Form 990
Department of the Treasury
Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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.

For the 2017 calendar year, or tax year beginning APR 28, 2017 and ending DEC 31, 2017

B Name of organization
BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE

D Employer identification number
82-18008476

E Telephone number
206-709-3100

F Name and address of principal officer: PENNY M. HEATON
245 MAIN STREET, CAMBRIDGE, MA 02142

G Gross receipts
262,698,758

H(a) Is this a group return
Yes

H(b) Are all subordinates included?
No

I Tax-exempt status: [ ] 501(c)(3) [ ] 501(c)(4) [ ] (insert no.) 4947(a)(1) or [ ] 527

J Website: [ ] WWW.GATESMRI.ORG

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2017

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE GATES MRI ACTIVELY AND CONTINUOUSLY ENGAGES DIRECTLY IN THE CONDUCT OF MEDICAL RESEARCH IN

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

4 Number of independent voting members of the governing body (Part VI, line 1b) 5

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0

6 Total number of volunteers (estimate if necessary) 0

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1a) 262,692,744

9 Program service revenue (Part VIII, line 2a) 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,014

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 262,698,758

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0

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) 0

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,027,514

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,027,514

19 Revenue less expenses. Subtract line 18 from line 12 259,671,244

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
HELEN BOUDREAU, CHIEF OPERATING OFFICER

Type or print name and title

Preparer's signature

Date 11/08/18

Check 1 self-employed

PTIN P30235481

Paid Preparer

Print/Type preparer's name
JULY 2017

Preparer's signature

Date

PTIN

Use Only

Firm's name 
DELOITTE TAX LLP

Firm's EIN

86-1065772

Phone no.(206) 716-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

732001 11-28-17 LHA For Public Disclosure Copy, see the separate instructions.

Please note: This form is provided as an example for Public Disclosure Copy purposes only. It may not be the exact form used by the organization. The organization's original form 990 is available for inspection at the IRS website.
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
THE GATES MRI ACTIVELY AND CONTINUOUSLY ENGAGES DIRECTLY IN THE
CONDUCT OF MEDICAL RESEARCH IN CONJUNCTION WITH ONE OR MORE HOSPITALS
FOR THE PURPOSE OF ADDRESSING MAJOR CAUSES OF ILLNESS AND DEATH IN
LOW-INCOME COUNTRIES.

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 $ 1,699,963, including grants of $ ________________ ) (Revenue $ ________________ )
DURING 2017, BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE ("GATES
MRI") FOXCED ON ACTIVITIES IN ANTICIPATION OF ITS START-UP AND LAUNCH.
THE GATES MRI IS GUIDED BY THE VISION THAT EVERY PERSON DESERVES THE
OPPORTUNITY TO LEAD A HEALTHY AND PRODUCTIVE LIFE. THE GATES MRI
ACTIVELY AND CONTINUOUSLY ENGAGES DIRECTLY IN THE CONDUCT OF MEDICAL
RESEARCH IN CONJUNCTION WITH ONE OR MORE HOSPITALS FOR THE PURPOSE OF
ADDRESSING MAJOR CAUSES OF ILLNESS AND DEATH IN LOW-INCOME COUNTRIES.
IN SPECIFIC, THE GATES MRI WORKS TO IMPROVE LIVES BY HARNESING THE
LATEST SCIENCE AND TECHNOLOGY TO COMBAT AND ERADICATE INFECTIOUS
DISEASES THAT AFFECT THE POOREST POPULATIONS; TO DEPLOY INNOVATIVE AND
CUTTING-EDGE SCIENCE AND TECHNOLOGY IN THE AREAS OF GREATEST NEED; AND
TO CREATE A WORLD-CLASS TRANSLATIONAL MEDICINE INSTITUTE THAT WILL

4b (Code: _______ ) (Expenses $ ________________ including grants of $ ________________ ) (Revenue $ ________________ )

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

4d Other program services (Describe in Schedule O.)

