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| | | |
|--|--|---|
| 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 black lung benefit trust or private foundation) | OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div> |
| | The organization may have to use a copy of this return to satisfy state reporting requirements | |

| | | | | |
|--|--|--|---------------------------------|---|
| A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization CANCER CENTER OF SANTA BARBARA | | D Employer identification number 95-2158727 |
| | | Doing Business As | | E Telephone number (805) 898-2182 |
| | | Number and street (or P O box if mail is not delivered to street address) 300 WEST PUEBLO STREET | Room/suite | G Gross receipts \$ 29,970,719 |
| | | City or town, state or country, and ZIP + 4 SANTA BARBARA, CA 931054311 | | |
| | | F Name and address of principal officer RICK SCOTT 300 WEST PUEBLO STREET SANTA BARBARA, CA 93105 | | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| J Website: ▶ WWW.CCSB.ORG | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) | | |
| | | H(c) Group exemption number ▶ | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation 1949 | M State of legal domicile CA |

| Part I | | Summary | | |
|-----------------------------|------------|--|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities TO BE A FREESTANDING NON-PROFIT CANCER TREATMENT AND DIAGNOSTIC CENTER | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 2 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 2 | |
| | 5 | Total number of employees (Part V, line 2a) | 5 10 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 3 | |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,681,387 | 3,043,479 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 11,998,910 | 10,790,356 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,347,262 | 1,232,392 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 393,899 | 412,209 |
| | | | 16,421,458 | 15,478,436 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 216,748 | 226,210 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 6,290,185 | 6,193,070 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 4,315 | 3,730 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) <u>487,103</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 8,011,638 | 7,674,468 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 14,522,886 | 14,097,478 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 1,898,572 | 1,380,958 |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 78,403,365 | 89,089,821 |
| | 21 | Total liabilities (Part X, line 26) | 20,792,014 | 20,389,493 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 57,611,351 | 68,700,328 |

| | |
|---------------------------------|---|
| Part II Signature Block | |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge |
| | <div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-11-11</div> <div>Date</div> </div> |
| | <div> <div>RICK SCOTT PRESIDENT</div> <div>Type or print name and title</div> </div> |
| Paid Preparer's Use Only | <div> <div>Preparer's signature</div> <div>John J Britton</div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div> |
| | <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>BARTLETT PRINGLE & WOLF LLP</div> <div>1123 CHAPALA ST PO BOX 90860</div> <div>SANTA BARBARA, CA 931900860</div> </div> </div> <div> <div>EIN</div> <div></div> </div> |
| | <div>Phone no (805) 963-7811</div> |

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

1 Briefly describe the organization's mission

TO BE A FREESTANDING NON-PROFIT CANCER TREATMENT AND DIAGNOSTIC CENTER WHICH PROVIDES TO OUR PATIENTS A QUALITY OF MEDICAL CARE THAT RANKS WITH THE BEST OF THE OTHER MAJOR TREATMENT CENTERS ON THE WEST COAST TO BE A TREATMENT CENTER WHICH STAYS IN THE VANGUARD OF MODERN CANCER CARE THROUGH THE TIMELY ACQUISITION OF NEW MEDICAL EQUIPMENT, THE RECRUITMENT, DEVELOPMENT, AND EDUCATION OF HIGHLY TRAINED MEDICAL PERSONNEL, THE ACTIVE PARTICIPATION IN CLINICAL RESEARCH, AND THE THOUGHTFUL INTRODUCTION OF PROMISING NEW METHODS OF TREATMENT TO BE A REGIONAL RESOURCE TO WHICH BOTH THE PUBLIC AND THE MEDICAL COMMUNITY CAN LOOK FOR LEADERSHIP REGARDING THE DIAGNOSIS, MANAGEMENT, AND PREVENTION OF CANCER TO BE A SOURCE OF CONTINUING SUPPORT TO OUR PATIENTS AND THEIR FAMILIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O












