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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SEATTLE CANCER CARE ALLIANCE

Doing business as

Number and street (or P O box if mail is not delivered to street address)

825 EASTLAKE AVE E PO BOX 19023

Room/suite

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

SEATTLE, WA 981091023

F Name and address of principal officer

NANCY DAVIDSON MD

825 EASTLAKE AVE E PO BOX 19023

SEATTLE, WA 981091023

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW SEATTLECCA ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1998

M State of legal domicile

WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SEATTLE CANCER CARE ALLIANCE, (SCCA) REPRESENTS A UNION OF PATIENTS AND DOCTORS, (SEE SCHEDULE O) PHYSICIANS AND RESEARCHERS, CARE AND CURES IN THE PURSUIT OF BETTER, LONGER, RICHER LIVES FOR OUR PATIENTS ABOVE ALL, WE EXIST TO MOVE PATIENTS FORWARD, PAST BOUNDARIES AND TOWARD HOPE, BEYOND FEAR AND CLOSER TO DISCOVERY SCCA IS THE INTERSECTION OF COMPASSION AND HARD SCIENCE WHERE A REAL DIFFERENCE CAN BE MADE TODAY AND TRUE PROGRESS HAPPENS TOMORROW THIS UNIQUELY BOLD AND INVENTIVE APPROACH TRULY SETS US APART WE TREAT CARE DIFFERENTLY, AND, BECAUSE OF THAT, WE SEE PATIENTS DIFFERENTLY, TOO OUR CARE COMBINES POWERFUL SCIENCE WITH DEVOTED COLLABORATION, WHERE BOUNDARY-PUSHING DISCOVER HAPPENS - CARE AND SCIENCE WORKING TOGETHER IT IS OUR FUNDAMENTAL BELIEF THAT WORKING IN PARTNERSHIP WITH OUR PATIENTS IS ESSENTIAL TO WHO WE ARE TODAY AND IN THE FUTURE

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)

18

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

18

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

1,811

6 Total number of volunteers (estimate if necessary)

249

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

0

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

721,594

Revenue

8 Contributions and grants (Part VIII, line 1h)

4,436,071

9 Program service revenue (Part VIII, line 2g)

546,848,167

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

3,757,016

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

1,075,320

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

556,116,574

Expenses

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

1,927,743

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)

136,061,873

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

25,268

b Total fundraising expenses (Part IX, column (D), line 25) ▶257,138

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

390,565,823

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

528,580,707

19 Revenue less expenses Subtract line 18 from line 12

27,535,867

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

593,129,652

21 Total liabilities (Part X, line 26)

153,860,582

22 Net assets or fund balances Subtract line 21 from line 20

439,269,070

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

2019-04-02

Date

AARON CRANE VP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

SARA ELIZABETH J HYRE

Preparer's signature

SARA ELIZABETH J HYRE

Date

2019-04-01

Check ☐ if self-employed

PTIN P00235495

Firm's name ▶ CLARK NUBER PS

Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4TH STREET SUITE 1400

Phone no (425) 454-4919

BELLEVUE, WA 98004

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 504,971,262	including grants of \$ 1,384,536)	(Revenue \$ 638,917,876)
See Additional Data				





















4b	(Code)	(Expenses \$ 3,916,264	including grants of \$ 357,482)	(Revenue \$ 2,156,777)
See Additional Data				

4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	508,887,526
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	176
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,811
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
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? If "No," go to line 13.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?		No
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.	Yes	
b	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AL, AR, CA, FL, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ AARON R CRANE 825 EASTLAKE AVENUE EAST PO BOX SEATTLE, WA 981091023 (206) 606-6778

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

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

Form **990** (2017)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	9,944,759	0	1,283,617

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 ▶ 247

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF WASHINGTON 1959 NE 59TH AVE SUITE 1005 SEATTLE, WA 98104	HEALTHCARE, SERVICES	195,754,182
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	ADMIN, SUPPORT, SVCS, CONSULT	35,543,947
SEATTLE CHILDREN'S HOSPITAL MAILSTOP S-100 PO BOX 50020 SEATTLE, WA 98145	HEALTHCARE, SERVICES	23,070,660
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	MARROW TRANSPLANT SERVICES	11,288,352
LEASE CRUTCHER LEWIS 107 SPRING ST SUITE 300 SEATTLE, WA 98104	CONSTRUCTION	4,369,573

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 ► 98

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns . . .	1a76,097			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c457,382			
d	Related organizations	1d			
e	Government grants (contributions)	1e			
f	All other contributions, gifts, grants, and similar amounts not included above	1f3,404,086			
g	Noncash contributions included in lines 1a-1f \$	45,094			
h	Total. Add lines 1a-1f	3,937,565			

Program Service Revenue

	Business Code				
2a	PATIENT SERV REVENUE	622310	637,469,625	636,969,042	500,583
b	PATIENT HOUSING	624221	2,156,777	2,156,777	
c	INTERAFFILIATE AGMTS	900099	668,497	668,497	
d	INVENTORY SALES	900099	412,165		412,165
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f	640,707,064			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		9,042,084		9,042,084
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents	(i) Real	(ii) Personal		
b	Less rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b	Less cost or other basis and sales expenses				
c	Gain or (loss)				
d	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$ 457,382 of contributions reported on line 1c) See Part IV, line 18	a	45,300		
b	Less direct expenses	b	123,428		
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities See Part IV, line 19	a			
b	Less direct expenses	b			
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	a			
b	Less cost of goods sold	b			
c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
11a	PARKING INCOME	531390	951,625		951,625
b	EDUCATIONAL EVENTS	923110	367,589	367,589	
c					
d	All other revenue				
e	Total. Add lines 11a-11d		1,319,214		
12	Total revenue. See Instructions		653,487,789	640,161,905	09,388,319

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,251,594	1,251,594		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	487,424	487,424		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	3,000	3,000		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	9,912,108	2,067,280	7,844,828	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	109,187,596	80,864,212	28,290,437	32,947
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,950,776	4,378,302	1,570,645	1,829
9 Other employee benefits.	18,230,696	13,726,059	4,499,097	5,540
10 Payroll taxes.	9,225,155	6,832,431	2,389,940	2,784
11 Fees for services (non-employees).				
a Management.	27,989,979	11,945,657	16,044,322	
b Legal.	509,485		509,485	
c Accounting.	311,970		311,970	
d Lobbying.	334,108		334,108	
e Professional fundraising services. See Part IV, line 17.	150,769			150,769
f Investment management fees.	466,722		466,722	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	121,809,725	115,119,650	6,690,075	
12 Advertising and promotion.	2,466,921	2,396,315	70,606	
13 Office expenses.	7,061,900	4,492,038	2,524,676	45,186
14 Information technology.	15,832,187	4,974,529	10,853,788	3,870
15 Royalties.	55,507	55,507		
16 Occupancy.	15,574,716	6,685,061	8,889,655	
17 Travel.	853,889	521,395	332,430	64
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,953,277	1,225,372	718,011	9,894
20 Interest.	3,406,760	3,406,760		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	22,386,580	14,709,904	7,672,421	4,255
23 Insurance.	755,221	506,586	248,635	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	226,802,062	226,781,789	20,273	
b BUSINESS TAXES	3,708,444	3,705,185	3,259	
c BAD DEBT	2,259,933	2,259,933		
d DUES & SUBSCRIPTIONS	1,189,793	283,627	906,166	
e All other expenses	225,649	207,916	17,733	
25 Total functional expenses. Add lines 1 through 24e.	610,353,946	508,887,526	101,209,282	257,138
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		29,786,806	1	20,690,147
	2	Savings and temporary cash investments		13,525,319	2	43,690,180
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		70,467,951	4	79,384,161
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		8,778,234	8	11,092,738
	9	Prepaid expenses and deferred charges		3,902,068	9	4,733,995
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	306,464,836		
	b	Less: accumulated depreciation	10b	156,384,483		
				137,305,864	10c	150,080,353
	11	Investments—publicly traded securities		309,010,459	11	323,224,639
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		7,323,209	14	6,082,105
15	Other assets. See Part IV, line 11		13,029,742	15	9,001,786	
16	Total assets. Add lines 1 through 15 (must equal line 34)		593,129,652	16	647,980,104	
Liabilities	17	Accounts payable and accrued expenses		46,197,444	17	54,127,740
	18	Grants payable			18	
	19	Deferred revenue		361,982	19	241,949
	20	Tax-exempt bond liabilities		107,301,156	20	103,700,931
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		153,860,582	26	158,070,620
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		432,800,067	27	482,032,194
	28	Temporarily restricted net assets		3,173,414	28	4,581,701
	29	Permanently restricted net assets		3,295,589	29	3,295,589
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		439,269,070	33	489,909,484
34	Total liabilities and net assets/fund balances		593,129,652	34	647,980,104	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	653,487,789
2	Total expenses (must equal Part IX, column (A), line 25)	2	610,353,946
3	Revenue less expenses Subtract line 2 from line 1	3	43,133,843
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	439,269,070
5	Net unrealized gains (losses) on investments	5	7,466,571
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	489,909,484

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 91-1935159
Name: SEATTLE CANCER CARE ALLIANCE

Form 990 (2017)

Form 990, Part III, Line 4a:

SCCA'S FOCUS IS TO SPEED THE TRANSFER OF NEW DIAGNOSTIC AND TREATMENT TECHNIQUES FROM THE RESEARCH SETTING TO PATIENT CARE. THE HIGHLY INTEGRATED APPROACH TO CANCER RESEARCH AND TREATMENT AMONG SCCA PARTNER ORGANIZATIONS SUPPORTS THE FLOW OF SCIENTIFIC INFORMATION AMONG RESEARCHERS, CLINICIANS, AND PATIENTS, THEREBY ACCELERATING THE DEVELOPMENT OF NEW KNOWLEDGE AND TREATMENT OF VARIOUS CANCERS. DURING THE YEAR ENDED JUNE 30, 2018, SCCA TREATED 7,919 NEW PATIENTS WITHIN THE CANCER AND BONE MARROWS/STEM CELL TRANSPLANT PROGRAMS. SCCA ALSO HAD 82,534 CLINIC VISITS, 110,627 INFUSION HOURS, 12,465 RADIATION ONCOLOGY TREATMENTS, AND PERFORMED 62,580 IMAGING SCANS. (SEE SCHEDULE O) AS PART OF SCCA'S COMMITMENT TO ADVANCING THE STANDARD OF CANCER CARE, IT OFFERS MANY EDUCATIONAL OPPORTUNITIES FOR HEALTH CARE PROFESSIONALS OF ALL KINDS SEEKING THE SPECIALIZED KNOWLEDGE IN ONCOLOGY SETTINGS TO EARN CONTINUING EDUCATION CREDITS. SCCA IS DESIGNATED AS AN INSTRUCTIONAL SITE FOR BACHELOR AND ADVANCED DEGREE CANDIDATES FROM SEVERAL INSTITUTIONS AROUND THE PUGET SOUND AREA. IN ADDITION, SCCA HAS MANY EDUCATIONAL OFFERINGS FOR CANCER PATIENTS, CAREGIVERS, THEIR FAMILIES, AND CANCER SURVIVORS. THE SCCA AFFILIATE NETWORK PROGRAM SUPPORTS SCCA'S MISSION OF ADVANCING THE STANDARD OF CANCER CARE REGIONALLY AND BEYOND. BY CONNECTING COMMUNITY-BASED PHYSICIANS AND HOSPITALS WITH THE LEADING RESEARCH TEAMS AND CANCER SPECIALISTS OF FRED HUTCH, SEATTLE CHILDREN'S AND UW MEDICINE, THE SCCA NETWORK FORGES PARTNERSHIPS TO WORK TOWARD A COMMON GOAL OF ELEVATING PATIENT CARE. THE SCCA AFFILIATE NETWORK PROVIDES OUR COMMUNITY PARTNERS WITH A WEALTH OF RESOURCES, INCLUDING CONTINUING MEDICAL EDUCATION, CONSULTATIONS WITH SCCA PHYSICIANS ABOUT DIAGNOSIS AND TREATMENT PLANS, AND ACCESS TO CLINICAL RESEARCH. PATIENTS WHO ARE TREATED FOR CANCER AT NETWORK MEMBER INSTITUTIONS HAVE ACCESS TO THE LATEST ADVANCEMENTS IN THE TREATMENT OF CANCER, PROVIDING THEM WITH WORLD-CLASS CARE CLOSE TO HOME.