4e Total program service expenses $ 1,699,963.
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A
   Yes  No
   1  X

2 Is the organization required to complete Schedule B, Schedule of Contributors?
   Yes  No
   2  X

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
   Yes  No
   3  X

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
   Yes  No
   4  X

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
   Yes  No
   5  X

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
   Yes  No
   6  X

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
   Yes  No
   7  X

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
   Yes  No
   8  X

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
   Yes  No
   9  X

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
   Yes  No
   10 X

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
      Yes  No
      11a X

   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
      Yes  No
      11b X

   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
      Yes  No
      11c X

   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
      Yes  No
      11d X

   e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
      Yes  No
      11e X

   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
      Yes  No
      11f X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
   Yes  No
   12a X

   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
      Yes  No
      12b X

13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E
   Yes  No
   13  X

14a Did the organization maintain an office, employees, or agents outside of the United States?
   Yes  No
   14a X

   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
      Yes  No
      14b X

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
   Yes  No
   15 X

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
   Yes  No
   16 X

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
   Yes  No
   17 X

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
   Yes  No
   18 X

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
   Yes  No
   19 X
### Part IV Checklist of Required Schedules (continued)

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<thead>
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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities?</td>
<td>If &quot;Yes,&quot; complete Schedule H</td>
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<td>20b</td>
<td>If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
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<td>21</td>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
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<td>22</td>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
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<td>23</td>
<td>Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J</td>
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<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No&quot;, go to line 25a</td>
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<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
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<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
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<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
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<td>25a</td>
<td><strong>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</strong> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
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<td>25b</td>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
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<td>26</td>
<td>Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
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<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
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<td>28</td>
<td>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</td>
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<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
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<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
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<td>28c</td>
<td>An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
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<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
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<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
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<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations?</td>
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<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part I</td>
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<td>33</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
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<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
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<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
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<td>35b</td>
<td>If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
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<td>36</td>
<td><strong>Section 501(c)(3) organizations.</strong> Did the organization make any transfers to an exempt non-charitable related organization?</td>
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<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
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<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
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### Part V
**Statements Regarding Other IRS Filings and Tax Compliance**

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
<td>0</td>
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<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
<td>0</td>
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<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
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<tr>
<td>2a</td>
<td>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</td>
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<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
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<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
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<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; to line 3b, provide an explanation in Schedule O</td>
<td></td>
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<tr>
<td>4a</td>
<td>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)?</td>
<td></td>
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<tr>
<td>4b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</td>
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<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
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<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
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<tr>
<td>5c</td>
<td>If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
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<tr>
<td>6a</td>
<td>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?</td>
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<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
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</table>

#### Organizations that may receive deductible contributions under section 170(c).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>7a</td>
<td>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?</td>
<td></td>
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<tr>
<td>7b</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
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<tr>
<td>7c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
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<tr>
<td>7d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
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<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
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<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
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<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
</tr>
</tbody>
</table>

#### 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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Sponsoring organizations maintaining donor advised funds. If &quot;Yes,&quot; did the organization file Form 8282?</td>
<td></td>
</tr>
</tbody>
</table>

#### Section 501(c)(7) organizations. Enter:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
</tr>
</tbody>
</table>

#### Section 501(c)(12) organizations. Enter:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
</tr>
</tbody>
</table>

#### Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
</tr>
</tbody>
</table>

#### Section 501(c)(29) qualified nonprofit health insurance issuers.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td>Enter the amount of reserves on hand</td>
<td></td>
</tr>
</tbody>
</table>

#### Did the organization receive any payments for indoor tanning services during the tax year?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
</tr>
</tbody>
</table>

---

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year: 5

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.

1b Enter the number of voting members included in line 1a, above, who are independent: 0

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? No

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? No

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? No

6 Did the organization have members or stockholders? 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? No

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? No

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? No

b Each committee with authority to act on behalf of the governing body? 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? Yes

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

10a Did the organization have local chapters, branches, or affiliates? 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? No

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? Yes

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? Yes

13 Did the organization have a written whistleblower policy? Yes

14 Did the organization have a written document retention and destruction policy? 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 No

b Other officers or key employees of the organization No

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? No

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? No

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.

