** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2017
Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning and	ending						
В	Check if applicable:	C Name of organization		D Employer identifi	cation number				
	Address	CANCER LIFELINE							
	Name change	Doing business as		91-6	182951				
F	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 6522 FREMONT AVENUE NORTH	Room/suite	E Telephone numbe	r)297-2100				
	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,229,449.				
	Amende			H(a) Is this a group re					
F	Applica tion			for subordinates					
	pending	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No					
Τ.	Tax-exe	mpt status: X 501(c)(3)	or 527	1 ` ′	list. (see instructions)				
J	Website	E ► WWW.CANCERLIFELINE.ORG		H(c) Group exemption	n number				
K	Form of o	organization: X Corporation Trust Association Other	L Year	of formation: 1974	M State of legal domicile: WA				
P	art I	Summary							
4	1 E	Briefly describe the organization's mission or most significant activities: OPTII	MIZING	THE QUALIT	Y OF LIFE				
Governance	<u>I</u>	FOR ALL PEOPLE LIVING WITH CANCER BY OFFE	RING E	EMOTIONAL SU	PPORT,				
rna	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:					
o Ve	3 1			3	15				
		lumber of independent voting members of the governing body (Part VI, line 1b)			15				
es	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)			11				
ΞΞ	6 T	otal number of volunteers (estimate if necessary)			14				
Activities &	7 a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b N	let unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		967,984.	812,756.				
Revenue	9 F	Program service revenue (Part VIII, line 2g)		260,947. 80,648.	276,023. 12,253.				
Be	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-3,751.	-37,122.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,305,828.	1,063,910.				
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		201,400.	306,300.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		201,400.	0.				
	45 0	Renefits paid to or for members (Part IX, column (A), line 4)		654,757.	* *				
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		51,379.	25,685.				
Expenses	h T	otal fundraising expenses (Part IX, column (D), line 25) 284, 2		31,373.	23,003.				
ă	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		290,047.	307,424.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,197,583.	1,257,048.				
	1	Revenue less expenses. Subtract line 18 from line 12		108,245.	-193,138.				
		Overlag 1999 Oxperisors, Captings, Into 16 Horri Into 12	Be	ginning of Current Year	End of Year				
Net Assets or	20 T	otal assets (Part X, line 16)		1,802,477.	1,708,922.				
ASS	21 T	otal liabilities (Part X, line 26)		26,957.	93,014.				
Net .	22 N	let assets or fund balances. Subtract line 21 from line 20		1,775,520.	1,615,908.				
Pi	art II	Signature Block							
Und	ler penali	ies of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	y knowledge and belief, it is				
true	, correct	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
Sig	n	Signature of officer		Date					
Hei	re	JOSEPH YURGEVICH, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN				
Pai		RAY HOLMDAHL RAY HOLMDAHL	[0	3/28/18 self-emplo					
	· -	Firm's name PETERSON SULLIVAN LLP, CPA'S		Firm's EIN ▶	91-0605875				
Use	Only	Firm's address 601 UNION ST, STE 2300			06) 200 5555				
		SEATTLE, WA 98101-2345		Phone no. (2					
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OPTIMIZING THE QUALITY OF LIFE FOR ALL PEOPLE LIVING WITH CANCER BY
	OFFERING EMOTIONAL SUPPORT, FINANCIAL ADVOCACY AND ASSISTANCE,
	EXERCISE, NUTRITION AND ARTISTIC EXPRESSION CLASSES AT NO COST.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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?
	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.
 4а	(Code:) (Expenses \$905,845 . including grants of \$306,300 .) (Revenue \$\$ 276,023 .)
та	CANCER LIFELINE PROVIDES COMPREHENSIVE NON-MEDICAL SERVICES WITHOUT
	CHARGE TO OPTIMIZE THE QUALITY OF LIFE FOR ALL PEOPLE LIVING WITH
	CANCER: PATIENTS, FAMILY, FRIENDS, CARETAKERS AND CO-WORKERS. THROUGH
	14,180 SERVICE CONTACTS, PEOPLE ACCESSED A RANGE OF SERVICES INCLUDING:
	EMOTIONAL SUPPORT AND REFERRALS VIA PHONE, FINANCIAL ADVOCACY AND FUNDS
	AVAILABLE IN 16 WESTERN WASHINGTON COUNTIES, HUNDREDS OF SUPPORT GROUP
	MEETINGS, GENTLE EXERCISE, NUTRITION AND ARTISTIC EXPRESSION CLASSES.
	WE HAVE ONE FREE-STANDING SITE IN SEATTLE. THREE AREA HOSPITALS
	CONTRACT FOR OUR SERVICES. ALL SERVICES ARE OPEN TO THE COMMUNITY. IN
	ADDITION, VOLUNTEERS PROVIDED OVER \$30,000 OF DONATED SERVICES DURING
	THE YEAR.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(cocc
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 905,845.
	Form 990 (2017)

