (describe in Section C)		
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?	14 Yes	
15	Explained the method for applying for financial assistance?	15 Yes	
	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?	16 Yes	
	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): www.fredhutch.org/en/patient-care/patient-services/insurance-and-billing/financial-assistance.html		
b ☑	The FAP application form was widely available on a website (list url): www.fredhutch.org/en/patient-care/patient-services/insurance-and-billing/financial-assistance.html		
c ☑	A plain language summary of the FAP was widely available on a website (list url): www.fredhutch.org/en/patient-care/patient-services/insurance-and-billing/financial-assistance.html		
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 who are most likely to require financial assistance about availability of the FAP other measures reasonably calculated 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)		

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?	**17**	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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☑ Other (describe in Section C)			
f ☐ 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?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section			
d ☐ 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

		Yes	No
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.		No
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.		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
Schedule H, Part V, Section B, Line 3 E	As a nonprofit, mission-driven organization, Fred Hutch is committed to partnering with our community to create longer, healthier and richer lives for our patients and everyone living in our service area. The work we do in the community is an extension of our core mission. 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 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 CHA via quantitative and qualitative data analysis. The CHA used population-based statistics to characterize the burden and differences of cancer in WA. When possible, we accessed data on indicators about individuals in all of WA's 39 counties directly from publicly available datasets, most of which are maintained by national, state and county government agencies. This data was then analyzed and interpreted to understand the community and its cancer burden overall, as well as the variations among certain populations within the community. Data was pulled from the United States Census Bureau, Behavioral Risk Factor Surveillance System (BRFSS), National Immunization System (NIS)-Teen database, Surveillance Epidemiology and End Results (SEER)/National Program of Cancer Registries (NPCR) 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. Data and statistical reports research and databases ranging from health care, education, demographic characteristics, and economic trends were pulled from the WA Department of Health, WA Office of Financial Management, and Washington Employment Security Department. Additional demographic information related to social determinants of health was reported including the Self Sufficiency index, County Health rankings of Income Inequality, and USDA data on food insecurity. We also reviewed and incorporated, where 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 health needs and assets in the communities we serve. Alongside public data and population-based cancer statistics a major component of the CHA is the interviews conducted with a variety of partners from across WA representing the broad interests of communities, including those with expertise in public health. The CHA highlighted community voices from 93 individuals from 55 organizations across WA, including participants of the Fred Hutch Patient and Family Advisory Council (PFAC). We designed semi-structured interview and listening session protocols to solicit community input to better understand their needs, strengths, and how we can be involved in addressing the issues or building on those resources. Interviewees were selected based on their work with specific organizations or identified by Fred Hutch's OCOE's Community Health Education team as individuals who could share their insights about the health of our communities. They represented Federally Qualified Health Centers (FQHC), colleges and schools, local public health agencies and community-based organizations working alongside a wide range of community members. These included AI/AN and Black individuals, people of color, seniors, individuals residing in rural areas, recent immigrants and refugees, LGBTQ+ people and other groups who face significant barriers to accessing cancer prevention and care. We also conducted listening sessions with each of the OCOE's community coalitions in western, central and eastern WA. These coalitions comprise groups of individuals working toward decreasing health disparities in cancer prevention and care, collaboration and resource sharing, and advising and informing the Fred Hutch. Additional listening sessions were done with the Fred Hutch PFAC to hear their firsthand perspectives around seeking treatment, barriers to care and opportunities for improved education and information offerings. Once completed, each interview or listening session was then transcribed, coded for themes and analyzed. After compilation and analysis, the CHA identified six key health needs across WA: 1. Access to care. 2. Culturally and linguistically responsive care. 3. Social determinants of health. 4. Preventive care. 5. Healthcare affordability and cost of living 6. Mental health. After we completed the CHA, we distributed a survey to prioritize the identified areas based on Fred Hutch's and our community partners' ability to address the needs. We shared the survey with the three coalitions that the OCOE facilitates in Western, Central and Eastern WA. We also shared it with the people who participated in the 2025 CHA listening sessions and one-on-one interviews as well as Fred Hutch PFA C members. In total, 56 people serving 11 counties - Benton, Ferry, Grant, King, Kitsap, Pend Oreille, Pierce, Snohomish, Spokane, Stevens and Yakima - completed the survey. After the survey, we held a prioritization session with Fred Hutch leaders and staff from different departments. Together, they reviewed the CHA findings, reviewed the goals from the previous plan, and decided which community health priorities to focus on for the 2025-2028 Implementation Plan. We chose our priorities based on several factors: how serious the need is, how many people it affects, whether certain groups are unfairly impacted, how much support or attention the issue is already getting, whether we can work with local organizations on it and whether Fred Hutch can make a meaningful contribution. This review concluded that the community health needs identified during the CHA were intertwined, thus, Fred Hutch combined the needs identified through the CHA into three priority areas: 1. Access to care. 2. Prevention and screening. 3. Social and economic drivers of health. A strong emphasis on culturally and linguistically appropriate services (CLAS), mental health integration, strategic partnerships and policy, as well as advocacy, cuts across these areas.
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - FRED HUTCHINSON CANCER CENTER. For the 2025 CHNA, Fred Hutch interviewed 93 constituents from across WA. They represented FQHCs, 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, community needs and strengths, gaps or concerns facing communities they serve, resources needed, outreach strategies that has been successful, and what outreach strategies are needed. Interviews, surveys, and feedback was collected from August to November 2024. The following organizations kindly agreed to share their experience and expertise in interviews: Action Health Partners, Amend Health, Angel Flight West, Asian Counseling, Referral Service, Astria Health, Better Health Together, Cancer Pathways, Cancer Survivorship, Provider Network (CSPN), Center for MultiCultural, Health, CHAS Health, Chinese Information Service Center (CISC), Cierra Sisters, City of Toppenish, Community Safety, Network, Coordinated Care, C-Suite Center for Hope, El Centro de la Raza, Elevate Health, Feast World Kitchen, Garfield County Hospital District, GenPride, Innovia Foundation, Inspire Development Centers, Institute of Translational Health Sciences, Kadlec Regional Medical Center, Kadlec Tri-Cities Cancer Center, Kathleen Sutton Fund, Latino Educational Training Institute, Leukemia Lymphoma Society, Lincoln County Health Department,