X Own website  X Another’s website  X Upon request  No 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: 

JENNIFER DEGER  -  206-709-3100

500 FIFTH AVENUE N., SEATTLE, WA  98109
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SUSAN DESMOND-HELLMANN</td>
<td>2.00</td>
<td>40.00 X</td>
<td>0.</td>
<td>869,983.</td>
<td>13,637.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) JIM BROMLEY</td>
<td></td>
<td>4.00 X</td>
<td>0.</td>
<td>612,767.</td>
<td>21,676.</td>
</tr>
<tr>
<td>DIRECTOR, SECRETARY AND TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) TREVOR MUNDEL</td>
<td></td>
<td>3.00 X</td>
<td>0.</td>
<td>275,958.</td>
<td>39,223.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) EMILIO EMINI</td>
<td></td>
<td>2.00 X</td>
<td>0.</td>
<td>569,348.</td>
<td>43,978.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) HELENE MADONICK</td>
<td></td>
<td>2.00 X</td>
<td>0.</td>
<td>317,056.</td>
<td>36,538.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) PENNY HEATON</td>
<td></td>
<td>20.00 X</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIEF EXECUTIVE OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td>Officer</td>
<td>Key employee</td>
<td>Former</td>
</tr>
</tbody>
</table>

**1b Sub-total**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.</td>
<td>2,979,404.</td>
<td>193,347.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**c Total from continuation sheets to Part VII, Section A**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**d Total (add lines 1b and 1c)**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.</td>
<td>2,979,404.</td>
<td>193,347.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.**

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCKINLEY &amp; COMPANY, INC., US, PO BOX 7247-7255, PHILADELPHIA, PA 19170-7255</td>
<td>STRATEGY DEVELOPMENT</td>
<td>1,350,000.</td>
</tr>
<tr>
<td>THE HIGGINS GROUP INC., 701 LEE RD, SUITE 100, CHESTERBROOK, PA 19087</td>
<td>RECRUITING</td>
<td>545,276.</td>
</tr>
<tr>
<td>STRAIGHTLINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>107 GRAND STREET, NEW YORK, NY 10013</td>
<td>COMMUNICATIONS</td>
<td>302,799.</td>
</tr>
<tr>
<td>MORGAN LEWIS &amp; BOCITUS LLP, PO BOX 8500-S-6050, PHILADELPHIA, PA 19178-6050</td>
<td>LEGAL SERVICES</td>
<td>299,955.</td>
</tr>
<tr>
<td>PEOPLEFIRM LLC, 1326 FIFTH AVE, SUITE 459, SEATTLE, WA 98101</td>
<td>OPERATIONAL CONSULTING</td>
<td>192,000.</td>
</tr>
</tbody>
</table>

**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**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7247-7255, PHILADELPHIA, PA 19170-7255**

**100, CHESTERBROOK, PA 19087**

**107 GRAND STREET, NEW YORK, NY 10013**

**MORGAN LEWIS & BOCITUS LLP, PO BOX 8500-S-6050, PHILADELPHIA, PA 19178-6050**

**PEOPLEFIRM LLC, 1326 FIFTH AVE, SUITE 459, SEATTLE, WA 98101**
### Part VIII  Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>262,692,744</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

| 3 Investment income (including dividends, interest, and other similar amounts) | 6,014. | 6,014. |

| 4 Income from investment of tax-exempt bond proceeds |                  |

<table>
<thead>
<tr>
<th>5 Royalties</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6a Gross rents</td>
<td>(i) Real (ii) Personal</td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>(i) Securities (ii) Other</td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
</tr>
</tbody>
</table>

| 8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 |                  |
| 8b Less: direct expenses                               |                  |
| 8c Net income or (loss) from fundraising events        |                  |

| 9a Gross income from gaming activities. See Part IV, line 19 |                  |
| 9b Less: direct expenses                                 |                  |
| 9c Net income or (loss) from gaming activities           |                  |

| 10a Gross sales of inventory, less returns and allowances |                  |
| 10b Less: cost of goods sold                             |                  |
| 10c Net income or (loss) from sales of inventory         |                  |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td>262,698,758.</td>
</tr>
</tbody>
</table>

| 12 Total revenue. See instructions.                     | 262,698,758. | 0. | 0. | 6,014. |

732009 11-28-17  Form 990 (2017)  FOR PUBLIC DISCLOSURE
### 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 [X]*