Form 990 (2017) CANCER LIFELINE 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ _{3,7}
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			, .
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	21	_
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1115		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			\ _{3,7}
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_ v
4	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	77	_
19		19		x
	complete Schedule G. Part III		000	(2017)

Form 990 (2017) CANCER LIFELINE Part IV Checklist of Required Schedules (continued)

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

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Personal Price Pers		Check if Schedule O contains a response or note to any line in this Part V							
b Enter the number of Forms W2G included in line 1a. Enter O-Lind applicable. Did the organization concey with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 11 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 X Note. If the sum of lines 1 and data is greater than 250, you may be required to -this lee instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 b if Year, 1 has filed a Form 800 Tro this year? ("Yin," to line 8b, provide an explanation in Schedule O. 32 b if Year, 1 has filed a Form 800 Tro this year? ("Yin," to line 8b, provide an explanation in Schedule O. 33 b if Year, 1 has filed a Form 800 Tro this year? ("Yin," to line 8b, provide an explanation of Prinancial account, or school or a signature or other authority over, a financial account in a foreign country. ("As a financial account in a foreign country (buch as a bank account, accornities account, or other financials account)? 24 b if Year, 1 has the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 25 b if Year, 1 has the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 26 b if Year, 1 has provided any organization file Form 888877 26 b if Year, 1 has provided any organization file Form 888877 27 c year any contributions that were not tax deductible as charitable contributions? 28 b if Year, 1 has the organization number or organization shelt was or any contribution and partly for goods and services provided to the payor? 37 c year in the companization services are priment in excess of SS insafe partly as a contribution on a personal benefit contract? 38 b if Year, 1 has the or						Yes	No		
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize winners? 2. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Stataments, field for the calendar year ending with or within the year covered by this return. 3. In the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3. Did the organization have urnelated business gross income of \$1,000 or more during the year? 3. At any time during the calendar year, did the organization file all required federal employment tax returns? 3. At any time during the calendar year, did the organization have an explanation in Schedule 0. 3. If Yes, ¹ has it filed a form 990-T for this year' if 'No, ¹ to line 3b, provide an explanation in Schedule 0. 3. At any time of the organization than a langer and the explanation in Schedule 0. 3. At any time the name of the foreign country. ▶ 5. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5. B. X. B. Did any taxable party notify the organization file Form 8888-17 5. C. If 'Yes, ¹ folia lies of 3b, did the organization file Form 8888-17 5. C. If 'Yes, ¹ folia lies or 3b, did the organization file Form 8888-17 5. C. If 'Yes, ¹ folia organization numal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions under section 170(c). 4. If 'Yes, ¹ folia the organization has the section 4890 and the organization file form 8882 and services provided to the payor? 5. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the folia organization sell of the organization sellar than the section 4890? 5. Did the organization exceived a c	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	34					
digambingly winnings to prize winners? a 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 b I at least one is reported on line 2a, old the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b If "Yea," is nate if field a form 990 For for this year "I "No," to file 2b, your your daw analystancion in Schedule 0 b If "Yea," shart if field a form 990 For for this year "I "No," to file 2b, your your daw analystancion in Schedule 0 b If "Yea," shart if the a fam 990 For for this year "I "No," to file 2b, your your daw analystancion in Schedule 0 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of Form 888617. See in Yea, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? I "Yes," did the organization neity the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 82822 filed during the year. If you have a file of the organization receive a payment in excess of \$75 make partly as a contribution and partly for goods and services provid	b								
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered by this return 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," to file 30, provide an explanation in Schedule O 3b A At any time during the calendary and, did the organization have interest in, or a signature or other authority over, a financial account in a foreign country. b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCNEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a prohibitote tax shelter transaction at any time during the tax year? 5a X c If "Yes," to line 5a or 5b, did the organization file Form 8888 f7? 6b Did any taxebe party norify the organization file Form 8888 f7? 6c Did the organization have remail gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on the organization in the end of the organization end of the organization in the end of the organization and end of the organization end of the organization in endours of \$7\$ and a party for young the surface of the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b If "Yes," did the organization endours a payment in excess of \$7\$ and a party for young from the organization file a form 1998 or a required to file organization received any funds, directly or indirectly, to pay premiums o	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming					
field for the calendary year ending with or within the year covered by this return 11		(gambling) winnings to prize winners?			1c	X			
b If a 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 _ntile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at any time during the cellandary year, did the organization have uniform in the year? 4a A tan yit me during the cellandary year, did the organization have an interestin, or a signature or orther authority over, a financial account in a foreign country; leuch as a bank account, securities account, or other financial accountly? 4a X 5b If Yes, "enter the name of the foreign country; I with a sa bank account, securities account, or other financial accounts (FBAR). 5c If Yes, "to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax whether transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax whether transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax whether transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax whether transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a purty to a prohibited tax whether transaction? 5c If Yes, "to line 5a or 5b, did the organization induced with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, "to line form 8282? 6c If Yes,	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a linitiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand				າ	70		x		
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b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			13c						
							X		
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0			000	(25 :::		