4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

| | |
|-----------|---|
| 4a | (Code) (Expenses \$ 9,682,426 including grants of \$) (Revenue \$ 12,469,073) |
| | <p>RADIATION THERAPY USES HIGH ENERGY RADIATION TO CURE CANCER OR ALLEVIATE SYMPTOMS, THE CENTER HAD 14,458 RADIATION THERAPY PATIENT VISITS IN 2009. NUCLEAR MEDICINE USES SPECIALIZED RADIOSENSITIVE CAMERAS TO DIAGNOSE CANCER AND OTHER DISORDERS, IN 2009, THE CENTER PERFORMED 11,934 NUCLEAR MEDICINE PROCEDURES. CLINICAL RESEARCH TRIALS PROVIDE ACCESS TO STUDIES SPONSORED BY PHARMACEUTICAL GROUPS, NATIONAL COOPERATIVE GROUPS AND THE UCLA COMMUNITY ONCOLOGY NETWORK. SINCE 1983, THE CENTER HAS PLACED OVER 600 COMMUNITY MEMBERS ON CLINICAL TRIALS. IN 2009, THE CENTER ACCRUED 13 PATIENTS TO STUDIES. THE CENTER SPONSORS POST-DOCTORAL RESEARCH FELLOWSHIPS AND HIGH SCHOOL MENTORSHIPS AT UCSB, IN 2009, SPONSORSHIP WAS \$62,250. SINCE THE CENTER WAS ESTABLISHED IN 1949, NO PATIENT IN NEED OF CARE HAS BEEN DENIED ACCESS TO THE CLINIC, REGARDLESS OF ABILITY TO PAY. IN 2009, THE EXPENSE OF PROVIDING CHARITY CARE TO THE UNINSURED WAS \$398,517, THE EXPENSE IN EXCESS OF PUBLIC PROGRAM PAYMENTS (I.E. MEDICARE/MEDI-CAL) WAS \$2,953,215. THE CENTER PROVIDES A WIDE VARIETY OF CHARITABLE BENEFITS TO THE COMMUNITY, IN 2009, THE COST OF THESE BENEFITS WAS \$1,516,444. IN 2009, COMMUNITY BENEFITS INCLUDED: OVER 500 CANCER SCREENINGS TO THE MEDICALLY UNDERSERVED, 300 CHILDREN & TEENS SERVED BY SKIN CANCER PREVENTION PROGRAMS, 2,500 RECEIVED RESOURCE LIBRARY EDUCATION, 60 FAMILIES RECEIVED GENETIC COUNSELING, 7,000 PATIENTS RECEIVED NUTRITION, YOGA AND ART THERAPY, 70 FREE SKIN CANCER SCREENINGS, 1,355 PATIENTS AND FAMILIES ASSISTED THROUGH SUPPORT GROUPS.</p> |

[illegible][illegible]

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

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|---|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 | Yes |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2 | Yes |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | No |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | Yes |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  | 11 | Yes |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | |
| | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | |
| | • 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. | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | |
| | • 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? If "Yes," complete Schedule D, Part X. | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12 | Yes |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  | 12A | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II | 15 | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20 | Yes |

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | | |
|-----|--|-------|-----|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a37 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a101 | | |
| 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 this return (see instructions) | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | No |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | No |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 21 | |
| b | Enter the number of voting members that are independent | 1b | 20 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies

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

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

Section C. Disclosure

| | |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed CA |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. KAREN WALLACE 524 WEST PUEBLO STREET SANTA BARBARA, CA 931054875 (805) 898-2182 |