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>348,852</td>
<td>348,852</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>16,570</td>
<td>16,570</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>2,469,543</td>
<td>1,699,963</td>
<td>769,580</td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>4,976</td>
<td>4,976</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td>9,248</td>
<td>9,248</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>59,000</td>
<td>59,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>65,513</td>
<td>65,513</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>2,550</td>
<td>2,550</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a FURNITURE, FIXTURES &amp; E</td>
<td>49,737</td>
<td>49,737</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>1,525</td>
<td>1,525</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>3,027,514</td>
<td>1,699,963</td>
<td>1,327,551</td>
<td>0</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Check here [ ] if following SOP 98-2 (ASC 958-720)*

---

**FOR PUBLIC DISCLOSURE**
### Part X | Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>0.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>0.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>0.</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>0.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>0.</td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>0.</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>29</td>
</tr>
</tbody>
</table>

#### Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>0.</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>262,698,758.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>3,027,514.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>259,671,244.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>0.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>259,671,244.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>X Accrual</td>
</tr>
<tr>
<td>2a</td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

**Part I**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [x] 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: UNIVERSITY OF WASHINGTON, SEATTLE, WASHINGTON
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 section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10. [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f. [ ] Enter the number of supported organizations

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

---

**Note:** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))</th>
<th>14</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage from 2016 Schedule A, Part II, line 14</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2017. 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2017. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2017
### Part III - Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>merchandise sold or services performed,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or facilities furnished in any activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>that is related to the organization's tax-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not an unrelated trade or business under</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>benefit and either paid to or expended on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>received from other than disqualified</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>persons that exceed the greater of $5,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans, rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(less section 511 taxes) from businesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities not included in line 10b,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>whether or not the business is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the organization’s first, second, third,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fourth, or fifth tax year as a section</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>509(c)(3) organization, check this box and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>(line 8, column (f) divided by line 13,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 16 Public support percentage from 2016      |          |          |          |          |          | 17
| Schedule A, Part III, line 15               |          |          |          |          |          | |

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18%</td>
</tr>
<tr>
<td>(line 10c, column (f) divided by line 13,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19%</td>
</tr>
<tr>
<td>column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 18 Investment income percentage from 2016    |          |          |          |          |          | 19
| Schedule A, Part III, line 17               |          |          |          |          |          | |
| 19a 33 1/3% support tests - 2017. If the    |          |          |          |          |          | 18
| organization did not check the box on line  |          |          |          |          |          | 20%
| 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                                  |          |          |          |          |          | |
| 19b 33 1/3% support tests - 2016. If the     |          |          |          |          |          | 18
| organization did not check the 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   |          |          |          |          |          | 20
| did not check a box on line 14, 19a, or      |          |          |          |          |          | |
| 19b, check this box and see instructions     |          |          |          |          |          | |
Supporting Organizations

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

Section A. All Supporting Organizations

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.
   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.
   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” answer (b) and (c) below.
   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?
   c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.
   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.
   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

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 10b below.
   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV. Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b A family member of a person described in (a) above?
   c A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

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).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard.

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 (a) and (b) below.
   a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   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.
## Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Adjusted net income for prior year</strong> (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td><strong>Minimum asset amount for prior year</strong> (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

#### Part VI

- **Total annual distributions.** Add lines 1 through 6.
- **Excess Distributions**
- **Underdistributions Pre-2017**
- **Distributable Amount for 2017**

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2018.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.)
** PUBLIC DISCLOSURE COPY **

### Schedule B

(Form 990, 990-EZ, or 990-PF)

#### Name of the organization

**BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE**

#### Employer identification number

**82-1808476**

#### Organization type (check one):

- **Form 990 or 990-EZ**
  - **X** 501(c)(3) (enter number) organization
  - □ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - □ 527 political organization

- **Form 990-PF**
  - □ 501(c)(3) exempt private foundation
  - □ 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - □ 501(c)(3) taxable private foundation

#### Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

- □ For an organization filing Form 990 or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

#### Special Rules

- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-PF that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-PF that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year $ ________________

**Caution:** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA** For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

---

FOR PUBLIC DISCLOSURE
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$262,692,744</td>
<td>Person X, Payroll</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate) (See instructions.)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ ____________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ ____________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ ____________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year from any one contributor. Complete columns (a) through (e) and the following line entry. (Enter this info. once.)