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
	North Sound Accountable Community of Health, Northeast Tri County Health, Pacific Northwest Prostate Cancer for Patient Advocates Committee, Pacific Northwest University of Health Sciences, Providence Community Wellness and Health Training, Quileute Tribal Health, Rural Resources Community Action (RRCA), Sea Mar Community Health Centers, Southeast Washington Alliance for Health, South Puget Intertribal Planning Agency (SPIPA), Spokane Regional Health District, Sunnyside School District, The Lighthouse Advocacy Prevention and Education Center, Us TOO in Seattle, UW Medicine Primary Care Clinics, Washington State Department of Health, Washington State Department of Health Breast Cervical and Colon Health Program (BCCHP), Washington State University, Wellness House, Whitman County Public Health, Yakima Valley Community Foundation. These organizations serve and/or represent various populations in the state, including AI/AN and Black individuals, people of color, seniors, individuals residing in rural areas, recent immigrants and refugees, LGBTQ+ people and other groups who face significant barriers to accessing cancer prevention and care.
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - FRED HUTCHINSON CANCER CENTER. We identified the following cancer-related community health needs through its CHA: access to care; culturally and linguistically responsive care; social determinants of health; preventive care; healthcare affordability and cost of living; mental health. We recognizes that many of the priorities identified in the CHA are intertwined and therefore combined the needs identified through the CHA into three priority areas in its implementation plan: 1. Access to Care 2. Prevention and Screening. 3. Social and economic drivers of health. A strong emphasis on CLAS, mental health integration, strategic partnerships and policy, as well as advocacy, are incorporated across these areas. The following objectives outline how we are addressing each priority area. Addressing socio-economic drivers of health: We are addressing socio-economic factors that prevent patients from accessing care and attaining their full health potential by assessing longitudinal screening of patients' needs and the need for rescreening and translation of the tool into 10 languages. We will also strengthen awareness of Survivorship and Patient Navigation programs. Additionally, we will provide financial assistance to patients and families who have non-medical financial needs for transportation, lodging, and food security and provide no-cost parking to patients who receive financial assistance or support through the Donated Family Assistance Fund. We will create new strategies for patient and family assistance to address financial toxicity in healthcare and work to reduce barriers to care and financial impacts on participation in clinical trials, including raising awareness about financial counselling and patient navigation and available services provided. We will also explore partnerships with Philanthropy to collectively address financial toxicity and explore viable models to provide financial support for eligible individuals. We will work together to ensure that more than half of all Fred Hutch sponsorships are to organizations working to address socio-economic factors impacting health in under-resourced communities. We will ensure food security among patients, their families, and caregivers and connect food-insecure individuals to resources by establishing a food pantry run by a Fred Hutch dietician and pilot a philanthropy-supported program to subsidize access to onsite food service for patients who qualify. We will ensure that every patient or community member who interacts with Fred Hutch receives CLAS support according to their cultural or linguistic needs improving . We will strengthen the capacity of community organizations who are rooted in and trusted by communities by providing grants in our catchment area and provide technical assistance to strengthen the capacity of community-based organizations. We will also work to educate and improve knowledge of cancer care and research among healthcare, allied health providers, and students while building programs that address workforce development in under-resources populations and geographic areas through providing opportunities for students, residents, interns, or fellows and provide curriculum and class support to the CareerWork$ program to support low-income young adults in advancing their careers in healthcare. Providing comprehensive cancer prevention, education, and screening: We will provide education about healthy behaviors, recommended screening, treatment options, clinical trials, and available resources. We will participate in community health events, establish community partners, expand partnerships with three FQHCs, and maintain and expand enhanced internal integration for community impact through a cross-department community engagement working group. We will also develop county-specific fact sheets to educate community partners and the public and inform policy, grant applications, and decision making about resource allocation. We will prioritize work in areas of lung, breast, and prostate cancer. We will collaborate with community-based organizations, tribal nations, and government agencies to reduce the rate of commercial tobacco use and increase access to lung cancer screening. To do this we will expand access to lung cancer screening and commercial tobacco cessation resources for tribes in Western WA and for priority populations with high rates of smoking and lung cancer. We will expand the number of community advisory meetings held with tribal community partners and number of community outreach events completed. We will support partnering sites with lung cancer screening and expand access to lung cancer screening outside of our facilities by approving a business plan for a mobile CT unit to reach communities where they are. We will also increase awareness of lung cancer screening and screening for tobacco use among medical and primary care providers serving Indigenous and other communities with a high rate of commercial tobacco use using provider training sessions. We will increase the number of people from priority populations who are receiving recommended breast cancer screening. To do this we will deliver mammography screenings via Mammogram Vans and explore opportunities to grow the number of Mammogram Vans. We will also partner with community organizations to support outreach events, education. We will also sustain and evolve partnership with UW Medicine to increase breast cancer screening for Black people. We will increase awareness about prostate cancer disparities, risk, ands screenings among Black and African American people. To do this we will maintain a knowledge-to-action campaign centered around the living experiences of Black and African descent people and increasing awareness about prostate cancer screening, diagnosis and outcomes. We will also host an annual Black and African-descent Collaboration for Prostate Cancer Action (BACPAC) Prostate Cancer Community Research Symposium to discuss breakthroughs in prevention, detection, and treatment. Delivering access to affordable care: We will expand prevention, screening, research, education, and supportive services across the state. We will do this by offering prevention and screening services to help reduce access challenges in at least 14 sites in south King County, Pierce County, and other communities that face higher cancer burden. We will also support expansion of support group access in Central and Eastern WA by establishing Spanish-language support groups in Central WA and Eastern WA. We will sustainability improve access to clinical trials for all patients across WA by implementing recommendations by the Patient Needs and Outcomes Council, increase participation in clinical trials among under-resourced populations, and support pilot projects with community clinics to expand access to clinical trials. We will prioritize public health education and advance policies seeking to reduce challenges to care by facilitating annual meetings with policymakers to provide education about opportunities to increase access to prevention, screenings and high-quality care. We will also select one community benefit priority as a Commission on Cancer (CoC) Barrier to Care accreditation and identify barriers to focus

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
	on. A report will be shared with the CoC committee each year that includes priority areas selected, challenges identified, resources used, and metrics related to outcomes. We will enhance access to mental health care for patients, families, and the community by strengthening relationships with community-based mental health providers to increase mental health support, increase mental health access for cancer survivors, and maintain an institution-wide suicidal ideation assessment and dissemination of resources. We will facilitate research relevant to the catchment area to reduce the burden of cancer, including engaging catchment area communities with researchers by expanding the TakePart-NW research program to all Fred Hutch clinic locations, UW Medicine sites, and other facilities around Washington. While these priority areas encompass many of the identified needs, we do not have the capacity or scope to address every issue. For example, challenges such as the unavailability and high cost of childcare fall outside of our direct role and resources. While we are not directly addressing environmental health and climate change within this Community Benefit Implementation Plan, we know that physical health goes hand in hand with a healthy environment. 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 our facilities.
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - FRED HUTCHINSON CANCER CENTER:. 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 CENTER 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; OR 4) 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.
Schedule H, Part V, Section B, Line 15 Facility , 1	Facility , 1 - FRED HUTCHINSON CANCER CENTER. ALTHOUGH THE FINANCIAL ASSISTANCE POLICY DOES NOT HAVE SPECIFIC CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT AGENCIES THAT MAY BE SOURCES OF ASSISTANCE, FRED HUTCH 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.
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - FRED HUTCHINSON CANCER CENTER. 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 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? **11**

	Name and address	Type of Facility (describe)
1	Fred Hutch Sloan Clinic 825 Eastlake Avenue E Seattle, WA 98109	Hospital Based Outpatient Clinic
2	Fred Hutchinson at Evergreen Health 12040 NE 128th Stree Kirkland, WA 98034	Hospital Based Outpatient Clinic
3	Fred Hutch Cancer Center Proton Therapy 1570 N 115th Street Seattle, WA 98133	Hospital Based Outpatient Clinic
4	Fred Hutch at Overlake Cancer Center 1135 116th Ave NE Suite 250 Bellvue, WA 98004	Hospital Based Outpatient Clinic
5	Fred Hutch at UW Medical Center - Northwest 1560 N 115th Street Suite G-16 Seattle, WA 98133	Hospital Based Outpatient Clinic
6	Fred Hutch Cancer Center Peninsula 19917 7th Avenue NE Suite 100 Poulsbo, WA 98370	Community Site Outpatient Clinic
7	Fred Hutch Cancer Center Issaquah 1740 NW Maple Street Suite 211 Issaquah, WA 98027	Community Site Outpatient Clinic
8	Fred Hutch Cancer Center Valley Street Imaging 1209 Valley Street Seattle, WA 98109	Advanced Medical Imaging Facility
9	Pete Gross House 525 Minor Ave N Seattle, WA 98109	Temporary Medical Housing Facility
10	Behnke Family House 207 Pontius Avenue N Seattle, WA 98109	Temporary Medical Housing Facility
11	Fred Hutch Wellness Center 1100 Fairview Ave N Seattle, WA 98109	Wellness and Preventative Care Facility