732005 11-28-17

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

						X					
Sec	tion 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	1a	15	4							
	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 0.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u> </u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X					
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			7a		X					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by the	e following:								
а	a The governing body?										
b											
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the								
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe								
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>					
b	Other officers or key employees of the organization			15b		X					
	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 arrangen	nent w	ith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	· · · · · · · · · · · · · · · · · · ·								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	vailable	9						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain		,								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	oflict o	interest policy, and	financ	ial						
	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 boo										
	JESSICA ADAIR, DIRECTOR OF FINANCE AND OPERATIONS -	- (2	06)297-210	0							
	6522 FREMONT AVENUE NORTH SEATTLE WA 98103										

Form 990 (2017) CANCER LIFELINE 91-6182951 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID STANLEY	4.00	ļ								•
PRESIDENT		Х		Х				0.	0.	0.
(2) JOHNNY LEWIS	2.00	٠,,		,,					_	•
TREASURER	1 2 00	Х		Х				0.	0.	0.
(3) JENNA BEARDSLEY SMITH	2.00	٠,,		,,					_	0
SECRETARY (4) LISA DAWSON	1 00	Х		Х				0.	0.	0.
(4) LISA DAWSON FORMER PRESIDENT	1.00	Х		х				0.	0.	0.
(5) ELIZABETH BREAKSTONE	1.00	^		^				0.	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(6) BETHANY MURPHY	1.00	^						0.	0.	· ·
DIRECTOR	1.00	х						0.	0.	0.
(7) ELIZABETH HUGHES	1.00	^						0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(8) SANDRA S. JOHNSON, MSW, LICSW	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BILL MACDONALD	1.00									
DIRECTOR		Х						0.	0.	0.
(10) TINA NOLE	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) TRACY PELTIER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) KILE JACKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(13) IVY SAGER-ROSENTHAL	1.00	1								
DIRECTOR		Х						0.	0.	0.
(14) BENJAMIN HICKS	1.00]								
DIRECTOR		Х						0.	0.	0.
(15) REED SEMCKEN	1.00	1								_
DIRECTOR	10.00	Х						0.	0.	0.
(16) W JOSEPH YURGEVICH	40.00	4						05.001	_	0 0 0 1
EXECUTIVE DIRECTOR	-	<u> </u>		Х	_	_		97,301.	0.	8,861.
		-								