<table>
<thead>
<tr>
<th></th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I

<table>
<thead>
<tr>
<th></th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I

<table>
<thead>
<tr>
<th></th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I

<table>
<thead>
<tr>
<th></th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I

<table>
<thead>
<tr>
<th></th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I

<table>
<thead>
<tr>
<th></th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I

<table>
<thead>
<tr>
<th></th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**Part I Questions Regarding Compensation**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;No,&quot; complete Part III to explain</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>2. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Receive a severance payment or change-of-control payment?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>4b</td>
<td>X</td>
</tr>
<tr>
<td>c. Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>4c</td>
<td>X</td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The organization?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>b. Any related organization?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The organization?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b. Any related organization?</td>
<td>6b</td>
<td>X</td>
</tr>
<tr>
<td>7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If &quot;Yes,&quot; describe in Part III</td>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td>8. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If &quot;Yes,&quot; describe in Part III</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>9. If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2017

LHA

FOR PUBLIC DISCLOSURE
### 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 aren’t 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B)(i) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SUSAN DESMOND-HELLMANN</td>
<td>Base compensation 0.</td>
<td>Bonus &amp; incentive compensation 0.</td>
<td>Other reportable compensation 0.</td>
<td>Retirement and other deferred compensation 0.</td>
<td>Total of columns (B)(i)-(D) 883,620.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>670,061.</td>
<td>185,480.</td>
<td>14,442.</td>
<td>717.</td>
<td>12,920.</td>
</tr>
<tr>
<td>(2) JIM BROMLEY</td>
<td>328,771.</td>
<td>0.</td>
<td>5,521.</td>
<td>19,875.</td>
<td>18,420.</td>
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<tr>
<td>DIRECTOR, SECRETARY AND TREASURER</td>
<td>583,345.</td>
<td>0.</td>
<td>29,422.</td>
<td>3,548.</td>
<td>18,128.</td>
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<tr>
<td>BILL &amp; MELINDA GATES MEDICAL RESEARCH INSTITUTE</td>
<td>267,829.</td>
<td>0.</td>
<td>8,129.</td>
<td>23,698.</td>
<td>15,525.</td>
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<tr>
<td>(3) TREVOR MUNDEL</td>
<td>613,811.</td>
<td>0.</td>
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<td>DIRECTOR</td>
<td>218,741.</td>
<td>0.</td>
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<td>23,698.</td>
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<td>(4) EMILIO EMINI</td>
<td>288,264.</td>
<td>0.</td>
<td>28,792.</td>
<td>23,617.</td>
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<td>(5) HELENE MADONICK</td>
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<tr>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>(6) PENNY HEATON</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>CHIEF EXECUTIVE OFFICER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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</tbody>
</table>
PART I, LINE 3

FOR THE 2017 TAX YEAR, THE ORGANIZATION’S CEO WAS UNCOMPENSATED BY THE
REPORTING ORGANIZATION. THE ORGANIZATION’S CEO REMAINED AN EMPLOYEE OF
THE BILL & MELINDA GATES FOUNDATION, ITS SOLE MEMBER, AND PROVIDED
SUPPORT TO THE REPORTING ORGANIZATION PURSUANT TO A SUPPORT AGREEMENT BETWEEN THE TWO ORGANIZATIONS. THIS AGREEMENT PROVIDED FOR THE BILL &
MELINDA GATES FOUNDATION TO CONTRIBUTE SUPPORT THROUGH A NUMBER OF ITS
EMPLOYEES AT NO COST TO THE REPORTING ORGANIZATION. ACCORDINGLY, THE
BILL & MELINDA GATES FOUNDATION ESTABLISHED COMPENSATION FOR THE BILL &
MELINDA GATES MEDICAL RESEARCH INSTITUTE CEO.
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Name of the organization
BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE

Employer identification number
82-1808476

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONJUNCTION WITH ONE OR MORE HOSPITALS FOR THE PURPOSE OF ADDRESSING
MAJOR CAUSES OF ILLNESS AND DEATH IN LOW-INCOME COUNTRIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
QUICKLY AND EFFECTIVELY BRING NOVEL DRUGS, BIOLOGICS, VACCINES AND
DIAGNOSTICS TO LOW AND MIDDLE-INCOME COUNTRIES.