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
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	874590
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	FRED HUTCH UTILIZED WORKSHEET 2 TO ARRIVE AT A COST-TO-CHARGE RATIO FOR COMPLETING LINE 7.
Schedule H, Part II Community Building Activities	Fred Hutch Cancer Center (Fred Hutch) through its various programs, research, and specifically the Office of Community Outreach and Engagement (OCOE), works to improve health outcomes and address cancer health issues through authentic relationships, advocacy, and collaboration. This includes community-based research, resource support, and cancer prevention education informed by community-determined needs. The OCOE team works to build community partnerships across Washington State (WA). We work with individuals and organizations across the state on projects to improve health outcomes by raising awareness about cancer prevention and screening. We facilitate mutually transformative and beneficial collaborations by providing resources and connections for community partners to engage in research that is meaningful and relevant to their communities, and supporting researchers interested in community-engaged research. We build relationships and collaborations with partners across WA to facilitate programs that build on community strengths, strategies, and goals. OCOE hosts three community coalitions across WA. By highlighting and sharing regional community feedback and priorities, coalitions support sustainable cancer care programs and build capacity for research collaboration. Together, we work toward listening to community voices, experiences, and expertise to reduce cancer disparities for residents in WA. The Indigenous Cancer Health Excellence Initiative (ICHE-i) within the OCOE addresses the high burden of cancer incidence and mortality in American Indian and Alaska Native (AI/AN) populations in the state of Washington. ICHE-i supports Indigenous-led solutions to promote health, address cancer health disparities among American Indian and Alaska Native (AI/AN) communities and culturally aligned cancer care and research across Washington State (WA). Grounded in Indigenous knowledge systems and values, ICHE-i fosters sustainable partnerships with tribes and Urban Indian Organizations (UIOs) to advance cancer health excellence.
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX IS $874,590. THIS AMOUNT DOES NOT PERTAIN TO ANY PATIENT SERVICE RELATED ACTIVITY.
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	REFER TO PAGES 9-11 OF THE AUDITED FINANCIAL STATEMENTS.
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	FRED Hutch COMPLETED PART III, LINE 6 USING THE ALLOWABLE COSTS FROM THE AS-FILED MEDICARE COST REPORT FOR FY25. 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, Section B Non-Cost Report Fee Sched. Managed Care Total Medicare Medicare Revenue 231,156,561 1,074,329 24,159,708 256,390,598 Medicare Expense 352,083,867 3,547,053 82,362,399 437,993,319 Shortfall (120,927,306) (2,472,724) (58,202,690) (181,602,721) 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 $120,927,306 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 $60,675,415, which is not reflected in the amount listed on Part III, Line 7.
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	PATIENTS WHO HAVE BEEN APPROVED FOR 100% FINANCIAL ASSISTANCE ARE REMOVED FROM THE COLLECTIONS WORKFLOW SO THEIR ACCOUNTS WILL NOT BE SENT TO COLLECTIONS.
Schedule H, Part V, Section B, Line 16a FAP website	- FRED HUTCHINSON CANCER CENTER: Line 16a URL: www.fredhutch.org/en/patient-care/patient-services/insurance-and-billing/financial-assistance.html;
Schedule H, Part V, Section B, Line 16b FAP Application website	- FRED HUTCHINSON CANCER CENTER: Line 16b URL: www.fredhutch.org/en/patient-care/patient-services/insurance-and-billing/financial-assistance.html;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- FRED HUTCHINSON CANCER CENTER: Line 16c URL: www.fredhutch.org/en/patient-care/patient-services/insurance-and-billing/financial-assistance.html;

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Through the CHA process, Fred Hutch assesses the occurrence of cancer in the communities we serve and ensure participation reflects all of our communities. In addition to our CHA assessment process, Fred Hutch, a member of the Fred Hutch/University of Washington/Seattle Children's Cancer Consortium (Cancer Consortium), works with Seattle Children's Hospital and the University of Washington to focus on developing and delivering the best cancer prevention and treatments available. 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.
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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 availability of financial assistance and a direct link to the website.
Schedule H, Part VI, Line 4 Community information	Fred Hutch serves a diverse patient base, many of whom travel long distances to receive care. Patients come from every county in WA. The "catchment area", or service area, refers to the self-defined geographic area that each NCI Designated Cancer Center serves or intends to serve in the research it conducts, the communities it engages and the outreach it performs. Fred Hutch and the Cancer Consortium expanded their defined catchment area in 2022 from 13 counties in Western WA to include all 39 counties of the state. Nearly 8 million people live in WA. Approximately 30% are under the age of 25, while 17% are age 65 or older. Females slightly outnumber males. Overall, 14% of people in Washington identify as Hispanic, compared to nearly 20% of the U.S. population. However, the populations of several counties in central and eastern WA are more than 50% Hispanic, including Adams, Franklin and Yakima counties. The highest percentages of Hispanic residents were found in central WA, including Adams (65.5%), Franklin (55.4%) and Yakima (55.4%) counties. Although representing a lower proportion of the total counties' population, large numbers of persons of Hispanic origin lived in western WA's largest metropolitan counties, notably King (266,462), Pierce (125,001) and Snohomish (107,120) counties. There are 47 federally-designated medically underserved areas in WA. Approximately 65.2% of the population of WA is non-Hispanic White, compared to 60.5% of the U.S. Compared to the U.S. as a whole, a larger proportion of the population of WA is Asian (10.0% v. 6.0%), NHOPI (0.7% v. 0.2%), whereas a smaller proportion is Black (4.0% v. 12.1%). More than 95,000 people in WA are AI/AN (1.2%). The AI/AN population includes members of 29 sovereign Tribal Nations in WA, members of other federally recognized tribes in the U.S., and urban Indian communities. Of people aged 5 years and older, nearly 8% report speaking English less than very well. Seventy-eight percent of the WA population primarily speaks English at home. Spanish (9%) is the second most common language spoken at home in WA, followed by Chinese languages (2%) and Vietnamese (1%). In total, over 1.5 million people (21%) over the age of 5 years in WA speak a language other than English at home. Nearly 10% of households in WA have an annual income of less than $20,000, compared to 13% of U.S. households. Conversely, 28% of WA households have an income greater than $150,000, compared to 22% of U.S. households. The percentage of people living in poverty is lower in WA than in the U.S. across every age group. For a family or household of four persons living in one of the 48 contiguous states or the District of Columbia, the poverty guideline for 2024 is $31,200. However, considerable variation in the distribution of poverty exists by race and ethnicity. Specifically, AI/AN, Black and NHOPI people in both WA and the U.S. are approximately twice as likely to live in poverty as Asian or White people. While the poverty level is established at $31,200 for a family of four anywhere in the contiguous U.S. in 2024, the annual Self-Sufficiency Standard for a WA household with two adults and two children ranges from $72,014.78 (in Franklin County) to $123,297.59. In WA, households with higher incomes had income 4.4 times greater than that of households with lower incomes (Figure 9). This inequality ranged from 3.5 times (Garfield County) to 7.3 times (Whitman County) across the state. WA's seasonally adjusted unemployment rate for November 2024 (the latest confirmed rate at the time of this publication) was 4.6%, compared to the 4.2% unemployment rate in the U.S.13 Figure 10 shows the unemployment rate by county. Ferry (8.3%) and Grays Harbor (6.9%) counties had the highest unemployment rates, whereas Asotin (3.2%) and King (3.8%) counties had the lowest rates. In WA, nearly a third (28.9%) of homeowners and nearly half (48.9%) of renters are considered cost-burdened. These figures are similar for renter and owner households in the U.S. (27.3% and 49.9%, respectively). Pacific, San Juan, Jefferson and Ferry counties have the highest percentage of both renter and owner cost-burdened households in the state. Some 205,391 households in WA (6.9% of the total occupied housing units) do not have a vehicle available. An estimated 891,960 people in WA are food insecure, representing approximately 11.2% of the state's population. The overall uninsured rate in WA has decreased since the implementation of the Affordable Care Act (ACA) in 2010, from 14.2% to 6.3% in 2023. The uninsured rate in the U.S. in 2024 was 8.7%. Approximately 1.8 million people are enrolled in WA's Medicaid program (Apple Health). There are approximately 90 other hospitals servicing WA however they vary by type (e.g. short-stay vs. all types) however Fred Hutch is the only Comprehensive Cancer Center in Washington.
Schedule H, Part VI, Line 5 Promotion of community health	Fred Hutch contributes to community health promotion through a variety of programs and activities, examples of which are outlined below. Training health professionals, teachers, and students: 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. Fred Hutch also has a longstanding commitment to training the next generation of scientists. We offer scientific education and training programs for 1) elementary school students to start an early interest in science, 2) hands-on experiences with our researchers for high school students, 3) internships for undergraduate and recent college graduates, 4) a Science Education Partnership to pair secondary school science teachers with research scientists to teach science in the classroom, 5) Post-baccalaureate Scholar Program for individuals who would benefit from research experience and training to be competitive for biomedical PhD programs, 6) training opportunities for graduate students, and 7) postdoctoral fellowships in our research divisions. Community Coalitions and Support Grants. Fred Hutch's OCOE supports 3 regional groups, the Community Action Network of Eastern WA (CANEW), Central WA Community Action Board (CAB), and Western WA Community Action Coalition (CAC). Fred Hutch collaborates