Form 990 (2017) CANCER L	FELINE								91-63	1829	51	Pa	ige 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not c , unle:	ss per	ition more rson i	than o	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Esti amo	(F) stimated mount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensation from the organization and related organizations		
										\dashv			
										\dashv			
										\Box			
										\dashv			
										+			
										\Box			
1b Sub-total							<u> </u>	97,301.		0.	8	, 86	51.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						▶	97,301.		0.	8	, 86	0. 51.
2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			V	0
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and and	oth	ner compensation from the for such individual	ne organization		4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," communication B. Independent Contractors										<u></u>	5		Х
Complete this table for your five highest count the organization. Report compensation for the organization.										oensati	on fror	n	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Cc	(C) ompen		n
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	•				C			•					

Form 990 (2017) CANCER LIFELINE
Part VIII Statement of Revenue

I u	I VII	Check if Schedule O conta		or note to any lin	e in this Part VIII			
		Officer if Schedule O Confe	airis a response	or note to any iiii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	All other program service reve	nue	Business Code 621400	276,023.	276,023.		
	g 3	Investment income (including			276,023.			
	3 4 5	other similar amounts)	c-exempt bond p	roceeds	10,666.			10,666.
	6 a b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities 89,613.	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	88,026. 1,587.		1,587.			1,587.
Other Revenue	8 a	Gross income from fundraising including \$362,7 contributions reported on line Part IV, line 18	g events (not 18. of 1c). See	40,391. 77,513.				
둳		Less: direct expenses		11,513.	-37,122.			-37,122.
	9 a	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	tivities. See		37,122.			37,122.
	10 a	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold						
	С	Net income or (loss) from sale: Miscellaneous Revenue		Business Code				
	11 a		<u> </u>	Dusiness Code				
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d		>	1 062 010	276 022	^	24.960
	12	Total revenue. See instructions.			፲,∪ ፬3,91U•	∠/७,U∠3•	U.	-24,869.

Form 990 (2017) CANCER LIFELINE Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		•		
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	306,300.	306,300.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	106,162.	65,021.	9,136.	32,005.
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	403,705.	247,258.	34,740.	121,707.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	59,222.	36,272.	5,096.	17,854.
10	Payroll taxes	48,550.	29,735.	4,178.	14,637.
11	Fees for services (non-employees):				
а	Management	443.		443.	
b					
С	Accounting				
е		25,685.			25,685.
f	Investment management fees	2,790.		2,790.	•
g		,		,	
3	column (A) amount, list line 11g expenses on Sch O.)	125,239.	107,740.	2,751.	14,748.
12	Advertising and promotion	84.	,	,	84.
13	Office expenses	29,007.	14,795.	283.	13,929.
14	Information technology	9,045.	6,217.	503.	2,325.
15	Royalties	- ,	,		,
16	Occupancy	34,512.	23,727.	1,936.	8,849.
17	Travel	, ,	,	,	· • • •
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,221.	24,901.	2,033.	9,287.
23		5,932.	4,078.	333.	1,521.
23 24	Other expenses. Itemize expenses not covered	3,332.	2,0,00	333.	1,521.
∠ →	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 0.)				
а	EQUIP, REPAIRS & MAINT.	51,167.	30,318.	2,471.	18,378.
b	MISCELLANEOUS EXPENSE	10,568.	8,161.	237.	2,170.
c	BANK FEES	2,416.	1,322.		1,094.
d		_,	=,		_, -, -, -, -,
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,257,048.	905,845.	66,930.	284,273.
26	Joint costs. Complete this line only if the organization	-,, ,			===,=:
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	g 55. 00 E (100 000 1E0)				000