FORM 990, PART VI, SECTION A, LINE 2:
SUSAN DESMOND-HELLMANN, TREVOR MUNDEL, JIM BROMLEY, EMILIO EMINI, HELENE
MADONICK, AND PENNY HEATON HAVE A BUSINESS RELATIONSHIP AS EMPLOYEES OF THE
BILL & MELINDA GATES FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 6:
THE SOLE MEMBER OF BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE IS BILL
& MELINDA GATES FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:
BILL & MELINDA GATES FOUNDATION, THE SOLE MEMBER OF BILL & MELINDA GATES
MEDICAL RESEARCH INSTITUTE, HAS THE AUTHORITY TO APPOINT AND REMOVE
DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:
BILL & MELINDA GATES FOUNDATION, THE SOLE MEMBER OF BILL & MELINDA GATES
MEDICAL RESEARCH INSTITUTE, HAS THE AUTHORITY TO AMEND THE ARTICLES OF
INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, AUTHORIZE THE SALE,

FOR PUBLIC DISCLOSURE
LEASE, OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE

ORGANIZATION, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ORGANIZATION AND

ADOPTION OF A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY A THIRD-PARTY ACCOUNTANT. AFTER PREPARATION, IT IS REVIEWED IN DETAIL BY THE CHIEF OPERATING OFFICER OF THE INSTITUTE, AND

THE TAX TEAM AND CONTROLLER OF BILL & MELINDA GATES FOUNDATION, THE SOLE MEMBER OF BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE. A COPY OF THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF THE INSTITUTE PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE CONSIDERED “COVERED PERSONS” FOR THE ORGANIZATION’S CONFLICT OF INTEREST POLICY, AND AS SUCH, ARE REQUIRED TO ANNUALLY DISCLOSE ANY RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST INVOLVING THE ORGANIZATION. IN ADDITION, ANY TRANSACTIONS BETWEEN THE ORGANIZATION AND ANY OF THESE INDIVIDUALS (OR THEIR FAMILY MEMBERS OR AN AFFILIATED ENTITY) MUST BE DISCLOSED TO THE SECRETARY. IF THE SECRETARY HAS A POTENTIAL CONFLICT OF INTEREST, IT MUST BE DISCLOSED TO THE CHIEF EXECUTIVE OFFICER. THE SECRETARY AND CHIEF EXECUTIVE OFFICER ARE RESPONSIBLE FOR REVIEWING THE ANNUAL CONFLICT OF INTEREST DISCLOSURES AND RESOLVING ANY POTENTIAL CONFLICT OF INTERESTS THAT MAY ARISE. THE COVERED PERSON IS REQUIRED TO REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCourage THE ORGANIZATION TO ENTER INTO THE COVERED TRANSACTION. ADDITIONALLY, HE OR SHE MUST NOT PARTICIPATE IN ANY DISCUSSIONS REGARDING THE COVERED TRANSACTIONS WITH OFFICERS, DIRECTORS AND EMPLOYEES OF THE ORGANIZATION, EXCEPT TO RESPOND TO REQUESTS FOR
INFORMATION. IF THE TRANSACTION IS DEEMED TO BE REASONABLE BY THE
DISINTERESTED DIRECTORS (IN THE CASE OF A CONFLICT INVOLVING A DIRECTOR OR
THE CHIEF EXECUTIVE OFFICER) OR CHIEF EXECUTIVE OFFICER (IN THE CASE OF A
CONFLICT INVOLVING ANOTHER OFFICER OR KEY EMPLOYEE), THE ORGANIZATION MAY
ENTER INTO THE TRANSACTION, AS LONG AS IT IS FAIR AND REASONABLE TO THE
ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:
DURING 2017, BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE DID NOT
COMPENSATE ITS CHIEF EXECUTIVE OFFICER, OTHER OFFICERS OR KEY EMPLOYEES.

THE ORGANIZATION HAD NO EMPLOYEES AND THE OFFICERS WERE COMPENSATED BY BILL
& MELINDA GATES FOUNDATION, THE SOLE MEMBER OF BILL & MELINDA GATES MEDICAL
RESEARCH INSTITUTE. BILL & MELINDA GATES FOUNDATION HAS A PROCESS TO
DETERMINE COMPENSATION WHICH INCLUDES APPROVAL BY INDEPENDENT PERSONS,
COMPARABILITY DATA, AND CONTEMPORANEOUS DOCUMENTATION.

BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE CONDUCTED A COMPENSATION
STUDY IN 2017 TO PREPARE FOR THE HIRING OF EMPLOYEES ON JANUARY 1, 2018.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION’S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE UPON REQUEST. BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE’S
FINANCIAL STATEMENTS ARE CONSOLIDATED WITH BILL & MELINDA GATES FOUNDATION,
AND THE CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE AT
WWW.GATESFOUNDATION.ORG.

FORM 990, PART VII, SECTION A, COLUMNS (E) AND (F):
DURING 2017, BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE DID NOT
**Name of the organization**: BILL & MELINDA GATES MEDICAL RESEARCH INSTITUTE

**Employer identification number**: 82-1808476

**Schedule O (Form 990 or 990-EZ) (2017)**

**Compensation of Directors and Officers**

These individuals were compensated by Bill & Melinda Gates Foundation, the sole member of Bill & Melinda Gates Medical Research Institute. Bill & Melinda Gates Foundation was related to Bill & Melinda Gates Medical Research Institute as of April 28, 2017. The effective date of the organizational consent appointing the directors and officers of Bill & Melinda Gates Medical Research Institute occurred on June 8, 2017. As such, the reported compensation paid by Bill & Melinda Gates Foundation covers the time period of June 8, 2017 through December 31, 2017.

**Form 990, Part IX, Line 11G, Other Fees:**

| Strategy Development Expenses | 1,699,963. |
| Program Service Expenses      |            |
| Management and General Expenses| 769,580.   |
| Fundraising Expenses           | 0.         |
| Total Expenses                 | 2,469,543. |