Form 990, Part III, Line 4b:

SEATTLE CANCER CARE ALLIANCE, SCCA, OPERATES A HOUSING PROGRAM INCLUDING BOTH SCCA HOUSE AND PETE GROSS HOUSE. SCCA HOUSE IS A TEMPORARY MEDICAL HOUSING FACILITY. IT IS AN 80-ROOM FACILITY THAT PROVIDES AN AFFORDABLE HOME FOR CANCER PATIENTS AND THEIR FAMILIES WHO COME TO SEATTLE FOR EXTENDED TREATMENT WITH SCCA. THE SIX-STORY "BUILT GREEN" BUILDING WAS DESIGNED TO ADDRESS PATIENTS' PHYSICAL, EMOTIONAL, AND LOGISTICAL CHALLENGES. SCCA HOUSE IS LOCATED CLOSE TO THE SCCA OUTPATIENT CLINIC AND OFFERS SHUTTLE SERVICE TO THE SCCA CLINIC. THE SCCA HOUSE OFFERS PATIENTS A HOME AWAY FROM HOME WITH FULLY FURNISHED SUITES WITH KITCHENETTES, LARGE COMMON KITCHEN AND DINING ROOM, EXERCISE ROOM, RESOURCE CENTER AND (SEE SCHEDULE O) LIBRARY, THEATER, CHILDREN'S ROOM, MEDITATION ROOM, IN-ROOM SEPARATE CAREGIVER SLEEPING AREAS, FREE LAUNDRY 24 HRS/DAY, FREE WIRELESS INTERNET ACCESS, SECURE ENTRY, GARAGE AND PARKING, INFECTION CONTROL MEASURES, AS WELL AS A ROOFTOP GARDEN, SPONSORED EVENTS FOR PATIENTS AND FAMILIES, AND SOCIAL EVENTS. THE COMMON AREAS SERVE AS MEETING CENTERS FOR OUR COMMUNITY PARTNERS. SCCA HOUSE IS AN EXAMPLE OF SCCA'S COMMITMENT TO THE MISSION OF PROVIDING FAMILY CENTERED PATIENT CARE. PETE GROSS HOUSE, DESIGNED SPECIFICALLY FOR PATIENTS RECOVERING FROM A STEM CELL OR BONE MARROW TRANSPLANT, IS A 70-UNIT APARTMENT BUILDING LOCATED LESS THAN ONE-HALF MILE FROM THE SCCA OUTPATIENT CLINIC AND OFFERS FREE SHUTTLE SERVICE TO THE SCCA CLINIC. EACH APARTMENT IS FURNISHED AND HAS A WASHER/DRYER, DISHWASHER, MICROWAVE, RANGE, TELEVISION, DVD PLAYER, LINENS, AND A GENEROUSLY EQUIPPED KITCHEN WITH FULL-SIZE REFRIGERATOR. ONE-AND TWO-BEDROOM APARTMENTS ALSO HAVE QUEEN-SIZE SLEEPER SOFAS. STUDIO APARTMENTS ALSO ARE AVAILABLE. HUTCH SCHOOL FOR SCHOOL-AGE PATIENTS AND FAMILY MEMBERS IS CONVENIENTLY LOCATED ON THE FIRST FLOOR. PATIENTS STAYING AT EITHER HOUSE CAN RIDE SHUTTLE SERVICE TO SCCA OUTPATIENT CLINIC. AT THE CLINIC, SHUTTLES ARE AVAILABLE GOING TO AND FROM SCCA OUTPATIENT CLINIC TO UW MEDICAL CENTER AND SEATTLE CHILDREN'S. PATIENTS ALSO HAVE ACCESS TO SHUTTLES THAT RUN TWICE DAILY TO A LOCAL GROCERY STORE.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD MCCUNE CHAIR	5 00	X		X				0	0	0
KAREN GLOVER VICE CHAIR	2 00	X		X				0	0	0
MIKE DELMAN TREASURER	3 50	X		X				0	0	0
KIMBERLY MCNALLY SECRETARY	2 00	X		X				0	0	0
CARL BEHNKE IMMEDIATE PAST CHAIR	2 00	X		X				0	0	0
ROBB BAKEMEIER DIRECTOR	2 00	X						0	0	0
JACQUELINE CABE DIRECTOR	1 50	X						0	0	0
BRUCE CLURMAN DIRECTOR	1 00	X						0	0	0
GERALD GRINSTEIN DIRECTOR	4 00	X						0	0	0
DEBORAH HAUG DIRECTOR (THRU 2/18)	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEWART LANDEFELD DIRECTOR (FROM 4/18)	4 00	X						0	0	0
RUTH MAHAN DIRECTOR	2 00	X						0	0	0
LINDA MATTOX DIRECTOR	0 50	X						0	0	0
SANDY MELZER DIRECTOR	1 50	X						0	0	0
BRUCE PYM DIRECTOR	1 00	X						0	0	0
BROOKS RAGEN DIRECTOR (THRU 3/18)	1 00	X						0	0	0
STEVE STADUM DIRECTOR	2 50	X						0	0	0
BRUDER STAPLETON DIRECTOR	1 50	X						0	0	0
ALVIN WINTERROTH DIRECTOR (FROM 3/18)	1 50	X						0	0	0
RICHARD YARMUTH DIRECTOR	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY DAVIDSON MD EXECUTIVE DIRECTOR AND PRESIDENT	45 00			X				1,273,027	0	0
NORMAN HUBBARD EXECUTIVE VP	55 00			X				948,024	0	165,779
JONATHAN TINGSTAD VP & CFO (THRU 10/17)	55 00			X				634,441	0	55,362
F MARC STEWART MD VP, MEDICAL DIRECTOR	55 00			X				515,591	0	0
DEBORAH GENTZEN VP, CHIEF STRATEGY OFFICER	55 00			X				423,869	0	111,983
DAVID ACKERSON VP, CHIEF INFORMATION OFFICER	55 00			X				389,833	0	94,009
BARBARA JAGELS VP, CHIEF QUALITY & VALUE OFFC	55 00			X				353,516	0	101,199
THERESA MCDONNELL CHIEF NURSE EXEC, VP-CLIN OPS	55 00			X				348,640	0	50,425
AARON CRANE VP & CFO (FROM 5/18)	55 00			X				0	0	0
GRETCHEN HANNA DIR CORPORATE FINANCE	55 00				X			255,771	0	35,490

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH NORTON DIR FINANCE	55 00				X			239,040	0	38,582
MARIA GONZALEZ DIR RESEARCH INT (THRU 1/18)	55 00				X			234,607	0	39,314
KRISTINE LOGAN DIR OPERATIONS	55 00				X			209,309	0	28,447
THOMAS TSAI DIR CLINICAL OPS DIAG/THERAPY SVCS (THRU 1/18)	55 00				X			207,209	0	20,701
MOREEN DUDLEY DIR CLIN OPS, SUPPORTIVE SVCS	55 00				X			204,837	0	30,195
ALPHONSO EMERY DIR REVENUE CYCLE MGT	55 00				X			204,542	0	28,045
TAMI DEEB DIR SERVICE LINES	55 00				X			201,208	0	27,304
AVRIL MCDOWELL DIR CLINICAL OPS (THRU 7/17)	55 00				X			195,822	0	14,480
STEPHANIE MAYS GENERAL COUNSEL	55 00				X			189,375	0	14,342
ADA MOHEDANO DIR CLIN ANALYTICS & BUS INTEL	55 00				X			188,599	0	26,732

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE HALL DIR PERFORMANCE EXCELLENCE	55 00				X			187,794	0	33,408
TIMOTHY EHLING DIR NURSING & CLIN OPS INTEG	55 00				X			183,884	0	38,503
HOLLY ROSENFELD DIR MARKETING	55 00				X			183,795	0	38,761
BRANDON JONES CHIEF TECHNOLOGY OFFICER	55 00				X			183,079	0	26,072
TRACI PRANZINI CORPORATE INTEGRITY OFFICER	55 00				X			180,562	0	25,795
CHAD HOGGARD DIR IT SECURITY	55 00				X			176,175	0	37,275
PAUL HELMUTH DIR CLINICAL OPERATIONS	55 00				X			169,203	0	24,011
CECILIA ZAPATA DIR STRAT OUTREACH/CCA NETWORK (THRU 8/17)	55 00				X			168,315	0	14,281
KATIE COLLEEN ANN MALETICH DIR QUALITY & SAFETY	55 00				X			165,741	0	28,091
DONNA KERN REGISTERED NURSE	55 00					X		179,044	0	34,647

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARIAM ZERESENNAI REGISTERED NURSE	55 00					X		168,272	0	35,859
GANSUVD BALGANSUREN CIL DIR	55 00					X		162,731	0	30,730
DEBRA KIRKLEY DIR MAGNET PROGRAM (THRU 7/17)	55 00					X		160,866	0	11,205
MARIAN RICHARDSON ASSC DIR CLINICAL OPS	55 00					X		159,854	0	22,590
FRED APPLEBAUM MD FORMER EXEC DIR & PRESIDENT	12 00						X	162,147	0	0
CHERYL WYMAN FORMER DIR DIAG/THERAPY SVCS	0 00						X	136,037	0	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

SEATTLE CANCER ALLIANCE

Employer identification number

91-1935159

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
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 ► <input type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 91-1935159

Name: SEATTLE CANCER CARE ALLIANCE

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

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Open to Public Inspection

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

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

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

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

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

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

Name of the organization SEATTLE CANCER CARE ALLIANCE	Employer identification number 91-1935159
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**
- 4a** Was a correction made? ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV

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

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		82,870
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		47,650
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		251,237
j	Total. Add lines 1c through 1i			381,757
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LINE 1B SCCA MET WITH AND SENT CORRESPONDENCE TO FEDERAL AND STATE OFFICIALS REGARDING HEALTH CARE ISSUES SUCH AS MEDICARE, MEDICAID, AND INSURANCE POLICIES. LINE 1F WASHINGTON STATE HOSPITAL ASSOCIATION REPRESENTS MEMBER INTERESTS ON LOCAL AND STATE LEVELS. THIS AMOUNT REFLECTS DUES ALLOCATED TO LEGISLATIVE EFFORTS - \$41,052. LINE 1G ALLIANCE OF DEDICATED CANCER CENTERS REPRESENTS MEMBER INTERESTS AT THE NATIONAL LEVEL. THIS AMOUNT REFLECTS DUES ALLOCATED TO LEGISLATIVE EFFORTS - \$41,818. LINE 1H SCCA EMPLOYEES MET WITH AND SENT CORRESPONDENCE TO FEDERAL AND STATE OFFICIALS REGARDING HEALTH CARE ISSUES SUCH AS MEDICARE, MEDICAID, AND INSURANCE POLICIES. AMOUNT EXPENDED - \$47,650. LINE 1I COMPENSATION PAID TO HIRED LOBBYISTS TO MONITOR AND REVIEW LEGISLATION AT THE LOCAL, STATE, AND FEDERAL LEVELS. AMOUNT EXPENDED - \$251,237.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493092008379

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SEATTLE CANCER ALLIANCE

Employer identification number
91-1935159

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,716,219	3,233,423	1,089,458	987,202	906,178
b Contributions		100,000	2,210,000	100,000	
c Net investment earnings, gains, and losses	169,812	383,405	-66,035	2,256	129,324
d Grants or scholarships					
e Other expenditures for facilities and programs					44,492
f Administrative expenses	634	609			3,808
g End of year balance	3,885,397	3,716,219	3,233,423	1,089,458	987,202

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

100 000 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,961,534		19,961,534
b Buildings		159,603,448	72,992,937	86,610,511
c Leasehold improvements		9,383,294	6,541,431	2,841,863
d Equipment		109,312,314	71,081,189	38,231,125
e Other		8,204,246	5,768,926	2,435,320
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				150,080,353

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X

Other Liabilities.