Form 990 (2017) Part X Balance Sheet

Part X	•	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing				1	
2	2	Savings and temporary cash investments			615,402.	2	498,726 7,783
3	3	Pledges and grants receivable, net			909.	3	7,783
4	4	Accounts receivable, net			4		
5		Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emp	oloyees. Complete			
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of secti	. ,	` ' ' '			
ا ي		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			7		
8 B	3	Inventories for sale or use				8	
9		B			23,337.	9	25,012
	_		1 1		·		
		basis. Complete Part VI of Schedule D	10a	1,314,950.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	512,737.	834,098.	10c	802,213
11		Investments - publicly traded securities			328,731.	11	802,213 375,188
12	2	Investments - other securities. See Part IV, line 1			12	-	
13	3	Investments - program-related. See Part IV, line 1		13			
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11		15			
16	6	Total assets. Add lines 1 through 15 (must equa		1	1,802,477.	16	1,708,922
17	7	Accounts payable and accrued expenses			1,802,477. 26,957.	17	1,708,922 40,059
18	3	Grants payable		18			
19	9	Deferred revenue			19	52,955	
20	0	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete F		1		21	
ဖွ 22	2	Loans and other payables to current and former	officers,	directors, trustees,			
<u>≅</u>		key employees, highest compensated employee	s, and d	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
⊐ 23	3	Secured mortgages and notes payable to unrela				23	
24	4	Unsecured notes and loans payable to unrelated	third pa	arties		24	
25	5	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			26.255	25	22 24 4
26	6	Total liabilities. Add lines 17 through 25			26,957.	26	93,014
		Organizations that follow SFAS 117 (ASC 958)		here \(\big \big \big \text{and}			
es		complete lines 27 through 29, and lines 33 and			1 500 000		1 252 501
일 27		Unrestricted net assets			1,502,980.	27	1,353,591 262,317
음 28		Temporarily restricted net assets		·····	272,540.	28	262,317
둳 29	9					29	
호		Organizations that do not follow SFAS 117 (AS	SC 958)	, check here			
ةِ ا	_	and complete lines 30 through 34.					
호 30		Capital stock or trust principal, or current funds			30		
န္တိ 31		Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances 25 8 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Retained earnings, endowment, accumulated inc			1 775 500	32	1 615 000
"		Total net assets or fund balances		1	1,775,520.	33	1,615,908
34	4	Total liabilities and net assets/fund balances			1,802,477.	34	1,708,922

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	1,06 1,25					
3	Revenue less expenses. Subtract line 2 from line 1	3	-19	3.1	38.			
4								
5	Net unrealized gains (losses) on investments	5		3,5				
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			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,61	5,9	08.			
Pa	rt XII Financial Statements and Reporting	•	-					
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	000				
			Form	990	(2017)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

CANCER LIFELINE 91-6182951 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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. 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. 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. 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. 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. 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. Enter the number of supported organizations

g Provide the following information	about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						
HA For Panerwork Reduction Act N	otice see the Instri	uctions for Form 990 or	990-F7	732021 10-	06-17 Schedule A (For	m 990 or 990-FZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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.")	564,964.	752,039.	807,617.	967,984.	812,756.	3905360.
2	Tax revenues levied for the organ-						
	ization'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	564,964.	752,039.	807,617.	967,984.	812,756.	3905360.
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)						284,191.
6	Public support. Subtract line 5 from line 4.						3621169.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	564,964.	752,039.	807,617.	967,984.	812,756.	3905360.
	Gross income from interest,		-	-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	22,834.	14,658.	18,276.	7,182.	10,666.	73,616.
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						3978976.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,297,771.
	First five years. If the Form 990 is for	•	,				, - ,
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				<u>, </u>
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	91.01 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	91.65 %
	33 1/3% support test - 2017. If the o					ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"		•	-	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		▶ □
18	Private foundation. If the organization			•	,		· · · · · · · · · · · · · · · · · · ·
	<u>,</u>		, , , , ,	, , , ,		edule A (Form 990	

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.)

Se	ction A. Public Support						
Cale	ndar 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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar 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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					т т	
	Public support percentage for 2017 (I			olumn (f))		15	<u>%</u>
	Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Inves						
17	Investment income percentage for 20			e 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶Ш

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
За		
Gu		
3b		
3c		
4a		
4b		
4c		
5a		
- Fh		
5b		
5c		
6		
7		
8		
9a		
A.		
9b		
9с		
10a		
401		
10b	N E71	