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

| | | | |
|-----------------|---------|---|--------|
| 1b Total | 862,987 | 0 | 89,848 |
|-----------------|---------|---|--------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **12**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| RADIATION CENTER MEDICAL GROUP 300 WEST PUEBLO ST SANTA BARBARA, CA 93105 | PHYSICS SERVICE | 288,487 |
| NUCLEAR MEDICINE ASSOCIATES 300 WEST PUEBLO ST SANTA BARBARA, CA 93105 | PHYSICIAN ON-CALL SERVICE | 251,450 |
| PHILLIPS METSCH SWEENEY MOORE 2020 ALAMEDA PADRE SERRA 220 SANTA BARBARA, CA 93101 | ARCHITECTS SERVICE | 138,915 |
| CEARNAL ANDRULAITIS LLP 521 1/2 STATE STREET SANTA BARBARA, CA 93101 | ARCHITECTS SERVICE | 104,879 |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|--|---|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 88,817 | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,954,662 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 40,890 | | | | | | |
| | h | Total. Add lines 1a-1f | | 3,043,479 | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | NET PATIENT SERVICES | 621,400 | 10,544,140 | 10,544,140 | | | |
| | b | RESEARCH SERVICES | 621,400 | 123,701 | 123,701 | | | |
| | c | OTHER OPERATING REVENUE | 621,400 | 66,401 | 66,401 | | | |
| | d | PHYSICS SERVICES | 621,400 | 56,114 | 56,114 | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 10,790,356 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 1,239,643 | 1,239,643 | | | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | Gross Rents | (i) Real | (ii) Personal | | | | |
| | | | 357,822 | | | | | |
| | | b | Less rental expenses | 121,790 | | | | |
| | | c | Rental income or (loss) | 236,032 | | | | |
| | d | Net rental income or (loss) | | 236,032 | 236,032 | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) O ther | | | | |
| | | | 14,245,703 | 60,000 | | | | |
| | | b | Less cost or other basis and sales expenses | 14,257,583 | 55,371 | | | |
| | | c | Gain or (loss) | -11,880 | 4,629 | | | |
| | d | Net gain or (loss) | | -7,251 | -7,251 | | | |
| | 8a | Gross income from fundraising events (not including \$ 88,817 of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | | a | 23,423 | | | | | |
| | | b | Less direct expenses | 57,539 | | | | |
| | c | Net income or (loss) from fundraising events . . . | | -34,116 | | | -34,116 | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | | |
| | | a | | | | | | |
| | | b | Less direct expenses | | | | | |
| c | Net income or (loss) from gaming activities . . . | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | | |
| | a | | | | | | | |
| | b | Less cost of goods sold | | | | | | |
| c | Net income or (loss) from sales of inventory . . . | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | BILLING REVENUES | 900,099 | 122,110 | 122,110 | | | | |
| b | BRAINLAB MARKETING REI | 900,099 | 50,000 | 50,000 | | | | |
| c | SBCH REIMBURSEMENT FOR | 900,099 | 18,595 | 18,595 | | | | |
| d | All other revenue | | 19,588 | 19,588 | | | | |
| e | Total. Add lines 11a-11d | | 210,293 | | | | | |
| 12 | Total revenue. See Instructions | | 15,478,436 | 12,469,073 | 0 | -34,116 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 158,564 | 158,564 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 67,646 | 67,646 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 289,193 | | 289,193 | |
| 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 | 4,816,423 | 3,022,037 | 1,499,855 | 294,531 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 232,248 | 139,957 | 77,370 | 14,921 |
| 9 | Other employee benefits | 471,326 | 260,659 | 189,634 | 21,033 |
| 10 | Payroll taxes | 383,880 | 235,326 | 127,894 | 20,660 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 17,732 | | 17,732 | |
| c | Accounting | 24,296 | | 24,296 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | 3,730 | | | 3,730 |
| f | Investment management fees | 180,773 | | 180,773 | |
| g | Other | 924,712 | 737,690 | 163,470 | 23,552 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 1,504,399 | 1,414,215 | 70,983 | 19,201 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 155,495 | 141,736 | 13,759 | |
| 17 | Travel | 7,517 | 3,433 | 3,961 | 123 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 14,391 | 9,271 | 4,955 | 165 |
| 20 | Interest | 898,748 | | 898,748 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,851,536 | 1,716,864 | 134,672 | |
| 23 | Insurance | 122,465 | 57,239 | 65,226 | |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | EQUIPMENT RENTAL & MAIN | 919,066 | 833,785 | 72,805 | 12,476 |
| b | PROVISION FOR BAD DEBT | 642,244 | 642,244 | | |
| c | UTILITIES | 152,201 | 126,022 | 26,179 | |
| d | MISC EXPENSES | 70,064 | 55,281 | 12,438 | 2,345 |
| e | PRINTING & PUBLICATIONS | 67,480 | 12,177 | 7,713 | 47,590 |
| f | All other expenses | 121,349 | 48,280 | 46,293 | 26,776 |
| 25 | Total functional expenses. Add lines 1 through 24f | 14,097,478 | 9,682,426 | 3,927,949 | 487,103 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | | (A) | | (B) |
|-----------------------------|---|---|-----|------------|--|-------------------|-----|-------------|
| | | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | | 2,471,439 | 1 | 1,238,051 |
| | 2 | Savings and temporary cash investments | | | | 151,076 | 2 | 183,417 |
| | 3 | Pledges and grants receivable, net | | | | 106,340 | 3 | 974,135 |
| | 4 | Accounts receivable, net | | | | 2,096,708 | 4 | 1,647,721 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 468,848 | 7 | 450,576 |
| | 8 | Inventories for sale or use | | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 999,506 | 9 | 952,918 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 39,405,199 | | | | |
| | b | Less accumulated depreciation | 10b | 14,076,201 | | 22,353,516 | 10c | 25,328,998 |
| | 11 | Investments—publicly traded securities | | | | 33,761,512 | 11 | 38,649,778 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 8,371,613 | 12 | 14,334,060 |
| | 13 | Investments—program-related See Part IV, line 11 | | | | | 13 | |
| | 14 | Intangible assets | | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 7,622,807 | 15 | 5,330,167 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | | 78,403,365 | 16 | 89,089,821 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | | 1,360,338 | 17 | 1,329,060 |
| | 18 | Grants payable | | | | | 18 | |
| | 19 | Deferred revenue | | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 19,260,000 | 20 | 18,895,000 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 171,676 | 25 | 165,433 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 20,792,014 | 26 | 20,389,493 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | | |
| | 27 | Unrestricted net assets | | | | 47,054,655 | 27 | 54,806,099 |
| | 28 | Temporarily restricted net assets | | | | 5,126,725 | 28 | 8,025,904 |
| | 29 | Permanently restricted net assets | | | | 5,429,971 | 29 | 5,868,325 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | | 32 | |
| | 33 | Total net assets or fund balances | | | | 57,611,351 | 33 | 68,700,328 |
| | 34 | Total liabilities and net assets/fund balances | | | | 78,403,365 | 34 | 89,089,821 |