Form and Line Reference	Explanation
	with members of these coalitions to support sustainable cancer care programs and build capacity for research collaboration. Coalition members provide insight from their lived experience and organizational roles to facilitate understanding of community specific cancer prevention and control needs. Together, we work toward listening to community voices, experiences, and expertise to reduce cancer inequities for residents in WA. OCOE also supports a Community Grants Program. The goal of the Community Grants Program is to support community-led solutions that address cancer related prevention, screening, education and access to care with communities and Tribes in WA. This program strengthens collaborations between the Consortium and WA communities and Tribes by building the capacity to design and implement sustainable programs. 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 FQHCs 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 to the community at large. 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 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.
Schedule H, Part VI, Line 6 Affiliated health care system	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 dually credentialed to treat patients at Fred Hutch and UW Medicine locations, giving patients greater access to cancer treatments and supportive care.
Schedule H, Part VI, Line 7 State filing of community benefit report	W A

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

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

Schedule I (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Fred Hutchinson Cancer Center

Employer identification number: 91-1935159

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCESS TO ADVANCED HEALTH INSTITUTE	91-1608978	§501(c)(3)	649,555				Research Support/Subawards
(2) ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 4000 AMBASSADOR DR ANCHORAGE,AK 995085909	92-0162721	§501(c)(3)	288,147				Research Support/Subawards
(3) ALBERT EINSTEIN COLLEGE OF MEDICINE	83-0621846	§501(c)(3)	164,013				Research Support/Subawards
(4) ALLIANCE FOR REGENERATIVE MEDICINE	27-0486705	501(c)(4)	10,000				Sponsorship
(5) AMERICAN CANCER SOCIETY INC	13-1788491	§501(c)(3)	72,548				Research Support/Subawards
(6) ARIZONA STATE UNIVERSITY	86-0196696	§115	185,686				Research Support/Subawards
(7) AUBURN UNIVERSITY	63-6000724	§115	11,300				Research Support/Subawards
(8) BARBARA ANN KARMANOS CANCER HOSPITAL	20-1649466	§501(c)(3)	18,224				Research Support/Subawards
(9) BAYLOR COLLEGE OF MEDICINE	74-1613878	§501(c)(3)	28,331				Research Support/Subawards
(10) BECKMAN RESEARCH INSTITUTE of the City of Hope	95-3432210	§501(c)(3)	529,512				Research Support/Subawards
(11) BETH ISRAEL DEACONESS MEDICAL CENTER INC	04-2103881	§501(c)(3)	283,345				Research Support/Subawards
(12) BLACK HILLS CENTER FOR AMERICAN INDIAN Health	46-0451715	§501(c)(3)	63,243				Research Support/Subawards
(13) BROAD INSTITUTE INC	26-3428781	§501(c)(3)	233,951				Research Support/Subawards
(14) Cancer Lifeline of King County	91-6182951	§501(c)(3)	25,000				Charitable Contribution/Community Support
(15) CANCER RESEARCH AND BIOSTATISTICS	91-1828539	§501(c)(3)	7,759,677				Research Support/Subawards
(16) CASE WESTERN RESERVE UNIVERSITY	34-1018992	§501(c)(3)	7,635				Research Support/Subawards
(17) CEDARS-SINAI MEDICAL CENTER	95-1644600	§501(c)(3)	187,563				Research Support/Subawards
(18) CENTRAL WASHINGTON HEALTH SERVICES ASSOCIATION	91-0171250	§501(c)(3)	81,570				Research Support/Subawards
(19) CHILDRENS HOSPITAL CORPORATION	04-2774441	§501(c)(3)	534,623				Research Support/Subawards
(20) CHILDRENS MERCY HOSPITAL	44-0605373	§501(c)(3)	24,750				Research Support/Subawards
(21) CHILDREN'S ONCOLOGY GROUP FOUNDATION INC	45-3083156	§501(c)(3)	12,400				Research Support/Subawards
(22) CHILDRENS RESEARCH INSTITUTE	52-1654453	§501(c)(3)	50,715				Research Support/Subawards
(23) CITY AND COUNTY OF SAN FRANCISCO	94-6000417	§115	86,412				Research Support/Subawards
(24) COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK	13-5598093	§501(c)(3)	495,890				Research Support/Subawards
(25) CONGOLESE UNITED FOUNDATION	93-2065156	§501(c)(3)	12,750				Charitable Contribution/Community Support
(26) CYTEL INC	04-2955676	OTHER	68,892				Research Support/Subawards
(27) DANA-FARBER CANCER INSTITUTE	04-2263040	§501(c)(3)	334,524				Research Support/Subawards
(28) DUKE UNIVERSITY	56-0532129	§501(c)(3)	5,298,427				Research Support/Subawards
(29) EMMES COMPANY LLC	54-1058268	OTHER	274,275				Research Support/Subawards
(30) EMORY UNIVERSITY	58-0566256	§501(c)(3)	624,509				Research Support/Subawards
(31) EMPOWER LEARNING LLC	47-4290056	OTHER	161,509				Research Support/Subawards
(32) FISHER BIOSERVICES	54-1348241	OTHER	711,717				Research Support/Subawards
(33) FRIENDS OF KEXP	91-2061474	§501(c)(3)	27,000				Sponsorship
(34) FRONTIER SCIENCE AND TECHNOLOGY RESEARCH FOUNDATION INC	16-1056814	§501(c)(3)	278,884				Research Support/Subawards
(35) GREATER SEATTLE CHAMBER OF COMMERCE	91-0402330	§501(c)(6)	7,000				Sponsorship