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

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

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

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	656,958,830
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	7,335,227
b	Donated services and use of facilities	2b	12,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-659,513
e	Add lines 2a through 2d	2e	6,687,714
3	Subtract line 2e from line 1	3	650,271,116
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	466,722
b	Other (Describe in Part XIII)	4b	2,749,951
c	Add lines 4a and 4b	4c	3,216,673
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	653,487,789

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

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

1	Total expenses and losses per audited financial statements	1	607,726,702
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	12,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	77,362
e	Add lines 2a through 2d	2e	89,362
3	Subtract line 2e from line 1	3	607,637,340
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	466,722
b	Other (Describe in Part XIII)	4b	2,249,884
c	Add lines 4a and 4b	4c	2,716,606
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	610,353,946

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-1935159
Name: SEATTLE CANCER CARE ALLIANCE

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	INCOME FROM PERMANENTLY RESTRICTED ENDOWMENT FUNDS IS USED FOR THE PURPOSE OF PROVIDING UN COMPENSATED PATIENT CARE, SUPPORTIVE CARE SERVICES AND RESEARCH INTEGRATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	SCCA HAS OBTAINED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE INDICATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE , EXCEPT FOR UNRELATED BUSINESS INCOME TAX SCCA RECOGNIZES THE EFFECT OF INCOME TAX POSIT IONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOM E TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEIN G REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	BAD DEBT EXPENSE -2,259,933 RESTRICTED REVENUES RELEASED 1,588,871 FINANCIAL STATEMENT R ECLASS 10,049 CASH DONATION RECORDED AS IN-KIND AND CASH DONATION 1,500

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN/LOSS ON DISPOSAL OF FIXED ASSETS 1,978 DIRECT FUNDRAISING EXPENSES -117,840 RESTRICTED REVENUES RECEIVED 2,865,813

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	GAIN/LOSS ON DISPOSAL OF FIXED ASSETS -1,978 DIRECT FUNDRAISING EXPENSES 117,840 REVERSA L OF PRIOR YEAR GRANT EXPENSE -40,000 CASH DONATION RECORDED AS IN-KIND AND CASH DONATION 1,500

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 2,259,933 FINANCIAL STATEMENT RECLASS -10,049

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		WAA- GAME CHANGER (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	502,682			502,682
	2 Less Contributions	457,382			457,382
	3 Gross income (line 1 minus line 2)	45,300			45,300
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	26,656			26,656
	7 Food and beverages	41,747			41,747
	8 Entertainment	13,257			13,257
	9 Other direct expenses	41,768			41,768
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				123,428
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-78,128

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in:							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records							
Name ►							
Address ►							
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$							
c If "Yes," enter name and address of the third party							
Name ►							
Address ►							
16 Gaming manager information							
Name ►							
Gaming manager compensation ► \$							
Description of services provided ►							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
17 Mandatory distributions							
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$							

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
Attach to Form 990.
Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
SEATTLE CANCER CARE ALLIANCE

Employer identification number
91-1935159

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100%☐ 150%☒ 200%☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200%☐ 250%☒ 300%☐ 350%☐ 400%☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

7

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,662,012	0	4,662,012	0 770 %
b Medicaid (from Worksheet 3, column a)			58,444,411	24,767,982	33,676,429	5 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			63,106,423	24,767,982	38,338,441	6 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,634,212	2,204,993	2,429,219	0 400 %
f Health professions education (from Worksheet 5)			8,092,216	58,850	8,033,366	1 320 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			11,874,633	73,908	11,800,725	1 940 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,312,852	0	1,312,852	0 220 %
j Total. Other Benefits			25,913,913	2,337,751	23,576,162	3 880 %
k Total. Add lines 7d and 7j			89,020,336	27,105,733	61,914,603	10 190 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			5,401		5,401	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			5,401		5,401	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	2,259,933	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	116,965,884	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	130,864,625	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-13,898,741	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system			
<input checked="" type="checkbox"/> Cost to charge ratio			
<input type="checkbox"/> Other			

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

	Facility reporting group	Other (describe)	ER—other	ER—24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	
See Additional Data Table											

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SEATTLE CANCER CARE ALLIANCE**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS //WWW SEATTLECCA ORG/COMMUNITY-BENEFIT</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>HTTPS //WWW SEATTLECCA ORG/COMMUNITY-BENEFIT</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SEATTLE CANCER CARE ALLIANCE

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>300 000000000000</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

SEATTLE CANCER CARE ALLIANCE

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SEATTLE CANCER CARE ALLIANCE