**Total Other Fees on Form 990, Part IX, Line 11G, Col A**: 2,469,543.

**Form 990, Part XII, Line 2C:**

Bill & Melinda Gates Medical Research Institute’s audited financial statements are consolidated with Bill & Melinda Gates Foundation. Per the support agreement between the two organizations, Bill & Melinda Gates Medical Research Institute has delegated to Bill & Melinda Gates Foundation the oversight of the audit of the financial statements and the selection of the independent accountants.
**Part I**  
Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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</thead>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILL &amp; MELINDA GATES FOUNDATION (BMGF) - 56-2618866, P.O. BOX 23350, SEATTLE, WA 98102</td>
<td>GRANTMAKING FOUNDATION</td>
<td>WASHINGTON</td>
<td>501(C)(3)</td>
<td>PF</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>GATES PHILANTHROPY PARTNERS - 47-3290897, P.O. BOX 23350, SEATTLE, WA 98102</td>
<td>GRANTMAKING PUBLIC CHARITY</td>
<td>WASHINGTON</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td>BILL &amp; MELINDA GATES FOUNDATION (BMGF)</td>
<td>X</td>
</tr>
<tr>
<td>BILL &amp; MELINDA GATES FOUNDATION TRUST (BMGF) - 91-1663695, P.O. BOX 23350, SEATTLE, WA 98102</td>
<td>GRANTMAKING FOUNDATION</td>
<td>WASHINGTON</td>
<td>501(C)(3)</td>
<td>PF</td>
<td>N/A</td>
<td>X</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCELERATOR GPS SIDE CAR</td>
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<td></td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>FUND, L.P., 81-4667411, P.O. BOX 13329, RESEARCH</td>
<td>PROGRAM RELATED</td>
<td>DE</td>
<td>N/A</td>
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<td>N/A</td>
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<tr>
<td>TRIANGLE PARK, NC 27709</td>
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<tr>
<td>BMGF</td>
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<tr>
<td>GREENBRIAR AS HOLDINGS, L.P., 98-1208908, 555</td>
<td>INVESTMENT OF</td>
<td>CAYMAN</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>THEODORE FREMD AVE, STE. A-201, RYE, NY 10580</td>
<td>BMGFT</td>
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<td>GREENBRIAR COINVESTMENT - TP, L.P., 46-3257147,</td>
<td>INVESTMENT OF</td>
<td>CAYMAN</td>
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<tr>
<td>555 THEODORE FREMD AVE, STE. A-201, RYE, NY 10580</td>
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<td>GREENBRIAR EQUITY FUND II-A, L.P., 26-0438001, 555</td>
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</tr>
<tr>
<td>AFRICAN AGRICULTURAL CAPITAL FUND LLC - 98-1017696</td>
<td>PROGRAM RELATED</td>
<td>MAURITIUS</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
<td>N/A</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR, TOWER A, 1 CYBERCITY, EBENE, MAURITIUS</td>
<td>INVESTMENT OF BMGF</td>
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<td>555 THEODORE FREMD AVE, STE. A-201</td>
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<td>RYE, NY 10580</td>
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<tr>
<td>JOINT FUND SPV 1 LLC - 98-1434108</td>
<td>PROGRAM RELATED</td>
<td>ISLANDS</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
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<tr>
<td>P.O. BOX 10008, WILLOW HOUSE, CRICKET SQUARE</td>
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<tr>
<td>GRAND CAYMAN, CAYMAN ISLANDS KY1-1001</td>
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<tr>
<td>JOINT FUND SPV 2 LLC - 98-1434482</td>
<td>PROGRAM RELATED</td>
<td>ISLANDS</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
<td>N/A</td>
<td>No</td>
<td>X</td>
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<tr>
<td>P.O. BOX 10008, WILLOW HOUSE, CRICKET SQUARE</td>
<td>INVESTMENT OF BMGF</td>
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<td>GRAND CAYMAN, CAYMAN ISLANDS KY1-1001</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRICAN AGRICULTURAL CAPITAL FUND LLC - 98-1017696</td>
<td>PROGRAM RELATED</td>
<td>MAURITIUS</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>6TH FLOOR, TOWER A, 1 CYBERCITY, EBENE, MAURITIUS</td>
<td>INVESTMENT OF BMGF</td>
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<tr>
<td>555 THEODORE FREMD AVE, STE. A-201</td>
<td>BMGFT</td>
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<td>RYE, NY 10580</td>
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<tr>
<td>JOINT FUND SPV 1 LLC - 98-1434108</td>
<td>PROGRAM RELATED</td>
<td>ISLANDS</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>P.O. BOX 10008, WILLOW HOUSE, CRICKET SQUARE</td>
<td>INVESTMENT OF BMGF</td>
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<tr>
<td>JOINT FUND SPV 2 LLC - 98-1434482</td>
<td>PROGRAM RELATED</td>
<td>ISLANDS</td>
<td>C CORP</td>
<td>N/A</td>
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<tr>
<td>P.O. BOX 10008, WILLOW HOUSE, CRICKET SQUARE</td>
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</table>
### Part III | Continuation of Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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<tbody>
<tr>
<td>GREENBRIAR EQUITY FUND III AIV MM NV LP - 81-1112433, 555 THEODORE FREMD AVE, STE. A-201, RYE, NY 10580</td>
<td>INVESTMENT OF BMGPT</td>
<td>DE</td>
<td>N/A</td>
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<td>INVESTMENT OF BMGPT</td>
<td>CAYMAN ISLANDS</td>
<td>N/A</td>
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<td>GREENBRIAR EQUITY FUND III-A AIV WFCI, L.P. - 98-1219020, 555 THEODORE FREMD AVE, STE. A-201, RYE, NY 10580</td>
<td>INVESTMENT OF BMGPT</td>
<td>CAYMAN ISLANDS</td>
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<td>GREENBRIAR EQUITY FUND III-A, L.P. - 46-1543216, 555 THEODORE FREMD AVE, STE. A-201, RYE, NY 10580</td>
<td>INVESTMENT OF BMGPT</td>
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<td>THE GLOBAL GOOD FUND I LLC - 27-2796838, 3150 139TH AVE SE, BELLEVUE, WA 98005</td>
<td>INVESTMENT OF BMGPT</td>
<td>DE</td>
<td>N/A</td>
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</table>
### Part V Transactions With Related Organizations

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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**Note:** Complete line 1 if any entity is listed in Parts II-IV?

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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.

#### Name of Related Organization

<table>
<thead>
<tr>
<th>Name of related organization</th>
<th>Transaction type (a-s)</th>
<th>Amount involved</th>
<th>Method of determining amount involved</th>
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</table>
**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Schedule R (Form 990) 2017
Important information about your December 31, 2017 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2017 Form 990.
Your new due date is November 15, 2018.

What you need to do

File your December 31, 2017 Form 990 by November 15, 2018. We encourage you to use electronic filing—the fastest and easiest way to file.
Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.
If you need assistance, please don’t hesitate to contact us.