(36) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL INC	59-3238634	§501(c)(3)	64,840				Research Support/Subawards
(37) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC	59-2451713	§501(c)(3)	335,459				Research Support/Subawards
(38) HEALTH RESEARCH INCORPORATED	14-1402155	§501(c)(3)	331,609				Research Support/Subawards
(39) HENRY FORD HEALTH SYSTEM	38-1357020	§501(c)(3)	16,804				Research Support/Subawards
(40) HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE	52-1317896	§501(c)(3)	223,461				Research Support/Subawards
(41) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	13-6171197	§501(c)(3)	593,333				Research Support/Subawards
(42) IHC HEALTH SERVICES INC	94-2854057	§501(c)(3)	73,584				Research Support/Subawards
(43) INDIANA UNIVERSITY	35-6001673	§115	60,857				Research Support/Subawards
(44) INSTITUTE FOR CANCER RESEARCH	23-6296135	§501(c)(3)	35,840				Research Support/Subawards
(45) INSTITUTE FOR SYSTEMS BIOLOGY	91-2003593	§501(c)(3)	186,871				Research Support/Subawards
(46) INTERNATIONAL COMMUNITY HEALTH SERVICES	91-0947084	§501(c)(3)	8,500				Sponsorship
(47) JOHNS HOPKINS UNIVERSITY	52-0595110	§501(c)(3)	289,037				Research Support/Subawards
(48) KAISER FOUNDATION HEALTH PLAN OF Washington	91-0511770	§501(c)(3)	11,993				Research Support/Subawards
(49) KAISER FOUNDATION HOSPITALS	94-1105628	§501(c)(3)	263,289				Research Support/Subawards
(50) LAHAI HEALTH	33-1052418	§501(c)(3)	14,250				Charitable Contribution/Community Support
(51) LEUKEMIA & LYMPHOMA SOCIETY INC	13-5644916	§501(c)(3)	10,000				Sponsorship
(52) LOUISIANA STATE UNIVERSITY HEALTH	72-6087770	§115	10,750				Research Support/Subawards
(53) LUNDQUIST INSTITUTE FOR BIOMEDICAL INNOVATION AT HARBOR-UCLA MEDICAL	95-2138184	§501(c)(3)	5,110				Research Support/Subawards
(54) Mayo Clinic	41-6011702	§501(c)(3)	265,845				Research Support/Subawards
(55) MEDICAL UNIVERSITY OF SOUTH CAROLINA	57-6000722	§115	33,598				Research Support/Subawards
(56) MEMORIAL SLOAN-KETTERING CANCER CENTER	13-1624182	§501(c)(3)	1,324,417				Research Support/Subawards
(57) MESO SCALE DIAGNOSTICS LLC	52-1974952	OTHER	234,216				Research Support/Subawards
(58) NATIONAL MARROW DONOR PROGRAM	84-0865803	§501(c)(3)	452,289				Research Support/Subawards
(59) NEIGHBORCARE HEALTH	91-0893287	§501(c)(3)	12,750				Charitable Contribution/Community Support
(60) NEW YORK BLOOD CENTER INC	13-1949477	§501(c)(3)	463,989				Research Support/Subawards
(61) NEW YORK UNIVERSITY SCHOOL OF MEDICINE	13-5562309	§115	89,408				Research Support/Subawards
(62) NORTHEAST TRI COUNTY HEALTH DISTRICT	91-1358169	§115	12,750				Charitable Contribution/Community Support
(63) NORTHERN CALIFORNIA INSTITUTE FOR Research and Education Inc	94-3084159	§501(c)(3)	36,672				Research Support/Subawards
(64) NORTHWEST SARCOMA FOUNDATION	91-1717600	§501(c)(3)	10,000				Sponsorship
(65) OCHSNER CLINIC FOUNDATION	72-0502505	§501(c)(3)	73,622				Research Support/Subawards
(66) OREGON HEALTH & SCIENCE UNIVERSITY	93-1176109	§115	328,660				Research Support/Subawards
(67) PALO ALTO VETERANS INSTITUTE FOR RESEARCH	77-0207331	§501(c)(3)	146,125				Research Support/Subawards
(68) PANCREATIC CANCER ACTION NETWORK INC	33-0841281	§501(c)(3)	12,000				Sponsorship
(69) PRESIDENT AND FELLOWS OF HARVARD COLLEGE	04-2103580	§501(c)(3)	10,894				Research Support/Subawards
(70) PUBLIC HEALTH FOUNDATION INC	95-2557063	§501(c)(3)	140,122				Research Support/Subawards
(71) RAND CORPORATION	95-1958142	§501(c)(3)	55,640				Research Support/Subawards
(72) RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA	54-6001796	§501(c)(3)	927,803				Research Support/Subawards
(73) REGENTS OF THE UNIVERSITY OF CALIFORNIA	94-6036494	§115	36,911				Research Support/Subawards
(74) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY	94-6002123	§115	16,168				Research Support/Subawards
(75) REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO	95-6006144	§115	205,877				Research Support/Subawards
(76) REGENTS OF THE UNIVERSITY OF COLORADO	84-6000555	§115	704,171				Research Support/Subawards
(77) REGENTS OF THE UNIVERSITY OF MICHIGAN	38-6006309	§115	581,739				Research Support/Subawards
(78) REGENTS OF THE UNIVERSITY OF MINNESOTA	41-6007513	§115	592,230				Research Support/Subawards
(79) REGENTS UNIV OF CALIFORNIA	95-6006143	§115	552,677				Research Support/Subawards
(80) RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	14-1368361	§501(c)(3)	40,603				Research Support/Subawards
(81) RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK	13-1988190	§501(c)(3)	280,462				Research Support/Subawards
(82) RESEARCH TRIANGLE INSTITUTE	56-0686338	§501(c)(3)	199,792				Research Support/Subawards
(83) RUTGERS THE STATE UNIVERSITY OF NJ	22-6001086	§501(c)(3)	20,311				Research Support/Subawards
(84) SCRIPPS RESEARCH INSTITUTE	33-0435954	§501(c)(3)	390,273				Research Support/Subawards
(85) SEATTLE CHILDRENS HOSPITAL	91-0564748	§501(c)(3)	511,993				Research Support/Subawards
(86) SKAGIT HOSPITAL DIST NO 1 SKAGIT COUNTY	56-2392010	§115	24,400				Research Support/Subawards
(87) SOCIALISSSIMA LLC	81-2324678	OTHER	2,993,818				Research Support/Subawards