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 1 - SEATTLE CANCER CARE ALLIANCE 825 EASTLAKE AVENUE E SEATTLE, WA 98109	HOSPITAL BASED OUTPATIENT CLINIC
2 2 - SCCA AT EVERGREEN HEALTH 12040 NE 128TH STREET KIRKLAND, WA 98034	HOSPITAL BASED OUTPATIENT CLINIC
3 3 - SEATTLE CANCER CARE ALLIANCE HOUSE 207 PONTIUS AVENUE N SEATTLE, WA 98109	TEMPORARY MEDICAL HOUSING FACILITY
4 4 - SCCA NWH MED ONC & RAD ONC CLINIC 1560 N 115TH ST - SUITE G-16 SEATTLE, WA 981338498	HOSPITAL BASED OUTPATIENT CLINIC
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	IN ACCORDANCE WITH WAC 246-453-040 AND SUBJECT TO SCCA FINANCIAL RESOURCES, PATIENTS WILL BE ELIGIBLE TO BE CONSIDERED FOR CHARITY CARE IF THEY SUBMIT THE NECESSARY APPLICATION AND IF THE PARTY RESPONSIBLE FOR PAYMENT HAS A FAMILY INCOME AT OR BELOW 300% OF THE FEDERAL POVERTY STANDARD AS ADJUSTED FOR FAMILY SIZE IF THE PARTY RESPONSIBLE FOR PAYMENT HAS A FAMILY INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY STANDARD AS ADJUSTED FOR FAMILY SIZE, THE PATIENT WILL BE ELIGIBLE FOR CHARITY CARE IN THE AMOUNT EQUAL TO THE UNPAID BALANCE REMAINING AFTER ALL SOURCES OF THIRD PARTY COVERAGE AND SPONSORSHIP HAVE BEEN EXHAUSTED FOR THOSE WHOSE INCOME ARE BETWEEN 200% AND 300% OF THE FEDERAL POVERTY STANDARD, ADDITIONAL ASSET-BASED DOCUMENTATION MAY BE CONSIDERED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE RESPONSIBLE PARTIES WHOSE INCOME EXCEEDS 300% OF THE FEDERAL POVERTY STANDARD AS ADJUSTED FOR FAMILY SIZE BUT WHO HAVE INCURRED CATASTROPHIC ACCOUNT BALANCES AFTER ALL SOURCES OF THIRD PARTY COVERAGE AND SPONSORSHIP WILL BE CONSIDERED FOR CHARITY CARE ON A CASE BY CASE BASIS
PART I, LINE 6A	SCCA PREPARES AN ANNUAL REPORT EVERY YEAR AND IT INCLUDES THE COMMUNITY BENEFIT REPORT INFORMATION IT IS MADE AVAILABLE TO THE PUBLIC AT THE FRONT DESK AND ON OUR WEBSITE SCCA'S COMMUNITY BENEFIT INFORMATION IS NOT DISCLOSED IN A REPORT PREPARED BY A RELATED ORGANIZATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	SCCA UTILIZED WORKSHEET 2 TO ARRIVE AT A COST TO CHARGE RATIO FOR COMPLETING LINE 7
PART I, LINE 7G	THERE ARE NO PHYSICIAN CLINIC EXPENSES INCLUDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE INCLUDED IN FORM 990, PART IX IS \$2,259,993 IT WAS SUBTRACTED UTILIZING WORKSHEET 1 FROM THE TOTAL ON FORM 990 PART IX TO ARRIVE AT THE DENOMINATOR USED TO CALCULATE THIS COLUMN
PART III, LINE 2	DISCOUNTS ON PATIENT ACCOUNTS PRIOR TO BAD DEBT STATUS FOR A PATIENT WHO HAS INSURANCE, CONTRACTUAL ADJUSTMENTS ARE APPLIED TO THE ACCOUNT BASED ON THE INSURANCE COMPANY CONTRACT IN FORCE THE REMAINING SELF PAY AMOUNTS ARE NOT FURTHER ADJUSTED FOR A PATIENT WITH NO INSURANCE, A 10% DISCOUNT IS APPLIED AT TIME OF SERVICE NO OTHER SPECIFIC DISCOUNTS ARE MADE TO PATIENT ACCOUNTS AMOUNTS WRITTEN OFF TO BAD DEBT EXPENSE REPRESENT THE UNPAID BALANCE AFTER INSURANCE CONTRACTUAL ADJUSTMENT, OR SELF PAY DISCOUNT, AND ANY PAYMENTS RECEIVED ONCE AN ACCOUNT IS IN BAD DEBT STATUS, ANY PAYMENTS RECEIVED ON A PATIENT ACCOUNT CONTINUE TO REDUCE THE OUTSTANDING PATIENT ACCOUNT LIABILITY ESTIMATED AMOUNT FOR PATIENTS WHO 'WOULD QUALIFY' FOR FINANCIAL ASSISTANCE THE SCCA IDENTIFIES PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE AND THE ACCOUNT IS DESIGNATED AS FINANCIAL ASSISTANCE WITHIN THE PATIENT ACCOUNTING SYSTEM ALL OTHER ACCOUNTS ARE EVALUATED OVER A PERIOD OF TIME THROUGH A SERIES OF CRITERIA BEFORE DESIGNATION AS BAD DEBT BECAUSE SCCA IS A SPECIALTY HOSPITAL TREATING CANCER PATIENTS, SCCA MAKES EVERY EFFORT IN COMMUNICATING WITH OUR PATIENTS THE PROGRAMS AND FINANCIAL ASSISTANCE POLICIES AVAILABLE TO ITS PATIENT POPULATION BEFORE, DURING, AND AFTER TREATMENT IS RECEIVED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	PART III LINE 3 IS BLANK FOR SCCA COMMUNITY BENEFIT SCCA BELIEVES THAT BAD DEBT EXPENSE SHOULD BE INCLUDIBLE IN THE CALCULATION OF THE COMMUNITY BENEFIT SCCA PROVIDED TREATMENT TO THOSE PATIENTS UNABLE TO PAY THEIR BILL IF SCCA DID NOT TREAT THESE PATIENTS, THEY WOULD BE TREATED BY SOMEONE ELSE IN THE COMMUNITY OR THROUGH A GOVERNMENTAL UNIT
PART III, LINE 4	SCCA'S AUDITED FINANCIAL STATEMENTS FOOTNOTE 10(E) BAD DEBT READS AS FOLLOWS FOR PATIENTS THAT DO NOT QUALIFY FOR FINANCIAL ASSISTANCE, SCCA RECOGNIZES REVENUE ON THE BASIS OF ITS STANDARD RATES FOR SERVICES PROVIDED (OR ON THE BASIS OF DISCOUNTED RATES, IF NEGOTIATED OR PROVIDED BY POLICY) ON THE BASIS OF HISTORICAL EXPERIENCE, A PORTION OF SCCA'S PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED THUS, SCCA RECORDS A PROVISION FOR BAD DEBTS RELATED TO PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	SCCA COMPLETED PART III, LINE 6 USING THE ALLOWABLE COSTS FROM THE AS-FILED MEDICARE COST REPORT FOR FY18 THE METHODOLOGY USED TO COMPLETE THE MEDICARE COST REPORT WAS BASED ON THE CMS PROVIDER REIMBURSEMENT MANUAL PUB 15 IN ADDITION TO MEDICARE AMOUNTS REPORTED ON THE MEDICARE COST REPORT, SCCA HAS A NON-MEDICARE COST REPORT FEE SCHEDULE AND MEDICARE MANAGED CARE THE NON-MEDICARE COST REPORT FEE SCHEDULE AND THE MANAGED CARE REVENUES ARE BASED ON THE REIMBURSEMENT RECEIVED FROM MEDICARE THE COSTS ARE DERIVED USING THE RATIO OF COST TO CHARGES FROM THE AS FILED MEDICARE COST REPORT THE TABLE BELOW REFLECTS SCCA'S TOTAL REVENUES AND EXPENSES ATTRIBUTABLE TO ALL OF SCCA'S MEDICARE PROGRAMS PART III, NON-COST REPORT TOTAL SECTION B FEE SCHED MANAGED CARE MEDICARE MEDICARE REVENUE \$116,965,884 \$1,105,004 \$26,026,281 \$144,097,169 MEDICARE EXPENSE \$130,864,625 \$2,286,437 \$28,699,483 \$161,850,545 SHORTFALL (\$13,898,741) (\$1,181,433) (\$2,673,202) (\$17,753,376) SCCA CONSIDERS THE SHORTFALL ON MEDICARE SERVICES TO BE 100% COMMUNITY BENEFIT HAD SCCA NOT DELIVERED THE SERVICES, THE SERVICES AND FINANCIAL LOSS WOULD FALL TO ANOTHER COMMUNITY HOSPITAL
PART III, LINE 9B	PATIENTS WHO HAVE BEEN APPROVED FOR 100% CHARITY ARE REMOVED FROM THE COLLECTIONS WORKFLOW SO THEIR ACCOUNTS WILL NOT BE SENT TO COLLECTIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	SEATTLE CANCER CARE ALLIANCE (SCCA) IS A SPECIALTY HOSPITAL DEDICATED TO PROVIDE STATE-OF-THE-ART PATIENT AND FAMILY CENTERED CARE, SUPPORT THE CONDUCT OF CANCER CLINICAL RESEARCH AND EDUCATION, ENHANCE ACCESS TO IMPROVED CANCER INTERVENTIONS AND ADVANCE THE STANDARD OF CANCER CARE, REGIONALLY AND BEYOND IT BRINGS TOGETHER THE PHYSICIANS FROM THE FRED HUTCHINSON CANCER RESEARCH CENTER, SEATTLE CHILDREN'S HOSPITAL, AND THE UNIVERSITY OF WASHINGTON FOCUSED ON FORMULATING AND DELIVERING THE BEST CANCER TREATMENTS AVAILABLE OUR NEEDS ASSESSMENT STRATEGY IS TO ANALYZE WHERE AND WHAT TYPE OF CANCER IS OCCURRING, DETERMINE WHERE COMPELLING SCIENCE EXISTS, AND MAKE INVESTMENTS TO GROW THESE PROGRAMS SCCA IN CONJUNCTION WITH FRED HUTCHINSON CANCER RESEARCH CENTER, UNIVERSITY OF WASHINGTON, AND SEATTLE CHILDREN'S REVIEWS THE OCCURRENCE RATES IN THE TYPES OF CANCERS IN COMPARISON TO WHERE RESEARCH DOES NOT EXIST AND MAKES STRATEGIC INVESTMENTS TO DEVELOP SCIENCE, BREAKTHROUGHS, AND TREATMENTS IN AREAS OF CANCER NOT BEING PURSUED BY OTHERS WITH THE COMBINED EFFORTS OF ALL THREE INSTITUTIONS, STATE OF THE ART RESEARCH IS CONDUCTED, DELIVERED TO OUR PATIENT POPULATION, AND SHARED WITH THE COMMUNITY
PART VI, LINE 3	PATIENTS REQUESTING INFORMATION ABOUT FINANCIAL ASSISTANCE ARE GIVEN A BROCHURE DESCRIBING THE FINANCIAL PROGRAMS AVAILABLE ALONG WITH CONTACT INFORMATION FOR SCCA RESOURCES A FINANCIAL COUNSELOR IS AVAILABLE FREE OF CHARGE TO HELP PATIENTS REVIEW THEIR INFORMATION AND TO HELP COMPLETE THE NECESSARY PAPERWORK TO APPLY FOR ASSISTANCE INTERPRETER SERVICES ARE AVAILABLE IF NEEDED TO HELP SCCA'S WEBSITE HAS A LIST OF OUTSIDE RESOURCES AVAILABLE TO PATIENTS IN NEED OF ASSISTANCE SCCA'S WEBSITE HAS ITS FINANCIAL ASSISTANCE POLICY AVAILABLE IN ENGLISH, AND 3 OTHER LANGUAGES THE SCCA'S FINANCIAL ASSISTANCE POLICY IS ALSO SUMMARIZED IN A PLAIN LANGUAGE SUMMARY IN ENGLISH AND 3 OTHER LANGUAGES ON THE WEBSITE AND IS AVAILABLE THROUGHOUT THE CLINIC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>SCCA IS LOCATED IN SEATTLE, WA THE PATIENT POPULATION UTILIZING THE SERVICES OF SCCA ARE PRIMARILY LOCATED IN THE PACIFIC NORTHWEST, HOWEVER, SCCA HAS PATIENTS FROM ALL OVER THE WORLD SCCA REPRESENTS A UNION OF PATIENTS AND DOCTORS, PHYSICIANS AND RESEARCHERS, CARE AND CURES IN THE PURSUIT OF BETTER, LONGER, RICHER LIVES FOR OUR PATIENTS ABOVE ALL, WE EXIST TO MOVE PATIENTS FORWARD, PAST BOUNDARIES AND TOWARD HOPE, BEYOND FEAR AND CLOSER TO DISCOVERY SCCA IS THE INTERSECTION OF COMPASSION AND HARD SCIENCE WHERE A REAL DIFFERENCE CAN BE MADE TODAY AND TRUE PROGRESS HAPPENS TOMORROW THIS UNIQUELY BOLD AND INVENTIVE APPROACH TRULY SETS US APART WE TREAT CARE DIFFERENTLY AND, BECAUSE OF THAT, WE SEE PATIENTS DIFFERENTLY, TOO OUR CARE COMBINES POWERFUL SCIENCE WITH DEVOTED COLLABORATION, WHERE BOUNDARY-PUSHING DISCOVERY HAPPENS - CARE AND SCIENCE WORKING TOGETHER IT IS OUR FUNDAMENTAL BELIEF THAT WORKING IN PARTNERSHIP WITH OUR PATIENTS IS ESSENTIAL TO WHO WE ARE TODAY AND IN THE FUTURE WITH OUR