Pa	rt IV Supporting Organizations _(continued)			
	· — — — — — — — — — — — — — — — — — — —		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	_		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2 b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	T		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amour	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amour	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total a	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which th	e organization is responsive		
	(provic	de details in Part VI). See instructions.			
9	Distrib	utable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	utable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able ca	ause required- explain in Part VI). See instructions.			
3	Excess	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carryo	over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2017 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5	Remai	ning underdistributions for years prior to 2017, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Remai	ning underdistributions for 2017. Subtract lines 3h			
	and 4b	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7	Exces	s distributions carryover to 2018. Add lines 3j			
	and 4d	2.			
8	Break	down of line 7:			
а	Excess	s from 2013			
b	Excess	s from 2014			
С	Excess	s from 2015			
d	Excess	s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)
	(See instructions.)
-	
-	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

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

CANCER LIFELINE 91-6182951

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigset \$
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization Employer identification number

CANCER LIFELINE 91-6182951

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 5	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CANCER LIFELINE

91-6182951

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	990 990-F7 or 990-PF) (2017)

Name of organization Employer identification number CANCER LIFELINE 91-6182951 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CANCER LIFELINE

Employer identification number 91-6182951

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year
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? 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? 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 a historically important land area Protection of natural habitat 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. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure listed in the National Register 2d Number of conservation easements on a certified historic structure listed in the National Register
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are the organization's property, subject to the organization's exclusive legal control? Yes N
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Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1
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d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
listed in the National Register 2d
• Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
vear •
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?
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
▶ \$
B 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)?
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 \$
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 20:

Par	rt III Organizations Maintaining C	ollections of Art	, Histo	orical Tre	asures, o	r Othei	r Simila	ar Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	following that	are a si	gnificant	use of its o	ollection it	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	ne organizatio	n's exen	npt purp	ose in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, his	torical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	ization's co	llection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arran	gements. Comple	te if the	organizatio	n answered '	'Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for c	ontribution	s or other ass	sets not i	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						_ 1c			
d	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			
	rt V Endowment Funds. Complete						10.			
	•	(a) Current year		rior year	(c) Two year			years back	(e) Four y	ears back
1a	Beginning of year balance		` ,	•			` ,	,		
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g										
2	Provide the estimated percentage of the curr	ent vear end halance	line 1a	column (a)	// pold ac.	1			1	
	Board designated or quasi-endowment		% %	, column (a)	I) Held as.					
b										
	Temporarily restricted endowment	% %								
C	The percentages on lines 2a, 2b, and 2c sho									
22	Are there endowment funds not in the posse	•	tion that	aro bold ar	ad administor	od for th	o organi	zation		
Ja		SSION OF THE Organiza	tion that	. are rielu ai	iu auministei	ed for th	e organi	Zation	Г	res No
	by: (i) unrelated organizations								3a(i)	163 140
	4m								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations	utions listed as require								
4	Describe in Part XIII the intended uses of the								_ JD _	
	rt VI Land, Buildings, and Equipm		willelit it	irius.						
	Complete if the organization answere		Dort IV	lino 11a S	000 Form 000	Dort V	lino 10			
	-							tod	(al) Dools	value
	Description of property	(a) Cost or of basis (investm			or other (other)		ccumula preciatio		(d) Book	value
4-	Lond	`	ioritj		1,600.	ue _l	preciatio		111	,600.
	Land	I			1,683.		505,0	1/5		,600.
	Buildings			т, то	1,003.		,,,,	747.	0/0	,030.
	Leasehold improvements			า	1 667		7 4	102	1 2	075
	Equipment				1,667.		7,0	592.	13	<u>,975.</u>
	Other			(5)					8U2	213

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.			71 0101701 Tage 9
Complete if the organization answered "Yes" of	on Form 990. Part IV. lir	ne 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 o	r end-of-year market value
(1) Financial derivatives			•
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.		-	
Complete if the organization answered "Yes" of	on Form 990. Part IV. lir	ne 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. lir	ne 11d. See Form 990, Part X, line 15.	
	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 Part X Other Liabilities.	15.)		>
Complete if the organization answered "Yes" of	on Form 000 Dort IV lin	on 11a or 11f San Form 000 Bart V lin	25
(a) Description of lightith.		(b) Book value	e 25.
		(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. (R) 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