(88) SOUTHEAST SEATTLE SENIOR CENTER	91-1156576	§501(c)(3)	12,721				Charitable Contribution/Community Support
(89) ST JUDE CHILDRENS RESEARCH HOSPITAL INC	62-0646012	§501(c)(3)	497,675				Research Support/Subawards
(90) SWIM ACROSS AMERICA INC	22-3248256	§501(c)(3)	25,000				Sponsorship
(91) TACOMA URBAN LEAGUE	91-0826302	§501(c)(3)	14,550				Charitable Contribution/Community Support
(92) TEMPLE UNIVERSITY-OF THE COMMONWEALTH System of Higher Education	23-1365971	§115	40,320				Research Support/Subawards
(93) THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND	72-0423889	§501(c)(3)	631,996				Research Support/Subawards
(94) THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY	94-1156365	§501(c)(3)	1,467,888				Research Support/Subawards
(95) THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS	37-6000511	§115	292,737				Research Support/Subawards
(96) The Brigham and Women's Hospital Inc	04-2312909	§501(c)(3)	961,992				Research Support/Subawards
(97) THE CLEVELAND CLINIC FOUNDATION	34-0714585	§501(c)(3)	266,787				Research Support/Subawards
(98) The General Hospital Corporation	04-2697983	§501(c)(3)	308,811				Research Support/Subawards
(99) The OHIO STATE UNIVERSITY	31-6025986	§115	134,511				Research Support/Subawards
(100) TRUSTEES OF BOSTON UNIVERSITY	04-2103547	§501(c)(3)	134,419				Research Support/Subawards
(101) TRUSTEES OF DARTMOUTH COLLEGE	02-0222111	§501(c)(3)	70,520				Research Support/Subawards
(102) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	23-1352685	§501(c)(3)	935,523				Research Support/Subawards
(103) TRUTH INITIATIVE FOUNDATION	91-1956621	§501(c)(3)	15,159				Research Support/Subawards
(104) UBTHECURE LLC	84-1948032	OTHER	475,127				Research Support/Subawards
(105) UNITED NEGRO COLLEGE FUND INC	13-1624241	§501(c)(3)	20,000				Sponsorship
(106) UNIV OF TEXAS HEALTH SCIENCES CENTER	74-1586031	§115	26,975				Research Support/Subawards
(107) UNIVERSITY OF ALABAMA BIRMINGHAM	63-6005396	§115	401,940				Research Support/Subawards
(108) UNIVERSITY OF ALASKA	92-6000147	§115	63,721				Research Support/Subawards
(109) UNIVERSITY OF ARIZONA	74-2652689	§115	60,384				Research Support/Subawards
(110) UNIVERSITY OF CALIFORNIA SAN FRANCISCO	94-6036493	§501(c)(3)	824,695				Research Support/Subawards
(111) UNIVERSITY OF CINCINNATI	31-6000989	§115	86,785				Research Support/Subawards
(112) UNIVERSITY OF FLORIDA	59-6002052	§501(c)(3)	15,877				Research Support/Subawards
(113) UNIVERSITY OF HAWAII	99-6000354	§115	43,680				Research Support/Subawards
(114) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION	61-6033693	§501(c)(3)	31,311				Research Support/Subawards
(115) UNIVERSITY OF MASSACHUSETTS	04-3167352	§115	29,086				Research Support/Subawards
(116) UNIVERSITY OF NEBRASKA BOARD OF REGENTS	47-0049123	§115	58,581				Research Support/Subawards
(117) UNIVERSITY OF NO CAROLINA AT CHARLOTTE	56-0791228	§115	111,539				Research Support/Subawards
(118) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL	56-6001393	§115	640,933				Research Support/Subawards
(119) UNIVERSITY OF NORTH FLORIDA	59-2976169	§115	13,099				Research Support/Subawards
(120) UNIVERSITY OF PITTSBURGH	25-0965591	§501(c)(3)	610,773				Research Support/Subawards
(121) UNIVERSITY OF ROCHESTER	16-0743209	§501(c)(3)	250,600				Research Support/Subawards
(122) UNIVERSITY OF SOUTHERN CALIFORNIA	95-1642394	§501(c)(3)	587,838				Research Support/Subawards
(123) UNIVERSITY OF TENNESSEE	62-6001636	§115	22,304				Research Support/Subawards
(124) UNIVERSITY OF TEXAS AT EL PASO	74-6000813	§115	6,865				Research Support/Subawards
(125) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL	75-6002868	§115	2,699,009				Research Support/Subawards
(126) UNIVERSITY OF TEXAS MD ANDERSON	74-6001118	§115	547,544				Research Support/Subawards
(127) UNIVERSITY OF UTAH	87-6000525	§115	85,143				Research Support/Subawards
(128) UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE	03-0179440	§115	118,408				Research Support/Subawards
(129) UNIVERSITY OF WASHINGTON	91-6001537	§115	38,373,117				Research Support/Subawards
(130) UNIVERSITY OF WISCONSIN	39-6006492	§115	737,771				Research Support/Subawards
(131) URBAN LEAGUE OF METROPOLITAN SEATTLE	91-0575954	§501(c)(3)	7,500				Sponsorship
(132) UROLOGY OF VIRGINIA PLLC	27-4848565	OTHER	27,375				Research Support/Subawards
(133) VANDERBILT UNIVERSITY MEDICAL CENTER	35-2528741	§501(c)(3)	508,380				Research Support/Subawards
(134) WAKE FOREST UNIVERSITY HEALTH SCIENCES	22-3849199	§501(c)(3)	74,264				Research Support/Subawards
(135) WALTER REED ARMY INSTITUTE OF RESEARCH 503 ROBERT GRANT DR RM 1W76 SILVER SPRING,MD 209107500		§115	200,260				Research Support/Subawards
(136) WASHINGTON UNIVERSITY	43-0653611	§501(c)(3)	587,906				Research Support/Subawards
(137) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY	13-1623978	§501(c)(3)	130,551				Research Support/Subawards
(138) WELLNESS HOUSE INC	91-1418100	§501(c)(3)	12,750				Charitable Contribution/Community Support
(139) YALE UNIVERSITY	06-0646973	§501(c)(3)	12,309				Research Support/Subawards