DEVOTION TO THE INTERSECTION OF COMPASSION AND HARD SCIENCE, SCCA STRIVES TO REACH THE REGIONAL POPULATION OF THE PACIFIC NORTHWEST (WA, OR, ID, MT, HI, AK), WHICH ACCORDING TO THE US CENSUS BUREAU FOR 2015 REPRESENTS 16,057,242 SCCA IS PRIMARILY LOCATED IN SEATTLE, WA, HOWEVER, THROUGH THE SCCA NETWORK PROGRAM OF AFFILIATIONS WITH LOCAL COMMUNITY CANCER CENTERS, SCCA IS ABLE TO PROVIDE ACCESS TO RESOURCES AND THERAPIES TO ALL OF THE NETWORK MEMBER PATIENT POPULATIONS ALL OF OUR NETWORK MEMBERS HAVE DESIGNATED MEDICALLY UNDERSERVED AREAS, MUA, WITHIN THEIR OPERATING LOCALITY THE MUA PATIENT POPULATION RECEIVES THE BENEFIT OF SCCA'S EXPERTISE WITHOUT NEEDING TO LEAVE HOME SCCA'S NETWORK PROGRAM SPANS TEN COMMUNITY CANCER CENTER AFFILIATES IN WASHINGTON, ALASKA, IDAHO, HAWAII AND MONTANA THE LOCAL GEOGRAPHICAL AREA SCCA RESIDES IN CONSISTS OF KING, SNOHOMISH, AND PIERCE COUNTIES THE METROPOLITAN AREA 2015 POPULATION ESTIMATE ACCORDING TO THE US CENSUS BUREAU IS 3,733,580 KING, SNOHOMISH, AND PIERCE COUNTIES ALL HAVE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED COMMUNITIES KING COUNTY HAS 22 PROVIDERS DESIGNATED AS FEDERALLY QUALIFIED HEALTH CENTERS, FQHC, WITH 46 OPERATING MEDICAL SERVICES SITES, SNOHOMISH COUNTY HAS 1 FQHC DESIGNATED PROVIDER WITH 3 OPERATING MEDICAL SERVICES SITES, AND PIERCE COUNTY HAS 2 FQHC DESIGNATED PROVIDERS WITH 8 OPERATING MEDICAL SERVICES SITES PIERCE COUNTY IS CONSIDERED A MEDICALLY UNDERSERVED COUNTY BY THE WASHINGTON STATE DEPARTMENT OF PUBLIC HEALTH SCCA HAS DIRECT RELATIONSHIPS WITH FEDERALLY QUALIFIED HEALTH CENTERS THAT ARE LOCATED WITHIN THE MUA'S IN KING, SNOHOMISH, AND PIERCE COUNTIES, WASHINGTON SCCA HAS SPECIFIC CONTRACTS WITH PUBLIC HEALTH SEATTLE KING COUNTY (PHSKC) AND SEA MAR AS PART OF OUR OUTREACH SERVICES TO PROVIDE PREVENTIVE HEALTH SCREENINGS AND ALSO SERVE OUR DESIRE TO REACH THE LOCAL UNDERSERVED COMMUNITIES THE SCCA'S RELATIONSHIP WITH PHSKC IS PART OF THE BREAST, CERVICAL, AND COLON HEALTH PROGRAM (BCCHP) THE PURPOSE OF BCCHP IS TO REDUCE MORTALITY AND MORBIDITY FROM BREAST, CERVICAL, AND COLON CANCERS BY THE EARLY DETECTION OF CANCER THROUGH FREE SCREENINGS SCCA IS CONTRACTED WITH BCCHP TO PROVIDE SERVICES FOR PATIENTS IN KING, KITSAP, JEFFERSON, AND CLALLAM COUNTIES SCCA CONTRACTED SERVICES ARE FOR BREAST CANCER SCREENING THROUGH REGULAR MAMMOGRAMS SCCA ACCEPTS REFERRALS FROM PHSKC WHEN THE PRIMARY CARE PHYSICIAN HAS DETECTED SOMETHING OF INTEREST SCCA PERFORMS DIAGNOSTICS, AND IF THE PATIENTS ARE DEEMED TO HAVE CANCER, SCCA WILL TREAT THESE PATIENTS SCCA ALSO HAS THE UNIQUE ABILITY TO HELP ENROLL PATIENTS INTO THE BCCHP PROGRAM ONCE IDENTIFIED BY SCCA, THEY ARE FAST TRACKED AT THE WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES INTO BCCHP PATIENTS WHO COME TO SCCA DIRECTLY TO HAVE A DIAGNOSTIC COMPLETED AND CANCER IS FOUND, CAN BE ENROLLED DIRECTLY BY THE SCCA INTO THE BCCHP ENROLLMENT INTO BCCHP IS DEPENDENT ON ELIGIBILITY CRITERIA BCCHP IS FUNDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, WASHINGTON STATE, AND SUSAN G KOMEN (PUGET SOUND, EASTERN WASHINGTON AND PORTLAND/SOUTHWEST WASHINGTON AFFILIATES) SEA MAR COMMUNITY HEALTH CENTER IS A COMMUNITY-BASED ORGANIZATION COMMITTED TO PROVIDING QUALITY, COMPREHENSIVE HEALTH, HUMAN, AND HOUSING SERVICES TO DIVERSE COMMUNITIES, SPECIALIZING IN SERVICE TO LATINOS SEA MAR'S MEDICAL CLINICS ARE LOCATED IN EIGHT COUNTIES IN WASHINGTON STATE THE SCCA'S RELATIONSHIP WITH SEA MAR IS TO PROVIDE CLINICAL EDUCATION OPPORTUNITIES FOR PRIMARY CARE PROVIDERS AS WELL AS COMMUNITY OUTREACH IN THE AREAS OF EARLY DETECTION AND PREVENTION OF CANCER</p>
PART VI, LINE 5	<p>SEATTLE CANCER CARE ALLIANCE IS ONE OF A SMALL HANDFUL OF CANCER ORGANIZATIONS THAT ARE HAVING A POWERFUL IMPACT ON THE HEALTH OF PEOPLE IN OUR STATE AND REGION, WHILE, AT THE SAME TIME, HAVING A DIRECT EFFECT ON HOW A WIDE RANGE OF CANCERS ARE UNDERSTOOD, PREVENTED, DIAGNOSED, AND TREATED AROUND THE WORLD OUR CONTRIBUTION IS DEEP, BECAUSE SCCA BRINGS TOGETHER THE BEST TALENT OF THREE WORLD-RENOWNED MEDICAL CENTERS-FRED HUTCH, UW MEDICINE, AND SEATTLE CHILDREN'S-TO PIONEER NEW RESEARCH, AND THEN RAPIDLY APPLY OUR FINDINGS IN A CLINICAL SETTING WE ARE ONE TEAM DEDICATED TO PROVIDING THE BEST POSSIBLE CARE WITH THE BEST POSSIBLE OUTCOME FOR PATIENTS OUR CONTRIBUTION IS BROAD, BECAUSE WE HAVE UNPARALLELED RESOURCES TO SHARE WHAT WE KNOW THROUGH THE EDUCATION OF DOCTORS, NURSES, AND SCIENTISTS, PUBLICATION IN LEADING MEDICAL JOURNALS, AND SPECIALIZED TRAINING AND SYMPOSIA FOR MEDICAL PROFESSIONALS WE ARE PROUD TO BE A HUB FOR CONTINUING MEDICAL EDUCATION (CME) IN OUR REGION WITH THAT BACKGROUND AS CONTEXT, THERE ARE FOUR KEY AREAS IN WHICH SCCA HAS MADE A PARTICULARLY STRONG CONTRIBUTION TO OUR COMMUNITY GROUND BREAKING RESEARCH- WE ARE MAKING INCREDIBLE PROGRESS IN OUR EFFORT TO LEAD THE WORLD IN TRANSLATING SCIENTIFIC DISCOVERY INTO THE PREVENTION, DIAGNOSIS, TREATMENT, AND CURE OF CANCER THIS YEAR SCCA HAS MORE THAN 300 ACTIVE CLINICAL TRIALS OPEN FOR PATIENTS IN FACT, SEATTLE CANCER CARE ALLIANCE IS THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN THE WWAMI (WASHINGTON, WYOMING, ALASKA, MONTANA, IDAHO) REGION - A DISTINCTION RESERVED ONLY FOR CENTERS WITH THE MOST IN-DEPTH RESEARCH PROGRAMS AND, AS A RESEARCH HUB, WE ARE ABLE TO ATTRACT THE BEST AND MOST EXPERIENCED DOCTORS, NURSES, AND SPECIALISTS FROM AROUND THE WORLD UNPRECEDENTED SURVIVAL RATES- THE FRED HUTCH BONE MARROW TRANSPLANT PROGRAM AT SCCA PIONEERED THE CLINICAL USE OF BONE MARROW AND STEM CELL TRANSPLANTATION MORE THAN 40 YEARS AGO, AND HAS PERFORMED MORE THAN 15,000 BONE MARROW TRANSPLANTS - MORE THAN ANY OTHER INSTITUTION IN THE WORLD FOR CONSECUTIVE YEARS, OUR TRANSPLANT PROGRAM PROVIDED OUR PATIENTS WITH A HIGHER CHANCE OF SURVIVAL AS COMPARED TO THE VAST MAJORITY OF TRANSPLANT CENTERS NATIONWIDE SCCA'S SUCCESS IN HELPING PATIENTS SURVIVE A WIDE RANGE OF CANCERS CONTINUES TO BE ACKNOWLEDGED BY NATIONAL CANCER DATA BASE RANKINGS SCCA HAS RANKED AT THE TOP OF THESE PATIENT SURVIVAL RANKINGS SINCE 2002 ADDITIONALLY, SCCA IS RANKED AMONG THE TOP TEN BEST HOSPITALS IN THE NATION FOR ADULT CANCER TREATMENT BY U S NEWS & WORLD REPORT A STUDY COMMISSIONED BY MEMORIAL SLOAN KETTERING CANCER CENTER (MSKCC) DOCUMENTED THAT SEEKING TREATMENT AT SEATTLE CANCER CARE ALLIANCE, ALONG WITH TEN OTHER NATIONALLY DESIGNATED NCI CENTERS PROVIDES A 10% INCREASE IN SURVIVABILITY FOR PATIENTS LIVING WITH CANCER EXTENSION OF OUR NETWORK TO PROVIDE MORE COMMUNITY-BASED CARE- WE HAVE EXTENDED OUR NETWORK TO IMPROVE COMMUNITY-BASED CARE THROUGHOUT THE NORTHWEST AND BEYOND IN ADDITION TO OUR THREE ORIGINAL TREATMENT SITES AT SOUTH LAKE UNION, UW MEDICAL CENTER, AND SEATTLE CHILDREN'S, SCCA HAS ADDED A MEDICAL ONCOLOGY CLINIC AT EVERGREEN HEALTH IN KIRKLAND, WASHINGTON, MEDICAL AND RADIATION ONCOLOGY CLINIC AT UW MEDICINE'S NORTHWEST HOSPITAL & MEDICAL CENTER IN SEATTLE, WASHINGTON, SCCA HAS NETWORK AFFILIATIONS WITH HOSPITALS IN WASHINGTON, IDAHO, MONTANA, HAWAII, AND ALASKA ENGAGEMENT WITH, AND LEADERSHIP BY, THE COMMUNITY-SEATTLE CANCER CARE ALLIANCE HAS MORE THAN 3,000 PEOPLE WORKING IN A HIGHLY COMPETITIVE, HIGHLY PROFESSIONAL MEDICAL SECTOR IN ADDITION, SCCA HAS A LONG AND PROUD REPUTATION OF COLLABORATION WITH OTHER HEALTHCARE, GOVERNMENTAL, AND NONPROFIT ORGANIZATIONS IN THE DEVELOPMENT AND DEPLOYMENT OF COMMUNITY EDUCATION PROGRAMS, WELLNESS INITIATIVES, AND AWARENESS CAMPAIGNS BUT WE ARE NOT JUST ONE OF OUR COMMUNITY'S LARGER EMPLOYERS, AND MORE EFFECTIVE COLLABORATORS-WE ARE ALSO COMMUNITY SERVANTS IN THE TRUEST SENSE OF THE WORD SCCA IS GOVERNED BY AN 18-MEMBER BOARD OF DIRECTORS, COMPRISED OF REPRESENTATIVES FROM THE SCCA LEADERSHIP TEAM, MEMBERS OF THE COMMUNITY, AND REPRESENTATIVES FROM OUR ALLIANCE OWNERS AND PARTNER ORGANIZATIONS UW, SEATTLE CHILDREN'S, AND FRED HUTCH SCCA IS WHERE THE BEST AND BRIGHTEST PHYSICIANS, SCIENTISTS, AND CAREGIVERS FROM FRED HUTCH, UW MEDICINE, AND SEATTLE CHILDREN'S COME TOGETHER TO OFFER OUR COMMUNITY AN APPROACH TO TREATMENT OF CANCER THAT IS TRULY UNIQUE AND RARE WE HAVE BECOME A TRUE CENTER OF EXCELLENCE, AND OUR APPROACH HAS PROVEN TO OFFER THE BEST POSSIBLE OUTCOMES FOR THE PEOPLE IN OUR COMMUNITY, AND AROUND THE WORLD WE ARE A PROUD CITIZEN OF THE NORTHWEST-DEVOTED TO PROVIDING THE MEMBERS OF OUR COMMUNITY THE BEST POSSIBLE CARE AND COMMITTED TO LIVING UP TO THE HIGHEST STANDARDS AND ASPIRATIONS OF OUR REGION, AS WE SERVE PEOPLE FROM COMMUNITIES AROUND THE WORLD</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	SCCA IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM
PART VI, LINE 7	WA REQUIRES THE SCCA TO HAVE ITS CHNA INFORMATION AVAILABLE ON ITS WEBSITE 15 DAYS FOLLOWING THE FILING OF ITS FORM 990 WITH THE IRS ALSO, WA STATE HAS IMPLEMENTED ITS OWN COMPENSATION REPORTING REQUIREMENTS WHICH CAN BE THE IRS FORM 990 SCHEDULE J OR USE OF THE WA FORM SCCA HAS COMPLIED WITH THE COMPENSATION REPORTING REQUIREMENTS AND HAS COMPLIED WITH THE ADDITIONAL CHNA REPORTING REQUIREMENTS