Schedule D (Form 990) 2017

Pai	rt XI	Reconciliation of Revenue per Audited Financial Staten	nents With R	evenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total	revenue, gains, and other support per audited financial statements			1	1,155,368.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	33,526. 30,175.		
b	Dona	ted services and use of facilities	2b	30,175.		
С	Reco	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	30,547.		
е		nes 2a through 2d			2e	94,248. 1,061,120.
3	Subtr	act line 2e from line 1			3	1,061,120.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	2,790.		
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	2,790. 1,063,910.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	1,063,910.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State		Expenses per F	eturi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total	expenses and losses per audited financial statements			1	1,314,980.
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Dona	ted services and use of facilities	2a	30,175.		
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d	30,547.		60 700
е		nes 2a through 2d			2e	60,722.
3		act line 2e from line 1			3	1,254,258.
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1	0 500		
а		ment expenses not included on Form 990, Part VIII, line 7b		2,790.		
b		(Describe in Part XIII.)	4b			0 500
С		nes 4a and 4b			4c	2,790.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,257,048.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part)	K, line 2; Part XI,
lines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informa	ation.		
ד ג כד	от v	T I THE 2D OMDED ADTHOMENMO.				
PAI	XI. V	I, LINE 2D - OTHER ADJUSTMENTS:				
מחז	7	I ENEMU EADENGEG DEDODUED ON DYDU ALL.	T TIME	0 Ъ		20 547
5P1	CIA	L EVENT EXPENSES REPORTED ON PART VII	I, LINE	0.6		30,347.
זגם	סייה עי	TT IINE 2D _ OFFED ADTICHMENTS.				
FAI	VI V	II, LINE 2D - OTHER ADJUSTMENTS:				
CDI	マイエス	T. PYPNM PYDDNGPG DPDODMPD ON DADM VITT	T LINE	Q ID		30 547
SFI	CIA	L EVENT EXPENSES REPORTED ON PART VII:	I, DINE	ов		30,347.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

Complete if the organization answe	ered "Y	es" on	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
e X Solicita f Solicita g X Special or oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(ii) Activity	have con	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	Yes	No			
GRANT APPLICATIONS		Х	126,500.	25,685.	100,815.
n is registered or licensed to solicit o	contrib	utions	,	,	100,815. gistration
	ted funds through any of the followin e X Solicitate S	ted funds through any of the following active e	ted funds through any of the following activities. e X Solicitation of non-g f Solicitation of govern g X Special fundraising of art VII) or entity in connection with professional funduals or entities (fundraisers) pursuant to agreer organization. (ii) Activity (iii) Did fundraisers) fundraisers) grant Applications Yes No GRANT Applications	the defunds through any of the following activities. Check all that apply. Per X Solicitation of non-government grants of Solicitation of government grants of Solicitation of government grants of Toral agreement with any individual (including officers, directors, trustant VII) or entity in connection with professional fundraising services? riduals or entities (fundraisers) pursuant to agreements under which the organization. (iii) Did fundraiser have custody or control of contributions?	ed funds through any of the following activities. Check all that apply. e

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

91-6182951 Page 2 Schedule G (Form 990 or 990-EZ) 2017 CANCER LIFELINE Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPRING (add col. (a) through BREAKFAST PAF GALA col. (c)) (event type) (total number) (event type) 170,031. 200,246. 32,832. 403,109. 1 Gross receipts 152,941. 181,746. 28,031. 362,718. 2 Less: Contributions 17,090. 4,801. **3** Gross income (line 1 minus line 2) 18,500. 40,391. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 27,945. 14,961. 4,060. 46,966. 7 Food and beverages 8 Entertainment 8,494. 16,586. 5,467. 30,547. Other direct expenses 77,513. **10** Direct expense summary. Add lines 4 through 9 in column (d) -37,12211 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 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?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
b If "Yes," explain:		

732082 09-13-17

b If "No," explain: _

Schedule G (Form 990 or 990-EZ) 2017

Sch	ledule G (Form 990 or 990-EZ) 2017 CANCER LIFELINE 91-6	$0 \pm 0 7 2 2 \mp$. Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	O No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D-	organization's own exempt activities during the tax year > \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nes 9, 9b, 10)b, 15b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	5:	
(I) NAME OF FUNDRAISER: OSTARA CONSULTING GROUP, INC.		
(I			
<u> </u>	2 W. ROY STREET, SEATTLE, WA 98119, SEATTLE, WA 98117		