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 121

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 18

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOOD	3000		78,168	FMV	Food for Patients
(2) GAS GIFT CARDS	93		20,560	FMV	Gas gift cards
(3) GROCERY GIFT CARDS	289		268,774	FMV	Grocery gift cards
(4) MEDICAL ACCESSORIES	23		13,114	FMV	Prosthesis for patients
(5) SHELTER	136		322,737	FMV	Rent paid for patients
(6) SUNDRIES	81		500	FMV	Clothing and household goods
(7) TRANSPORTATION	7		1,501	FMV	Cab fare, airfare, and parking for patients
(8) WIGS	8		3,200	FMV	Wigs and hats for patients
(9) TUITION ASSISTANCE	394	2,599,946			

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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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: 24020961
Software Version: 2024v5.1

Schedule J (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Fred Hutchinson Cancer Center

Employer identification number
91-1935159

Part I Questions Regarding Compensation

			Yes	No
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.			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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)	1,867,885	333,967	30,524	328,275	37,762	2,598,413	0
	(ii)	0	0	0	0	0	0	0
2 NANCY DAVIDSON MD EVP, Clinical Affairs	(i)	1,053,059	181,992	15,733	147,286	26,095	1,424,165	0
	(ii)	0	0	0	0	0	0	0
3 STEVEN HAYDON Former Officer	(i)	84,570	0	960,604	8,997	5,582	1,059,753	0
	(ii)	0	0	0	0	0	0	0
4 STEPHANIE MAYS Former Officer	(i)	452,822	3,500	6,901	32,970	36,691	532,884	0
	(ii)	0	0	0	0	0	0	0
5 NICOLE C ROBINSON PhD VP & Chief Operating Officer	(i)	913,033	649,764	24,710	142,375	25,653	1,755,535	0
	(ii)	0	0	0	0	0	0	0
6 DAVID BROWDY VP & Chief Financial Officer	(i)	916,534	262,732	7,524	138,585	32,562	1,357,937	0
	(ii)	0	0	0	0	0	0	0
7 GERIANNE SANDS Corporate Secretary, VP & General Counsel	(i)	502,562	0	37,400	65,547	36,510	642,019	0
	(ii)	0	0	0	0	0	0	0
8 CHRIS BUNDESMANN Corporate Controller	(i)	313,540	2,380	1,626	30,100	23,355	371,001	0
	(ii)	0	0	0	0	0	0	0
9 HERBERT L BONE III Corporate Treasurer	(i)	280,245	0	4,163	26,034	31,667	342,109	0
	(ii)	0	0	0	0	0	0	0
10 BRITTANY MCCREERY MD Former Key Employee	(i)	318,133	54,691	649	76,692	35,547	485,712	0
	(ii)	0	0	0	0	0	0	0
11 RICHARD LAFRANCE Former Key Employee	(i)	319,384	0	9,030	31,329	40,822	400,565	0
	(ii)	0	0	0	0	0	0	0
12 CINDY GIST MHA Former Key Employee	(i)	262,296	42,862	7,422	65,746	18,005	396,331	0
	(ii)	0	0	0	0	0	0	0
13 NICKI NGUYEN-COLVIN Former Key Employee	(i)	290,624	0	979	27,193	33,239	352,035	0
	(ii)	0	0	0	0	0	0	0
14 DANIEL MARKUS Former Key Employee	(i)	283,092	0	1,840	26,483	9,256	320,671	0
	(ii)	0	0	0	0	0	0	0
15 MICHELLE HALL Former Key Employee	(i)	256,084	2,000	7,262	23,311	29,185	317,842	0
	(ii)	0	0	0	0	0	0	0
16 TIMOTHY EHLING Former Key Employee	(i)	255,280	0	7,379	23,564	38,424	324,647	0
	(ii)	0	0	0	0	0	0	0
17 PAUL HELMUTH Former Key Employee	(i)	249,100	0	2,238	20,517	14,783	286,638	0
	(ii)	0	0	0	0	0	0	0
18 GANSUVD BALGANSUREN Former Key Employee	(i)	239,682	0	3,505	21,073	28,851	293,111	0
	(ii)	0	0	0	0	0	0	0
19 CHAD HOGGARD Former Key Employee	(i)	142,457	5,000	91,070	10,673	19,283	268,483	0
	(ii)	0	0	0	0	0	0	0
20 MATTHEW MCSWEYN Former Key Employee	(i)	223,182	0	1,198	19,132	26,412	269,924	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 ANDREW JACKSON Former Key Employee	(i)	163,746	500	1,477	11,783	21,428	198,934	0
	(ii)	0	0	0	0	0	0	0
22 TOM PURCELL MD VP & Chief Medical Officer	(i)	839,196	303,951	7,524	129,138	24,605	1,304,414	0
	(ii)	0	0	0	0	0	0	0
23 BRUCE E CLURMAN MD PHD EVP, Chief Sci. Officer & Deputy Director	(i)	773,334	231,387	14,478	129,860	31,833	1,180,892	0
	(ii)	0	0	0	0	0	0	0
24 FREDERICK APPELBAUM MD Executive Vice President	(i)	668,354	131,829	11,124	118,786	28,804	958,897	0
	(ii)	0	0	0	0	0	0	0
25 Nida Shekhani VP & Chief Strategy Officer	(i)	625,342	103,353	76,678	118,589	41,565	965,527	0
	(ii)	0	0	0	0	0	0	0
26 KELLY O'BRIEN VP & Chief Philanthropy Officer	(i)	665,322	116,512	5,082	115,403	31,687	934,006	0
	(ii)	0	0	0	0	0	0	0
27 Denene Prophet-Williams MBA MLA BSN VP & Chief Nursing Officer - Beg 4/1/24	(i)	353,178	70,811	47,428	39,932	19,003	530,352	0
	(ii)	0	0	0	0	0	0	0
28 SARA HURVITZ MD SVP & Director, Clinical Research	(i)	1,149,456	85,994	36,122	160,425	36,769	1,468,766	0
	(ii)	0	0	0	0	0	0	0
29 ERIC C HOLLAND MD PHD SVP & Director, Human Biology	(i)	755,436	67,447	37,478	123,652	25,833	1,009,846	0
	(ii)	0	0	0	0	0	0	0
30 GEOFFREY HILL MD SVP & Director, Translational Sci	(i)	665,059	60,236	46,730	112,719	32,090	916,834	0
	(ii)	0	0	0	0	0	0	0
31 Warren T Phipps MD Associate Professor	(i)	193,592	0	499,288	34,251	77,395	804,526	0
	(ii)	0	0	0	0	0	0	0
32 JODI BURKE VP, Human Resources	(i)	493,502	94,363	27,902	100,731	41,690	758,188	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
Schedule J, Part I, Line 1a First-class or charter travel	FRED HUTCH PERMITS FIRST-CLASS AIR TRAVEL IN ACCORDANCE WITH FEDERAL REIMBURSEMENT REGULATIONS, AND GENERALLY ONLY WHEN COACH FARE IS NOT AVAILABLE. THESE AMOUNTS ARE NOT TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	WHEN WARRANTED, FRED HUTCH OFFERS TEMPORARY HOUSING TO FACULTY MEMBERS AND MEMBERS OF ITS LEADERSHIP TEAM AS PART OF A RELOCATION PACKAGE. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	FRED HUTCH PAYS SOCIAL CLUB DUES FOR THE PRESIDENT AND DIRECTOR which are used to support business activities.
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individuals received severance payments during calendar year 2024 which are reported on Schedule J, Part II, Column (B)(iii): Steven Haydon - $900,000 Chad Hoggard - $64,543
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 2024 CALENDAR YEAR: THOMAS J. LYNCH, M.D.: $284,955 NANCY DAVIDSON, M.D.: $103,966 NICOLE C. ROBINSON, Ph.D.: $99,055 DAVID BROWDY: $95,265 SARA HURVITZ, M.D.: $108,675 BRUCE E. CLURMAN, M.D., PH.D.: $86,540 ERIC C. HOLLAND, M.D., PH.D.: $80,332 FREDERICK APPELBAUM, M.D.: $75,466 GEOFFREY HILL, M.D.: $69,399 Tom Purcell, M.D.: $85,818 JODI BURKE: $57,411 KELLY O'BRIEN: $72,083 NIDA SHEKHANI: $73,125 GERIANNE SANDS: $22,227 CINDY GIST, M.H.A: $27,588 BRITTANY MCCREERY, M.D.: $33,372 Denene Prophet-Williams, MBA, MLA, BSN: $39,932

Additional Data

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Schedule K (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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.

OMB No. 1545-0047

Open to Public Inspection

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	93978HXM2	07-08-2020	278,176,101	Construction of SLU clinic expansion and advance refund of series 2010 bonds		X		X		X
B	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
C	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
D	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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,420,000	2,925,000	0	17,775,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	279,510,225	44,555,911	55,000,000	103,545,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	23,413,658	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	2,358,312	861,534	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	236,952,559	0	0	0
11	Other spent proceeds	16,785,697	43,694,377	55,000,000	103,545,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2022	2021	2015	2001

		A		B		C		D	
		Yes	No	Yes	No	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		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		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
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		X	X			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		X	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 %		0.11 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0.11 %		0 %
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.		0 %		0 %		0 %		0 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
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					BARCLAYS BANK PLC			
c	Term of hedge		0 %		0 %		1650 %		0 %
d	Was the hedge superintegrated?		X		X	X			X
e	Was the hedge terminated?		X		X		X		X
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC		0 %		0 %		0 %		0 %
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
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
Schedule K, Part V Different Procedures to Undertake Corrective Action	Issuer name: WASHINGTON HEALTH CARE FACILITIES AUTHORITY 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.

Additional Data

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Schedule K (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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.