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 91-1935159
Name: SEATTLE CANCER CARE ALLIANCE

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SEATTLE CANCER CARE ALLIANCE 1959 NE PACIFIC STREET SEATTLE, WA 98195 WWW SEATTLECCA.ORG HAC FS 00000204	X			X					ACUTE CARE HOSPITAL	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SEATTLE CANCER CARE ALLIANCE	PART V, SECTION B, LINE 5 IN TOTAL, WE REACHED OUT TO MORE THAN 40 INDIVIDUALS AT ORGANIZATIONS REPRESENTING STATE, COUNTY, AND TRIBAL GOVERNMENT HEALTH PROGRAMS, CANCER ADVOCACY GROUPS, CANCER RESOURCE AND SUPPORT GROUPS, COMMUNITY HEALTH CENTERS, HOSPITALS, AND GROUPS SERVING SPECIFIC RACIAL AND ETHNIC POPULATIONS THE FOLLOWING ORGANIZATIONS GRACIOUSLY SHARED THEIR EXPERIENCE AND EXPERTISE THROUGH IN-PERSON INTERVIEWS, TELEPHONE INTERVIEWS, AND EMAIL RESPONSES DURING THE FIRST FOUR MONTHS OF 2016 AMERICAN CANCER SOCIETY, AMERICAN SOCIETY OF CLINICAL ONCOLOGY, CANCER LIFELINE, FRED HUTCHINSON HEALTH DISPARITIES RESEARCH CENTER, HUTCHINSON INSTITUTE FOR CANCER OUTCOMES RESEARCH, HEALTHPOINT COMMUNITY HEALTH CENTERS, KING COUNTY DEPARTMENT OF PUBLIC HEALTH, KOREAN WOMEN'S ASSOCIATION, MULTICARE HEALTH SYSTEM, NATIONAL ASIAN PACIFIC CENTER ON AGING, SEA MAR COMMUNITY HEALTH CENTERS, SEATTLE INDIAN HEALTH BOARD, SNOHOMISH HEALTH DISTRICT, SOUTH PUGET INTERTRIBAL PLANNING AGENCY, TACOMA URBAN LEAGUE, TACOMA-PIERCE COUNTY HEALTH DEPARTMENT, URBAN INDIAN HEALTH INSTITUTE, WASHINGTON STATE DEPARTMENT OF HEALTH COMPREHENSIVE CANCER CONTROL PROGRAM, AND YWCA OF SEATTLE/KING/SNOHOMISH COUNTIES
SEATTLE CANCER CARE ALLIANCE	PART V, SECTION B, LINE 11 SCCA IDENTIFIED FOUR MAJOR AREAS OF PLANNED INVESTMENT THROUGH ITS CHNA AND STRATEGIC IMPLEMENTATION PROCESS CANCER SCREENING AND PREVENTION, ACCESS TO SERVICES, SURVIVORSHIP, AND COMMUNITY HEALTH INFRASTRUCTURE SCCA HAS MADE SIGNIFICANT CONTRIBUTIONS IN THESE FOUR AREAS CANCER SCREENING AND PREVENTION SCCA SEEKS TO REDUCE THE BURDEN OF CANCER THROUGH BROADER SCREENING AND PREVENTION EFFORTS IN THE COMMUNITY SOME EXAMPLES OF WORK IN THIS AREA INCLUDE EDUCATING UNDERSERVED POPULATIONS ABOUT RECOMMENDED SCREENINGS AND PREVENTION EFFORTS, PROVIDING TOBACCO CESSATION EDUCATION AND SUPPORT, ADVOCATING FOR POLICIES THAT WOULD LIMIT USE OF TOBACCO, AND PROVIDING SCREENINGS SUCH AS MAMMOGRAMS AND LUNG CANCER EARLY DETECTION ACCESS TO SERVICES SCCA WORKS TO CONNECT INDIVIDUALS NEEDING SERVICES WITH COVERAGE, THROUGH INTERNAL COUNSELING AND OTHER RESOURCES FOR PATIENTS, ACTIVE PARTICIPATION IN THE KING COUNTY BREAST, CERVICAL, AND COLON HEALTH PROGRAM (BCCHP PROGRAM), AND ADVOCACY ON STATE AND FEDERAL POLICIES TO IMPROVE ACCESS TO SERVICES SCCA HAS ALSO IMPLEMENTED A NEW CULTURAL SENSITIVITY TRAINING FOR STAFF, AS WELL AS FUNDED TRANSPORTATION FOR PATIENTS IN FINANCIAL NEED SURVIVORSHIP SCCA HOSTS A SURVIVORSHIP CLINIC FOR PATIENTS AND COMMUNITY MEMBERS, TO ADDRESS THE UNIQUE NEEDS OF THESE PATIENTS SCCA UNDERTOOK SIGNIFICANT EFFORTS TO PLAN FOR THE OPENING OF ITS NEW SURVIVORSHIP CLINIC COMMUNITY HEALTH INFRASTRUCTURE SCCA UNDERTOOK SIGNIFICANT EFFORTS TO INVEST RESOURCES IN IMPROVING ITS INTERNAL STRUCTURES AND PROCESSES TO SUPPORT ONGOING COMMUNITY BENEFIT WORK, AND CONTINUES TO PARTICIPATE IN STATE AND NATIONAL WORK TO ADVANCE THE PROLIFERATION OF QUALITY DATA FOR CANCER CARE, ULTIMATELY DRIVING BENCHMARKING AND IMPROVEMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SEATTLE CANCER CARE ALLIANCE	PART V, SECTION B, LINE 13B RESPONSIBLE PARTIES WHOSE INCOME LEVEL EXCEEDS 300% OF THE FEDERAL POVERTY STANDARD AS ADJUSTED FOR FAMILY SIZE BUT WHO HAVE INCURRED CATASTROPHIC ACCOUNT BALANCES AFTER ALL SOURCES OF THIRD PARTY COVERAGE AND SPONSORSHIP WILL BE CONSIDERED FOR CHARITY CARE ON A CASE BY CASE BASIS
SEATTLE CANCER CARE ALLIANCE	PART V, SECTION B, LINE 13H THE FOLLOWING PATIENTS MAY BE ELIGIBLE FOR CHARITY CARE UNDER THIS POLICY NOTWITHSTANDING THE FACT THEY ARE NOT RESIDENTS OF THE STATE OF WASHINGTON 1) PERSONS WHO HAVE AN EMERGENCY MEDICAL CONDITION, AND 2) PERSONS WHO ARE REFUGEES, ASYLEES OR SEEKING ASYLUM AND PROVIDE APPROPRIATE IMMIGRATION AND NATURALIZATION SERVICE DOCUMENTATION IF THE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE/CHARITY CARE IS APPARENT, SCCA MAY, IN ITS SOLE DISCRETION, CHOOSE TO WAIVE SOME OF THE DOCUMENTATION AND VERIFICATION REQUIREMENTS EXAMPLES OF CIRCUMSTANCES IN WHICH THE PATIENT'S ELIGIBILITY FOR FINANCIAL ASSISTANCE/CHARITY CARE MAY BE APPARENT INCLUDE THE FOLLOWING 1) A PATIENT OR GUARANTOR WHO HAS DECLARED BANKRUPTCY AND HAS INCLUDED THE SCCA DEBT IN THE BANKRUPTCY 2) A PATIENT OR GUARANTOR WHO DIES WITHOUT MATERIAL ASSETS 3) A PATIENT OR GUARANTOR WHO IS DETERMINED TO BE HOMELESS 4) ACCOUNTS RETURNED BY THE COLLECTION AGENCY AS UNCOLLECTIBLE DUE TO ANY OF THE ABOVE REASONS SCCA STAFF DISCRETION WILL BE EXERCISED IN SITUATIONS WHERE FACTORS SUCH AS SOCIAL OR HEALTH ISSUES EXIST SUCH ISSUES WILL BE DOCUMENTED TO SUPPORT FINANCIAL ASSISTANCE/CHARITY CARE CONSIDERATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SEATTLE CANCER CARE ALLIANCE	PART V, SECTION B, LINE 20E SCCA CONTACTED PATIENTS AND HELPED THEM COMPLETE PAPER WORK TO APPLY FOR FINANCIAL ASSISTANCE FOR MEDICARE, MEDICAID, OR ANY OTHER POSSIBLE SOURCE OF COVERAGE
PART V, SECTION B, LINE 3E	SCCA IS DEDICATED TO ENSURING THAT OUR PURPOSE, WHICH UNITES THE DRIVE TO IMPROVE CANCER CARE AND OUTCOMES FOR PATIENTS AND THEIR FAMILIES WITH THE POWER OF CLINICAL RESEARCH, IS MEETING OUR COMMUNITY'S HEALTH NEEDS THE HEALTH NEEDS IDENTIFIED BY THE DATA AVAILABLE TO US, OUR STAKEHOLDERS' INPUT, AND FEEDBACK ON OUR PREVIOUS HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY LED US TO PRIORITIZE CANCER-RELATED HEALTH NEEDS THAT ARE CLEARLY IDENTIFIED IN THE COMMUNITY AND FOR WHICH AN EVIDENCE-BASED INTERVENTION EXISTS THAT CAN IMPROVE CANCER CARE AND OUTCOMES FOR INDIVIDUALS, THEIR FAMILIES, AND OUR COMMUNITY BY USING THIS FRAMEWORK, WE ARE ABLE TO PRIORITIZE COMMUNITY HEALTH NEEDS WHERE OUR INVOLVEMENT CAN CONTRIBUTE MEANINGFULLY TO HEALTH IMPROVEMENT USING THIS LENS, WE IDENTIFIED MANY POTENTIAL HEALTH NEEDS, WHICH WE GROUPED INTO SIX HIGH-LEVEL AREAS OF FOCUS CANCER PREVENTION, CANCER SCREENING, ACCESS TO HIGH-QUALITY CANCER CARE SERVICES, SURVIVORSHIP, HIGH-NEEDS POPULATIONS, AND COMMUNITY HEALTH INFRASTRUCTURE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 14	TO PROVIDE ADDITIONAL CLARITY TO THE PATIENTS APPLYING FOR FINANCIAL ASSISTANCE, SCCA HAS UPDATED THE LANGUAGE IN THE FINANCIAL ASSISTANCE POLICY (FAP), EFFECTIVE MARCH 2018, THAT EXPLAINS HOW AMOUNTS CHARGED TO FAP ELIGIBLE PATIENTS ARE CALCULATED AND ALSO INCLUDED THE DEFINITION OF AMOUNTS GENERALLY BILLED
PART V, SECTION B, LINE 16	WEBSITE APPLICABLE FOR LINES 16A, 16B, AND 16C HTTPS //WWW SEATTLECCA ORG/NEW-PATIENTS/INSURANCE-COVERAGE-AND-BILLS/FINANCIAL-ASSISTANCE-RESOURCES

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
SEATTLE CANCER CARE ALLIANCE

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
91-1935159

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	WITH REGARD TO GRANTS TO ORGANIZATIONS REPORTED ON SCHEDULE I, PART II, THE SCCA VERIFIES THE GRANTEEES ARE QUALIFIED 501(C)(3) ORGANIZATIONS WITH A MISSION COMPATIBLE WITH THAT OF SCCA UNDER CERTAIN CIRCUMSTANCES, SCCA WILL CONSIDER GRANTING FUNDS TO 501(C)(4) ORGANIZATIONS WHEN THE PURPOSE IS CONSISTENT WITH SCCA'S MISSION THE SCCA RELIES ON THE GRANTEE ORGANIZATION MAINTAINING ITS TAX EXEMPT STATUS WITH THE IRS AND DOES NOT IMPOSE THE BURDEN OF REPORTING BACK TO SCCA AS TO THE EXPENDITURE OF GRANT FUNDS WITH REGARD TO GRANTS OR OTHER ASSISTANCE TO INDIVIDUALS REPORTED ON SCHEDULE I, PART III, MOST OF THE REQUESTS FOR ASSISTANCE ARE MADE THROUGH PATIENT FAMILY SERVICES THESE REQUESTS ARE CONSIDERED IN ACCORDANCE WITH A MODIFICATION TO SCCA'S CHARITY CARE POLICY ASSISTANCE IS PROVIDED IN RESPONSE TO SPECIFIC NEEDS OF INDIVIDUALS FOR INTENDED PURPOSES BY PAYING FOR CERTAIN ASSISTANCE DIRECTLY ON BEHALF OF THE INDIVIDUAL ALSO, PATIENT FAMILY SERVICES MAINTAINS CONTACT WITH PATIENTS RECEIVING ASSISTANCE THROUGHOUT THEIR TREATMENT AT SCCA WITH REGARD TO SCHOLARSHIPS GIVEN, AN APPLICATION IS MADE AND REVIEWED BY THE SENIOR MANAGEMENT STAFF VERY SPECIFIC CRITERIA ARE REQUIRED ONLY BONA FIDE TUITION AND FEES QUALIFY FOR FUNDING

Additional Data

Software ID:
Software Version:
EIN: 91-1935159
Name: SEATTLE CANCER CARE ALLIANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON FOUNDATION PO BOX 358045 SEATTLE, WA 98195	94-3079432	501(C)(3)	480,697		N/A	N/A	TO SUPPORT UNIVERSITY OF WASHINGTON FOUNDATION ACTIVITIES
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	445,901		N/A	N/A	TO FUND CANCER RESEARCH ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEAFAIR FOUNDATION 2200 6TH AVE STE 400 SEATTLE, WA 98121	26-1233489	501(C)(3)	120,000		N/A	N/A	TO SPONSOR FAMILY FOURTH
NORTHWEST FOLKLIFE 305 HARRISON ST SEATTLE, WA 98109	91-1311548	501(C)(3)	35,000		N/A	N/A	TO PROMOTE COMMUNITY HEALTH IMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE SYMPHONY ORCHESTRA 200 UNIVERSITY STREET SEATTLE, WA 98101	91-0667412	501(C)(3)	25,000		N/A	N/A	SYMPHONY CONCERT SPONSORSHIP FOR BREAST CANCER AWARENESS MONTH
MULTICARE 314 MARTIN LUTHER KING JR WAY 402 TACOMA, WA 98402	91-1352172	501(C)(3)	18,424		N/A	N/A	TO SPONSOR THE BEN GREER RESEARCH AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINK BOAT REGATTA 2442 NW MARKET ST STE 265 SEATTLE, WA 98107	46-4971664	501(C)(3)	15,000		N/A	N/A	TO PROMOTE COMMUNITY HEALTH IMPROVEMENT
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	10,000		N/A	N/A	TO SPONSOR PURPLESTRIDE EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER FOR COLLEGE 28465 OLD TOWN FRONT STREET 315 TEMECULA, CA 92590	93-1144756	501(C)(3)	10,000		N/A	N/A	TO SPONSOR TASTE TO EDUCATE EVENT
LEUKEMIA AND LYMPHOMA SOCIETY 123 NW 36TH ST SUITE 100 SEATTLE, WA 98107	13-5644916	501(C)(3)	10,000		N/A	N/A	TO SPONSOR LIGHT THE NIGHT WALK AND GALA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI CITIES CANCER CENTER 7350 W DESCHUTES AVE KENNEWICK, WA 99336	91-1739024	501(C)(3)	7,500		N/A	N/A	TO SPONSOR 2017 RADIO-THON EVENT
SUSAN G KOMEN BREAST CANCER FOUNDATION 1900 NORTHLAKE WAY SUITE 135 SEATTLE, WA 98103	91-1624040	501(C)(3)	7,500		N/A	N/A	TO SPONSOR FOUNDATION EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST SARCOMA FOUNDATION 220 2ND AVE S STE 115 SEATTLE, WA 98104	91-1717600	501(C)(3)	5,500		N/A	N/A	TO SPONSOR 2017 STORIES FROM THE VINEYARD AND 2018 SEATTLE DRAGONSLAYER EVENTS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD	479	0	9,005	FMV	HOLIDAY MEALS PROGRAM FOR PATIENTS
FOOD GIFT CARDS	19	0	405	FMV	MEAL GIFT CARDS FOR PATIENTS
GAS GIFT CARDS	38	0	1,032	FMV	GAS GIFT CARDS FOR PATIENTS
GROCERY GIFT CARDS	29	0	4,189	FMV	GROCERY GIFT CARDS FOR PATIENTS
MEDICAL ACCESSORIES	160	0	9,995	FMV	PROSTHESIS FOR PATIENTS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PATIENT FINANCIAL AID	151	72,780	0	N/A	N/A
SHELTER	236	871	198,372	FMV	RENTS PAID FOR PATIENTS
SUNDRIES	37	0	24,611	FMV	HOLIDAY GIFTS, KNITTING NEEDLES, HOUSEHOLD GOODS
TICKETS	517	0	17,058	FMV	EVENT TICKETS TO SPORTS GAMES, ART PERFORMANCES AND LOCAL ATTRACTIONS
TRANSPORTATION	181	0	4,200	FMV	CAB FARES FOR PATIENTS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
WIGS	481	0	14,963	FMV	WIGS AND HATS FOR PATIENTS
TUITION	34	90,277	39,314	FMV	TUITION REIMBURSEMENTS AND SCHOLARSHIP PAYMENTS MADE DIRECTLY TO SCHOOLS ON BEHALF OF SCHOLARSHIP RECIPIENTS