Part XI **Financial Statements and Reporting**

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CANCER CENTER OF SANTA BARBARA

Employer identification number
95-2158727

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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)

10

☐

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

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

Support Schedule for Organizations Described in IRC 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.)

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

| Section B. Total Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

| Section C. Computation of Public Support Percentage | | | | | | |
|--|--|----|--|--|--|--|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | | 14 | | | | |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | | 15 | | | | |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | | | | | |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | | | | | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | | | | | |

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6Total. Add lines 1 through 5 | | | | | | |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| bAmounts 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 | | | | | | |
| cAdd lines 7a and 7b | | | | | | |
| 8Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6 | | | | | | |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| cAdd lines 10a and 10b | | | | | | |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 95-2158727

Name: CANCER CENTER OF SANTA BARBARA

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JIM SHATTUCK CHAIRMAN | 2 00 | X | | | | | | 0 | 0 | 0 |
| BILL KIMSEY VICE CHAIR | 2 00 | X | | | | | | 0 | 0 | 0 |
| CARL MOTTEK TREASURER | 2 00 | X | | | | | | 0 | 0 | 0 |
| HAYLEY FIRESTONE JESSUP SECRETARY | 2 00 | X | | | | | | 0 | 0 | 0 |
| DAN GAINEY TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| JIM JACKSON TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| CRAIG PARTON TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| GENE MILLER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| STEVE MCHUGH TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| HUGH BOSS TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| KELLEY BARKER TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| LES CHARLES TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MIKE QUINN TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| JULIE ESREY TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| JIM TILTON TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| CHRISTY WALTERS KOLVA TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| ALISON WRIGLEY RUSACK TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| JOEL ROTHMAN TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| PHILIP BATTAGLIA TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| EDWARD BENTLEY MD TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| RICK SCOTT PRESIDENT | 40 00 | | | X | X | | | 259,532 | 0 | 29,661 |
| KAREN WALLACE CONTROLLER | 40 00 | | | | | X | | 128,914 | 0 | 12,633 |
| JEROME WEINGARTNER CHIEF RADIATION THERAPIS | 40 00 | | | | | X | | 126,117 | 0 | 13,616 |
| MATTHEW NEAL ASSOCIATE DEVELOPMENT DI | 40 00 | | | | | X | | 122,440 | 0 | 11,671 |
| TIM JOHNSON CERTIFIED DOSIMETRIST | 40 00 | | | | | X | | 113,391 | 0 | 12,099 |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| EDWARD SCHROEDER NUCLEAR MEDICINE TECHNOL | 40 00 | | | | | X | | 112,593 | 0 | 10,168 |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| <i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| EQUIPMENT RENTAL & MAIN | 919,066 | 833,785 | 72,805 | 12,476 |
| PROVISION FOR BAD DEBT | 642,244 | 642,244 | | |
| UTILITIES | 152,201 | 126,022 | 26,179 | |
| MISC EXPENSES | 70,064 | 55,281 | 12,438 | 2,345 |
| PRINTING & PUBLICATIONS | 67,480 | 12,177 | 7,713 | 47,590 |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CANCER CENTER OF SANTA BARBARA