OMB No. 1545-0047

Open to Public Inspection

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	93978HZV0	02-04-2025	185,659,536	REFUND SERIES 2014 AND SERIES 2022E BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	185,659,536			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	1,960,203			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	183,699,333			
12	Other unspent proceeds	0			
13	Year of substantial completion	2025			

		A		B		C		D	
		Yes	No	Yes	No	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							
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						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		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						

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						
b	Name of provider								
c	Term of hedge		0 %						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC		0 %						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	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							

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

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		1	51,000	Opinions of experts
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		500	Market value
6	Cars and other vehicles		102	188,675	Market value
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded		97	97,801,714	Other - 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		5,426	32,327	Cost
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (WIGS)	X	8	3,200	Market value
26	Other ▶ (Auction/Event Items)	X	95	152,206	Market value
27	Other ▶ (DONATED MATERIALS)	X	1	6,255	Market value
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	2	
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?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	FRED HUTCH HAS AN AGREEMENT WITH A THIRD-PARTY TO SOLICIT, PROCESS, AND SELL CONTRIBUTIONS OF VEHICLES ON BEHALF OF THE ORGANIZATION.
Schedule M, Part I Explanations of reporting method for number of contributions	Art - Works of art - FRED HUTCH IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED. Cars and other vehicles - FRED HUTCH IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED. Securities - Publicly traded - FRED HUTCH IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED. Food inventory - FRED HUTCH IS REPORTING THE NUMBER OF ITEMS RECEIVED. Clothing and household goods - FRED HUTCH IS REPORTING THE NUMBER OF ITEMS RECEIVED. Other - WIGS - FRED HUTCH IS REPORTING THE NUMBER OF ITEMS RECEIVED. Other - Auction/Event Items - FRED HUTCH IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED. Other - DONATED MATERIALS - FRED HUTCH IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name 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 120 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 Organization's Mission	We're driven by the urgency of our patients, the hope of our community and our passion for discovery to pursue scientific 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 MULTIPLE CLINICAL CARE SITES THAT PROVIDE MEDICAL ONCOLOGY, INFUSION, RADIATION, PROTON THERAPY AND RELATED SERVICES. IT ALSO OFFERS SERVICES AT MULTIPLE UNIVERSITY OF WASHINGTON 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, Line 2 Family/business relationships amongst interested persons	BRADLEY SIMMONS AND TIMOTHY H. DELLIT - Business relationship
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	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, Line 7b Decisions requiring approval by members or stockholders	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; C) 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, Line 8b Documentation of meetings held by committees of governing body	FRED HUTCH HAD NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
Form 990, Part VI, Line 11b Review of form 990 by governing body	ONCE THE FORM 990 HAS BEEN PREPARED, IT IS REVIEWED BY MANAGEMENT. ANY NECESSARY REVISIONS ARE MADE AND 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 AND APPROVAL. FOLLOWING THE FINANCE COMMITTEE'S APPROVAL, 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.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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 NTERESTS 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. BOARD OF DIRECTOR DISCLOSURES AND PRIOR APPROVAL REQUESTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE CHAIR OF THE BOARD, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE REVIEWS ALL DISCLOSURES AND REQUEST FOR PRIOR APPROVAL FROM THE PRESIDENT & DIRECTOR. THE PRESIDENT & DIRECTOR OR THEIR DESIGNEE REVIEWES ALL OTHER EXECUTIVE DISCLOSURES AND PRIOR APPROVAL REQUESTS. 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 DIRECTORS OR THE PRESIDENT & DIRECTOR ARE REPORTED TO THE EXECUTIVE COMMITTEE FOR APPROPRIATE ACTION. VIOLATIONS OF THE CONFLICT-OF-INTEREST POLICY BY OFFICERS AND KEY EMPLOYEES ARE REPORTED TO THE PRESIDENT & DIRECTOR OR THEIR DESIGNEE 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, Line 15a Process to establish compensation of top management official	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 2024.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	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 OCTOBER 2024.
Form 990, Part VI, Line 19 Required documents available to the public	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, Section A 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 A "FORMER KEY EMPLOYEE" ON FORM 990, PART VII, SECTION A IN ACCORDANCE WITH THE IRS INSTRUCTIONS FOR FORM 990.
Form 990, Part VIII, Line 2f Other Program Service Revenue	Inventory - Total Revenue: 600166, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 600166; Educational Events - Total Revenue: 517172, Related or Exempt Function Revenue: 517172, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue: 348790, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 348790;
Form 990, Part IX, Line 11g Other Fees	Administrative Services - Total Expense: 78453506, Program Service Expense: 47798149, Management and General Expenses: 28300576, Fundraising Expenses: 2354781; Staffing Agencies - Total Expense: 2951938, Program Service Expense: 1907987, Management and General Expenses: 1043951, Fundraising Expenses: ; Clinical Services - Total Expense: XXX-XX-XXXX, Program Service Expense: XXX-XX-XXXX, Management and General Expenses: 288, Fundraising Expenses: ; Research Services - Total Expense: 8492832, Program Service Expense: 8346775, Management and General Expenses: 146057, Fundraising Expenses: ; Other Consulting Services - Total Expense: 6109981, Program Service Expense: 1660348, Management and General Expenses: 3379715, Fundraising Expenses: 1069918; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General

Return Reference	Explanation
	Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ; - Total Expense: , Program Service Expense: , Management and General Expenses: , Fundraising Expenses: ;
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN VALUE OF SPLIT-INTEREST TRUST - 2583197; Gain on Refinancing - 2167477; Total - 4750674;

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SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

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) SEATTLE PROTON CENTER LLC 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 981091024	INACTIVE	DE	0	0	PROCURE SEATTLE HOLDINGS LLC
(2) PROCURE SEATTLE HOLDINGS LLC 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 981091024	INACTIVE	DE	0	0	FHCC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)SEATTLE VACCINE RESEARCH FUND 1100 FAIRVIEW AVENUE NORTH SEATTLE, WA 98109 33-1111221	ANTI-RETROVIRAL THERAPY FOR ELIGIBLE PARTICIPANTS	WA	501(c)(3)	Type I	FHCC	Yes	
(2)HUTCHINSON CENTRE RESEARCH INSTITUTE OF SOUTH AFRICA 6TH FLOOR 119 HERTZOG BLVD FORESHORE CAPETOWN 8001 SF	Immunological Research	SF			FHCC	Yes	
(3)HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED POB 3935 MULAGO HOSPITAL UPPER MULAGO HILL ROAD KAMPALA UG	RESEARCH AND EDUCATION ON CANCER AND INFECTIOUS DISEASE	UG			FHCC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ARE-Seattle No 55 JV LLC 26 North Euclid Avenue Pasadena, CA 91101 99-4539118	Real Estate Holding	DE	FHCC	Excluded	637,746	92,892,090	Yes		0		No	70 %
(2) ARE-Seattle No 56 JV LLC 26 North Euclid Avenue Pasadena, CA 91101 99-4563481	Real Estate Holding	DE	FHCC	Excluded	317,094	89,276,617	Yes		0		No	70 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CHARITABLE REMAINDER TRUSTS (7) 1100 FAIRVIEW AVE NORTH SEATTLE, WA 091091024	INVESTMENT	WA	NA	Trust					No

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	L	1,936,187	Book
(2) Hutchinson Center Research Institute of South Africa	P	201,889	Book
(3) HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	P	104,440	Book
(4) Hutchinson Center Research Institute of South Africa	R	10,693,423	Book
(5) HUTCHINSON CENTRE RESEARCH INSTITUTE OF UGANDA LIMITED	R	3,260,000	Book
(6) ARE-SEATTLE NO 55 JV LLC	B	120,129,688	BOOK
(7) ARE-SEATTLE NO 56 JV LLC	B	90,103,080	BOOK
(8) ARE-SEATTLE NO 55 JV LLC	K	4,952,538	BOOK
(9) ARE-SEATTLE NO 56 JV LLC	K	1,715,699	BOOK

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

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

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

Part VII Supplemental Information

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

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