Compensation Information

2017

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Employer identification number

91-1935159

Part I Questions Regarding Compensation

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

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? ☐ Yes ☒ No

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

See Additional Data Table

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	SEVERANCE PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS WYMAN, CHERYL \$136,037 MCDOWELL, AVRIL \$75,232 ZAPATA, CECILIA \$45,739 KIRKLEY, DEBRA \$61,599 THE SCCA OPERATES A MAKE-WHOLE SERP PLAN THAT WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED RETIREMENT PLAN IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF THIS ARRANGEMENT WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON THE DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT PARTICIPANTS' INTEREST UNDER THE ARRANGEMENT 457(B) AND 457(F) ARE NOT GUARANTEED OR SECURED IN ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS FURTHERMORE, ANY NON-VESTED BENEFITS UNDER THE 457(F) PLAN IS REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT) IN COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER, THE MAKE-WHOLE SERP PLAN IS DESIGNED TO ACHIEVE A REASONABLE RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE MAKE-WHOLE SERP PLAN HUBBARD, NORMAN \$44,500 GENTZEN, DEBORAH \$6,299 ACKERSON, DAVID \$164 THE FOLLOWING INDIVIDUAL TERMINATED AND RECEIVED THE BALANCE UNDER 457(B) ARRANGEMENT TINGSTAD, JONATHAN \$55,467 BEGINNING IN 2015, SCCA COMMENCED A CATCH-UP BENEFIT PLAN THE BENEFITS ARE INTENDED AS A RETENTION INCENTIVE AND WILL BE ADMINISTERED IN ACCORDANCE WITH 457(F) THE BENEFIT IS BASED ON THE AMOUNT THAT WOULD HAVE BEEN ACCUMULATED IF A SERP HAS BEEN IN PLACE SINCE THE LATER OF 1998 OR THE DATE THAT THE EXECUTIVE COMPENSATION WOULD HAVE TRIGGERED A SERP CONTRIBUTION SUCH AMOUNT WILL BE CREDITED WITH INTEREST ANNUALLY AT THE PRIME RATE IN A BOOKKEEPING ACCOUNT THE EXECUTIVE WILL RECEIVE A PORTION OF THE AMOUNT AS IT VESTS ON EACH VESTING DATE UPON THE EXECUTIVE'S TERMINATION OF EMPLOYMENT FOR ANY REASON, ANY UNVESTED PORTION REMAINING IN THE BOOKKEEPING ACCOUNT WILL BE FORFEITED TO FURTHER AID WITH RETENTION, ALL REMAINING CATCH-UP BALANCES WERE PAID IN 2017 HUBBARD, NORMAN \$263,920 TINGSTAD, JONATHAN \$134,164 BEGINNING IN JULY 2017, SCCA IMPLEMENTED A DEFERRED COMPENSATION PLAN ADMINISTERED IN ACCORDANCE WITH 457 (F), THE BENEFITS OF WHICH ARE INTENDED AS RETENTION INCENTIVE THE BENEFIT OF THIS PLAN VEST OVER A FIVE YEAR PERIOD WITH MILESTONE PAYMENTS AT 20 MONTH INTERVALS FOLLOWING EACH EXECUTIVE'S PLAN ENTRY DATE PARTICIPANTS WILL RECEIVE THE VESTED PORTION OF THE BENEFIT ON EACH VESTING DATE IN 2017, THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE RETENTION PLAN HUBBARD, NORMAN \$45,000 GENTZEN, DEBORAH \$30,000 JAGELS, BARBARA \$30,000 ACKERSON, DAVID \$30,000 MCDONNELL, THERESA \$30,000
SCHEDULE J, PART II	NANCY DAVIDSON, MD RECEIVED COMPENSATION OF \$1,273,027 FROM FRED HUTCHINSON CANCER RESEARCH CENTER, AN UNRELATED ORGANIZATION FOR SERVICES PROVIDED TO SCCA F MARC STEWART, MD RECEIVED COMPENSATION OF \$515,591 FROM FRED HUTCHINSON CANCER RESEARCH CENTER, AN UNRELATED ORGANIZATION FOR SERVICES PROVIDED TO SCCA FRED APPLEBAUM, MD RECEIVED COMPENSATION OF \$162,147 FROM FRED HUTCHINSON CANCER RESEARCH CENTER, AN UNRELATED ORGANIZATION FOR SERVICES PROVIDED TO SCCA

Additional Data

Software ID:
Software Version:
EIN: 91-1935159
Name: SEATTLE CANCER CARE ALLIANCE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1NANCY DAVIDSON MD EXECUTIVE DIRECTOR AND PRESIDENT	(i)	820,027	73,500	379,500	0	0	1,273,027	0
	(ii)	0	0	0	0	0	0	0
1NORMAN HUBBARD EXECUTIVE VP	(i)	608,574	70,628	268,822	141,640	24,139	1,113,803	91,062
	(ii)	0	0	0	0	0	0	0
2JONATHAN TINGSTAD VP & CFO (THRU 10/17)	(i)	371,650	34,641	228,150	34,140	21,222	689,803	45,184
	(ii)	0	0	0	0	0	0	0
3F MARC STEWART MD VP, MEDICAL DIRECTOR	(i)	465,878	49,713	0	0	0	515,591	0
	(ii)	0	0	0	0	0	0	0
4DEBORAH GENTZEN VP, CHIEF STRATEGY OFFICER	(i)	389,940	31,852	2,077	88,439	23,544	535,852	0
	(ii)	0	0	0	0	0	0	0
5DAVID ACKERSON VP, CHIEF INFORMATION OFFICER	(i)	359,132	28,836	1,865	82,304	11,705	483,842	0
	(ii)	0	0	0	0	0	0	0
6BARBARA JAGELS VP, CHIEF QUALITY & VALUE OFFC	(i)	325,100	26,698	1,718	77,953	23,246	454,715	0
	(ii)	0	0	0	0	0	0	0
7THERESA MCDONNELL CHIEF NURSE EXEC, VP- CLIN OPS	(i)	285,656	61,467	1,517	30,000	20,425	399,065	0
	(ii)	0	0	0	0	0	0	0
8GRETCHEN HANNA DIR CORPORATE FINANCE	(i)	239,630	13,883	2,258	24,500	10,990	291,261	0
	(ii)	0	0	0	0	0	0	0
9JOSEPH NORTON DIR FINANCE	(i)	224,625	13,266	1,149	23,119	15,463	277,622	0
	(ii)	0	0	0	0	0	0	0
10MARIA GONZALEZ DIR RESEARCH INT (THRU 1/18)	(i)	222,156	11,951	500	16,905	22,409	273,921	0
	(ii)	0	0	0	0	0	0	0
11KRISTINE LOGAN DIR OPERATIONS	(i)	189,739	10,909	8,661	18,093	10,354	237,756	0
	(ii)	0	0	0	0	0	0	0
12 THOMAS TSAI DIR CLINICAL OPS DIAG/THERAPY SVCS (THRU 1/18)	(i)	196,301	10,279	629	10,293	10,408	227,910	0
	(ii)	0	0	0	0	0	0	0
13MOREEN DUDLEY DIR CLIN OPS, SUPPORTIVE SVCS	(i)	191,054	11,048	2,735	18,629	11,566	235,032	0
	(ii)	0	0	0	0	0	0	0
14ALPHONSO EMERY DIR REVENUE CYCLE MGT	(i)	191,636	11,158	1,748	18,372	9,673	232,587	0
	(ii)	0	0	0	0	0	0	0
15TAMI DEEB DIR SERVICE LINES	(i)	188,743	12,067	398	13,807	13,497	228,512	0
	(ii)	0	0	0	0	0	0	0
16AVRIL MCDOWELL DIR CLINICAL OPS (THRU 7/17)	(i)	110,588	0	85,234	7,420	7,060	210,302	0
	(ii)	0	0	0	0	0	0	0
17STEPHANIE MAYS GENERAL COUNSEL	(i)	169,753	18,733	889	0	14,342	203,717	0
	(ii)	0	0	0	0	0	0	0
18ADA MOHEDANO DIR CLIN ANALYTICS & BUS INTEL	(i)	177,896	10,328	375	16,591	10,141	215,331	0
	(ii)	0	0	0	0	0	0	0
19MICHELLE HALL DIR PERFORMANCE EXCELLENCE	(i)	175,457	9,909	2,428	16,617	16,791	221,202	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21TIMOTHY EHLLING DIR NURSING & CLIN OPS INTEG	(i)	171,708	10,543	1,633	16,749	21,754	222,387	0
	(ii)	0	0	0	0	0	0	0
1HOLLY ROSENFELD DIR MARKETING	(i)	173,482	9,436	877	16,812	21,949	222,556	0
	(ii)	0	0	0	0	0	0	0
2BRANDON JONES CHIEF TECHNOLOGY OFFICER	(i)	172,683	10,033	363	15,935	10,137	209,151	0
	(ii)	0	0	0	0	0	0	0
3TRACI PRANZINI CORPORATE INTEGRITY OFFICER	(i)	170,059	9,963	540	15,618	10,177	206,357	0
	(ii)	0	0	0	0	0	0	0
4CHAD HOGGARD DIR IT SECURITY	(i)	170,387	5,232	556	16,211	21,064	213,450	0
	(ii)	0	0	0	0	0	0	0
5PAUL HELMUTH DIR CLINICAL OPERATIONS	(i)	159,138	9,148	917	13,968	10,043	193,214	0
	(ii)	0	0	0	0	0	0	0
6 CECILIA ZAPATA DIR STRAT OUTREACH/CCA NETWORK (THRU 8/17)	(i)	107,462	0	60,853	7,660	6,621	182,596	0
	(ii)	0	0	0	0	0	0	0
7 KATIE COLLEEN ANN MALETICH DIR QUALITY & SAFETY	(i)	156,748	8,656	337	6,318	21,773	193,832	0
	(ii)	0	0	0	0	0	0	0
8DONNA KERN REGISTERED NURSE	(i)	174,389	300	4,355	15,852	18,795	213,691	0
	(ii)	0	0	0	0	0	0	0
9ARIAM ZERESENNAI REGISTERED NURSE	(i)	162,852	300	5,120	14,614	21,245	204,131	0
	(ii)	0	0	0	0	0	0	0
10 GANSUVD BALGANSUREN CIL DIR	(i)	161,257	0	1,474	13,702	17,028	193,461	0
	(ii)	0	0	0	0	0	0	0
11DEBRA KIRKLEY DIR MAGNET PROGRAM (THRU 7/17)	(i)	90,561	0	70,305	1,394	9,811	172,071	0
	(ii)	0	0	0	0	0	0	0
12MARIAN RICHARDSON ASSC DIR CLINICAL OPS	(i)	153,392	4,407	2,055	12,698	9,892	182,444	0
	(ii)	0	0	0	0	0	0	0
13FRED APPLEBAUM MD FORMER EXEC DIR & PRESIDENT	(i)	0	162,147	0	0	0	162,147	0
	(ii)	0	0	0	0	0	0	0
14CHERYL WYMAN FORMER DIR DIAG/THERAPY SVCS	(i)	0	0	136,037	0	0	136,037	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
SEATTLE CANCER CARE ALLIANCE

Employer identification number
91-1935159

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		11-18-2010	21,415,000	TO REFUND 2008 WEEKLY RATE BONDS		X		X		X
B WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978HLJ2	10-30-2014	97,921,097	ADVANCED REFUND OF 2001, 2005, 2008 PROJECT		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	3,471,000		8,770,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	21,415,000		97,921,097					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	21,090,000		96,652,346					
7	Issuance costs from proceeds	325,000		1,268,751					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2009		2010					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X	X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 800 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6 Total of lines 4 and 5	0 %		0 800 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME WASHINGTON HEALTH CARE FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 12/01/2015