Schedule G (Form 990 or 990-EZ) CAN	CER LIFELINE	91-6182951	Page 4
Schedule G (Form 990 or 990-EZ) CAN Part IV Supplemental Informatio	n (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2017
Open to Public

Inspection

Schedule I (Form 990) (2017)

Part	Name of the organization CANCER LI	FELTNE						Employer identification number 91-6182951
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III 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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (fd Amount of cash grant or government) (g) Description of non-cash assistance or session of the process of								<u> </u>
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of cash grant (in) Amportasal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (h) Metric of valuation (book, FIM, apparaisal, other) (h) Purpose of grant or assistance (h) Assistance (h) Metric of valuation (book, FIM, Apparaisal, Other) (h) Purpose of grant or assistance (h) Metric of valuation (book, FIM, Apparaisal, Other) (h) Purpose of grant or assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance (h) Assistance (h) Purpose of grant or assistance (h) Purpose of grant o	criteria used to award the grants or assis	tance?				-		₹,,
1 (a) Name and address of organization or government (b) EIN (c) IRC section (f) Amount of cash grant (d) Amount of cash grant (e) Amount of cash grant (g) Description of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (g) Description of noncash assistance (h) Purpose of grant or assistance (h) Purp	Part II Grants and Other Assistance to I	Domestic Organiz	zations and Domesti	c Governments.	Complete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
To government (i) Link (i) Faplicable) (rif applicable) (recipient that received more than \$	55,000. Part II can	be duplicated if addit	ional space is need	led.	(c) Mathemalias	T	
		(b) EIN			non-cash	valuation (book, FMV, appraisal,		
3 Enter total number of other organizations listed in the line 1 table		-		e line 1 table				_

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

(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 noncash assistance
INDIVIDUAL PATIENT ASSISTANCE GRANTS	933	306,300.	0.		
Part IV Supplemental Information Drawide the information rea	uirod in Dort I lin	o 2: Dort III. oolumn	(b): and any other as	I Iditional information	

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

PART I, LINE 2:

OUR GRANTEES ARE EACH VERIFIED FOR ELIGIBILITY, THE APPLICATIONS AND BACKUP

ARE KEPT IN HARD COPY FORM, AND THE CHECK IS SENT TO THE GRANTEE AFTER

WHICH THERE IS NO FURTHER FOLLOW UP ON THEIR PART OR PAPERWORK ON OUR PART

REQUIRED.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CANCER LIFELINE

Employer identification number 91-6182951

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FINANCIAL ADVOCACY AND ASSISTANCE, EXERCISE, NUTRITION AND ARTISTIC

EXPRESSION CLASSES AT NO COST.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEES CAN ACT FOR THE WHOLE BOARD. THEY CAN ONLY MAKE RECOMMENDATIONS TO THE FULL BOARD WHICH THEN VOTES.

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

THE FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR, FINANCE DIRECTOR

AND FINANCE COMMITTEE CHAIR FOR APPROVAL AND THEN DISTRIBUTED TO THE FULL

BOARD.

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

BOARD MEMBERS AND STAFF SUBMIT CONFLICT OF INTEREST STATEMENTS WHEN THEY

JOIN CANCER LIFELINE AND PERIODICALLY THROUGHOUT THEIR TIME WITH THE

ORGANIZATION. THE EXECUTIVE DIRECTOR MONITORS THEIR RETURN AND REVIEWS

THEM FOR ANY AREAS OF CONCERN.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS REVIEWED BY INDEPENDENT PERSONS USING COMPARABILITY DATA FROM THE UNITED WAY OF KING COUNTY AND WASHINGTON EMPLOYERS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 99	90 or 99	0-EZ) (2017)							Page 2
Name of the organize	ation	CANCER	LIF	ELI	NE				Employer identification number 91 – 6182951
ama marana a						DD. T.A		D-011-6-	
STATEMENTS	ARE	AVAILA	ABLE	то	THE	PUBLIC	UPON	REQUEST.	
-									
-									