Employer identification number
95-2158727

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

| | | |
|---|--|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

| | |
|----|--|
| | Held at the End of the Year |
| 2a | Total number of conservation easements |
| 2b | Total acreage restricted by conservation easements |
| 2c | Number of conservation easements on a certified historic structure included in (a) |
| 2d | Number of conservation easements included in (c) acquired after 8/17/06 |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

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

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance | 39,765,647 | 57,337,740 | | | |
| b Contributions | 1,009,013 | 757,171 | | | |
| c Investment earnings or losses | 9,429,009 | -18,273,084 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 385,730 | 56,180 | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 49,817,939 | 39,765,647 | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 85 900 % %

b

Permanent endowment ▶ 11 800 % %

c

Term endowment ▶ 2 300 % %

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 12,651,727 | | 12,651,727 |
| b Buildings | | 4,339,977 | 955,833 | 3,384,144 |
| c Leasehold improvements | | 3,964,347 | 1,878,343 | 2,086,004 |
| d Equipment | | 17,154,566 | 11,242,025 | 5,912,541 |
| e Other | | 1,294,582 | | 1,294,582 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 25,328,998 |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | | |
|--|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 15,478,436 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 14,097,478 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 1,380,958 |
| 4 | Net unrealized gains (losses) on investments | 4 | 9,614,715 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 93,304 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 9,708,019 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 11,088,977 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 25,365,784 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 9,614,715 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | 93,304 |
| e | Add lines 2a through 2d | 2e | 9,708,019 |
| 3 | Subtract line 2e from line 1 | 3 | 15,657,765 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | -179,329 |
| c | Add lines 4a and 4b | 4c | -179,329 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 15,478,436 |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | | |
|--|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 14,276,807 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | 179,329 |
| e | Add lines 2a through 2d | 2e | 179,329 |
| 3 | Subtract line 2e from line 1 | 3 | 14,097,478 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 14,097,478 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier | Return Reference | Explanation |
|--|---|--|
| Part X | Description of Uncertain Tax Positions Under FIN 48 | MANAGEMENT EVALUATED THE CENTER'S TAX POSITIONS AND CONCLUDED THAT THE CENTER HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. HOWEVER, THE CONCLUSIONS REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WILL BE SUBJECT TO REVIEW AND MAY BE ADJUSTED AT A LATER DATE BASED ON FACTORS INCLUDING, BUT NOT LIMITED TO, ONGOING ANALYSIS OF TAX LAWS, REGULATIONS, AND INTERPRETATIONS THEREOF. |
| Part XI, Line 8 - Other Adjustments | | CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS 93304 |
| Part XII, Line 2d - Other Adjustments | | CHANGE IN VALUE OF INTEREST IN REMAINDER TRUST AGREEMENT 93304 |
| Part XII, Line 4b - Other Adjustments | | RENTAL EXPENSE -121790 SPECIAL EVENT EXPENSE -57539 |
| Part XIII, Line 2d - Other Adjustments | | RENTAL EXPENSE 121790 SPECIAL EVENT EXPENSE 57539 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
CANCER CENTER OF SANTA BARBARA