Return Reference	Explanation
PART III, LINE 4, COLUMN B	THE PERCENTAGE REPORTED ON LINE 4 REPRESENTS THE PERCENTAGE OF RESEARCH REVENUE FROM BOTH GOVERNMENTAL AND INDUSTRY SPONSORED RESEARCH. GOVERNMENT SPONSORED RESEARCH FALLS INTO A PRIVATE BUSINESS USE SAFE HARBOR, INDUSTRY SPONSORED DOES NOT. BECAUSE THE COMBINED REVENUE FROM THE GOVERNMENT AND PRIVATELY SPONSORED RESEARCH IS LESS THAN THE APPLICABLE THRESHOLD, SCCA HAS ELECTED NOT TO DEVOTE THE RESOURCES REQUIRED TO ALLOCATE THE AGGREGATE RESEARCH REVENUE BETWEEN GOVERNMENT AND PRIVATELY SPONSORED RESEARCH. AS SUCH, PRIVATE BUSINESS USE DUE TO RESEARCH IS OVERSTATED. SCCA DOES NOT HAVE DIRECT CONTRACTS WITH INDUSTRY SPONSORED CORPORATIONS. SCCA PERFORMS SERVICES PRIMARILY FOR UNIVERSITY OF WASHINGTON, A GOVERNMENTAL ENTITY, AND FRED HUTCHINSON CANCER RESEARCH CENTER, A 501(C)(3) ENTITY. UNIVERSITY OF WASHINGTON AND FRED HUTCHINSON CANCER RESEARCH CENTER ARE CONDUCTING THE RESEARCH AND HAVE THE DIRECT CONTRACTS WITH THE GOVERNMENT AND PRIVATE INDUSTRY SPONSORED RESEARCH.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SEATTLE CANCER CARE ALLIANCE

Employer identification number
91-1935159

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		13,679	SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	2,384	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	464	898	SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EVENT TICKETS)	X	516	16,983	SELLING PRICE
26 Other ► (HATS/WIGS)	X	425	13,534	SELLING PRICE
27 Other ► ()				
28 Other ► ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

30a

No

31

Yes

32a

No

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER OF ITEMS RECEIVED WAS USED TO DETERMINE THE AMOUNTS IN COLUMN B

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CANCER CARE ALLIANCE

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

91-1935159

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	THE VOLUNTEERS OFFER DIRECT SUPPORT IN SOCIAL, EMOTIONAL, AND PRACTICAL WAYS TO CONNECT WITH PATIENTS AND FAMILIES THROUGHOUT EACH PHASE OF A PATIENT'S EXPERIENCE WITH SCCA THE SC CA HAS 22 VOLUNTEER ROLES BREAST CENTER SPECIALTY CLINIC, CHILD LIFE, COMFORT HAND MASSAGE, COSMETOLOGY/BARBER, CRAFTS & CONVERSATION-KNITTING, DRIVERS, EVENTS, GENERAL ONCOLOGY/H EMATOLOGY LOBBY, HOUSING AND INPATIENT TOURS, GUEST SERVICES, HEALING MUSIC PROGRAM, HOLIDAY ACTIVITIES, HUTCH SCHOOL TUTORS, LABYRINTH HOST, PATIENT & FAMILY RESOURCE CENTER/EDUCATION, PATIENT/FAMILY SERVICES, PHYSICAL THERAPY, SCCA GIFT SHOP, SCCA HOUSE CONCIERGE, SHINE, WOMEN'S CENTER LOBBY, AND WIG FITTERS THE 18 MEMBERS OF THE BOARD ALSO SERVE AS VOLUNTEERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	SEATTLE CANCER CARE ALLIANCE'S, SCCA, MISSION IS TO PROVIDE STATE-OF-THE-ART, PATIENT CENTERED CARE, SUPPORT THE CONDUCT OF CLINICAL RESEARCH AND EDUCATION, AND ADVANCE THE STANDARD OF CANCER CARE, REGIONALLY, AND BEYOND SCCA IS A PART OF THE FRED HUTCHINSON/UW CANCER CONSORTIUM, THE CONSORTIUM, WHICH IS ONE OF 49 COMPREHENSIVE CANCER CENTERS DESIGNATED BY THE NATIONAL CANCER INSTITUTE (NCI) THE CONSORTIUM'S MEMBERS ARE SCCA, FRED HUTCHINSON CANCER RESEARCH CENTER, UW MEDICINE, AND SEATTLE CHILDREN'S THE NCI DESIGNATION GIVES SCCA'S PATIENTS ACCESS TO RECEIVE THE LATEST TAILORED COURSE OF TREATMENTS AND THERAPIES FOR CANCER AND HAVE ACCESS TO NEW DRUGS AND TREATMENTS THAT ARE UNDER INVESTIGATION IN CLINICAL STUDIES ONLY AVAILABLE AT SCCA AND LIMITED SITES AROUND THE COUNTRY OUR GOAL IS TO TURN CANCER PATIENTS INTO CANCER SURVIVORS OUR PURPOSE IS TO LEAD THE WORLD IN THE PREVENTION AND TREATMENT OF CANCER UNITING THE DOCTORS FROM FRED HUTCHINSON CANCER RESEARCH CENTER, UW MEDICINE, AND SEATTLE CHILDREN'S, SCCA IS HOME TO THE WORLD'S BEST CANCER SPECIALISTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JACQUELINE CABE, DR BRUCE CLURMAN, RUTH MAHAN, DR SANDY MELZER, STEVE STADUM, AND DR BR UDER STAPLETON HAVE BUSINESS RELATIONSHIPS EACH NAMED INDIVIDUAL SERVES AS A SCCA BOARD M EMBER OR OFFICER, AND THESE INDIVIDUALS ARE ALSO CURRENT BOARD MEMBERS, OFFICERS, DIRECTOR S, OR KEY EMPLOYEES OF ANOTHER ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	SCCA HAS THREE MEMBERS MEMBERS MUST BE GOVERNMENTAL ENTITIES OR ORGANIZATIONS EXEMPT UNDER IRC SECTION 501(C)(3) EACH MEMBER CURRENTLY HAS A 33 1/3% VOTING INTEREST NO NEW MEMBER MAY BE ADMITTED TO THE CORPORATION WITHOUT THE APPROVAL OF EXISTING MEMBERS HOLDING AGGREGATE VOTING INTERESTS OF AT LEAST 75%

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	EACH MEMBER WILL APPOINT SIX MEMBERS OF THE EIGHTEEN DIRECTORS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE BOARD OF DIRECTORS OF THE CORPORATION MAY NOT, EXCEPT BY AFFIRMATIVE VOTE OF 75% OF THE DIRECTORS IN OFFICE AND WITH THE APPROVAL OF THE MEMBERS HOLDING AGGREGATE VOTING INTERESTS OF AT LEAST 75% (A) AMEND, ALTER, OR REPEAL CERTAIN SECTIONS OF THE CORPORATION'S BYLAWS, (B) REMOVE ANY DIRECTOR OR THE CHAIR OF THE CORPORATION, PROVIDED THAT A MEMBER MAY REMOVE A DIRECTOR APPOINTED BY SUCH MEMBER AT ANY TIME, (C) AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION, (D) ADOPT A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, (E) AUTHORIZE THE SALE, LEASE, OR EXCHANGE (OR PLEDGING AS SECURITY) OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION OR ANY ASSET NOT IN THE ORDINARY COURSE OF BUSINESS, (F) AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOKE PROCEEDINGS THEREFOR, (G) ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION, (H) AMEND, ALTER, OR REPEAL ANY RESOLUTION OF THE MEMBERS OF THE CORPORATION, (I) INITIATE OR RESOLVE LITIGATION IN WHICH THE CORPORATION IS A PARTY IF THE LITIGATION OR RESOLUTION WOULD HAVE A MATERIAL ADVERSE EFFECT ON THE FINANCIAL WELL-BEING OR PUBLIC PERCEPTION OF THE CORPORATION OR ITS MEMBERS, (J) CHANGE THE FUNDAMENTAL PURPOSES OF THE CORPORATION, (K) ENTER INTO ANY NEW LINE OF BUSINESS, (L) OR AUTHORIZE THE RELOCATION FROM THE UNIVERSITY OF WASHINGTON MEDICAL CENTER TO ANOTHER HOSPITAL FACILITY OF THE TWENTY INPATIENT BEDS FOR WHICH THE CORPORATION HAS BEEN GRANTED A HOSPITAL LICENSE FINALLY, THE FOLLOWING IS SUBJECT TO APPROVAL BY THE CORPORATION'S MEMBERS - THE CORPORATION'S ANNUAL BUDGET - APPOINTMENT OF THREE ADDITIONAL DIRECTORS TO THE BOARD EXECUTIVE COMMITTEE (IN ADDITION TO THE CORPORATION'S CHAIR, IMMEDIATE PAST CHAIR, VICE CHAIR, TREASURER, AND SECRETARY) - APPOINTMENT OF DIRECTORS TO THE BOARD GOVERNANCE COMMITTEE - APPOINTMENT OF TWO DIRECTORS TO THE BOARD FINANCE COMMITTEE (IN ADDITION TO THE TREASURER) - SELECTION OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS TO CONDUCT AN ANNUAL FINANCIAL AUDIT OF THE CORPORATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY A PUBLIC ACCOUNTING FIRM AND INTERNALLY REVIEWED PRIOR TO PRESENTATION TO THE BOARD-APPOINTED FINANCE AND AUDIT COMMITTEE THE FORM 990 WAS PROVIDED TO THE FINANCE AND AUDIT COMMITTEE FOR REVIEW BEFORE FILING THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE REPORTS TO THE FULL BOARD ALL BOARD MEMBERS ARE PRESENTED WITH A COPY BEFORE FILING FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS ANNUALLY MONITORED THROUGH A QUESTIONNAIRE IT IS A POLICY OF THE SCCA FOR SELF REPORTING THIS SELF REPORTING IS APPLICABLE TO THE BOARD OF DIRECTORS AND ALL MANAGEMENT STAFF THE DETERMINATION OF WHETHER AN ISSUE EXISTS IS MADE BY THE INTEGRITY OFFICER THE ESCALATION PROCESS IS TO THE SENIOR MANAGEMENT TEAM, AND, IF DEEMED APPROPRIATE, TO THE BOARD OF DIRECTORS INTEGRITY COMMITTEE, BOARD OF DIRECTORS GOVERNANCE COMMITTEE, AND LEGAL COUNSEL CONFLICTS OF INTEREST ARE ADDRESSED IF AND WHEN THEY ARISE THE CONFLICTED BOARD MEMBER RECUSES HIM OR HERSELF FROM DISCUSSION AND VOTING ON THE MATTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORMS A MARKET ANALYSIS OF EXECUTIVE PAY AT COMPARABLE ORGANIZATIONS A CONSULTANT FROM THIS FIRM PRESENTS ITS FINDINGS TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS EVERY TWO YEARS THE ANALYSIS WAS LAST PERFORMED AND PRESENTED IN OCTOBER 2017 IN THE INTERVENING YEARS, THE PRIOR YEAR'S MARKET ANALYSIS IS UPDATED USING AN APPROPRIATE INFLATION FACTOR FOR USE BY THE COMPENSATION COMMITTEE IN ITS ANNUAL REVIEW OF TOTAL COMPENSATION FOR THE OFFICERS THE COMPENSATION COMMITTEE DOCUMENTS ITS MEETINGS AND DECISIONS IN A TIMELY MANNER THE COMPENSATION COMMITTEE PROMPTLY REPORTS TO THE BOARD ALL ACTIONS TAKEN AND SIGNIFICANT ISSUES DISCUSSED AT ITS MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE SCCA DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC AS REQUIRED BY THE IRS, THE SCCA'S AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO FORM 990, WHICH IS A PUBLIC DISCLOSURE DOCUMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	INPATIENT SERVICES PROGRAM SERVICE EXPENSES 54,839,088 MANAGEMENT AND GENERAL EXPENSES 1,272,927 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 56,112,015 ADMINISTRATIVE SERVICES PROGRAM SERVICE EXPENSES 1,543,446 MANAGEMENT AND GENERAL EXPENSES 3,630,868 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,174,314 CLINICAL SERVICES PROGRAM SERVICE EXPENSES 9,101,706 MANAGEMENT AND GENERAL EXPENSES 846,898 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,948,604 PROGRAM SUPPORT PROGRAM SERVICE EXPENSES 5,693,148 MANAGEMENT AND GENERAL EXPENSES 438,487 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,131,635 CLINICAL FUNDING PROGRAM SERVICE EXPENSES 32,412,917 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 32,412,917 LAB SERVICES PROGRAM SERVICE EXPENSES 10,216,435 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,216,435 OTHER AGREEMENTS PROGRAM SERVICE EXPENSES 1,312,910 MANAGEMENT AND GENERAL EXPENSES 500,895 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,813,805

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REVERSAL OF PRIOR YEAR GRANT EXPENSE 40,000