Employer identification number
95-2158727

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | | |

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue | | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-----------------|--|--|----------------------|------------------|------------------|-------------------------------|
| | | | BARBARA IRELAND WALK | JULIE MAIN EVENT | 3 | (Add col (a) through col (c)) |
| | | | (event type) | (event type) | (total number) | |
| | 1 | Gross receipts | 60,914 | 30,918 | 20,408 | 112,240 |
| | 2 | Less Charitable contributions | 57,709 | 13,625 | 17,483 | 88,817 |
| 3 | Gross income (line 1 minus line 2) | | 3,205 | 17,293 | 2,925 | 23,423 |
| Direct Expenses | 4 | Cash prizes | | | 2,164 | 2,164 |
| | 5 | Non-cash prizes . . . | | | | |
| | 6 | Rent/facility costs . . . | | | | |
| | 7 | Food and beverages . . . | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | 9,896 | 18,689 | 26,790 | 55,375 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 57,539 |
| | 11 | Net income summary Combine lines 3, column d, and line 10. ▶ | | | | -34,116 |

Part III Gaming.

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

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

| | | | | |
|-----|---|--|-----|----|
| | | | Yes | No |
| 9 | Enter the state(s) in which the organization operates gaming activities _____ | | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | | 9a | |
| b | If "No," Explain _____ | | | |
| | | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | 10a | |
| b | If "Yes," Explain _____ | | | |
| | | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | | 11 | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | 12 | |

| | | | |
|---|--|------------|-----------|
| | | Yes | No |
| 13 | Indicate the percentage of gaming activity operated in | | |
| a | The organization's facility 13a | | |
| b | An outside facility 13b | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| Name ► | | | |
| Address ► | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ | | |
| c | If "Yes," enter name and address | | |
| Name ► | | | |
| Address ► | | | |
| 16 | Gaming manager information | | |
| Name ► | | | |
| Gaming manager compensation ► \$ _____ | | | |
| Description of services provided ► | | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 | Mandatory distributions | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ | | |

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CANCER CENTER OF SANTA BARBARA

Employer identification number
95-2158727

Part I

Charity Care and Certain Other Community Benefits at Cost

| | | | | |
|--|--|-----|-----|----|
| | | Yes | No | |
| 1a | Does the organization have a charity care policy? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 2 | If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div> | | | |
| 3 | Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div> | 3a | Yes | |
| b | Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input checked="" type="checkbox"/> Other 38700 0000000000</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div>_____ %</div> | 3b | Yes | |
| c | If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care | | | |
| 4 | Does the organization's policy provide free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . | 5a | Yes | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | | No |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | | |
| 6a | Does the organization prepare an annual community benefit report? | 6a | | No |
| 6b | If "Yes," does the organization make it available to the public? | 6b | | |
| Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | | |

7

Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Charity care at cost (from Worksheets 1 and 2) . . . | | | 281,551 | 0 | 281,551 | 2 000 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) . . | | | 848,923 | 149,645 | 699,278 | 4 960 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | 0 | 0 | | |
| d Total Charity Care and Means-Tested Government Programs | | | 1,130,474 | 149,645 | 980,829 | 6 960 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 979,830 | 85 | 979,745 | 6 950 % |
| f Health professions education (from Worksheet 5) . . . | | | 0 | 0 | | |
| g Subsidized health services (from Worksheet 6) . . . | | | 2,378,383 | 0 | 2,378,383 | 16 870 % |
| h Research (from Worksheet 7) | | | 715,116 | 123,701 | 591,415 | 4 200 % |
| i Cash and in-kind contributions to community groups (from Worksheet 8) . . . | | | 35,108 | 14,933 | 20,175 | 0 140 % |
| j Total Other Benefits | | | 4,108,437 | 138,719 | 3,969,718 | 28 160 % |
| k Total. Add lines 7d and 7j . . . | | | 5,238,911 | 288,364 | 4,950,547 | 0 |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-----|---------|
| 1 | Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | No |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 546,509 |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy | 3 | 54,651 |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit. | | |

Section B. Medicare

| | | | |
|---|--|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 0 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 0 |
| 7 | Subtract line 6 from line 5. This is the surplus or (shortfall) | 7 | |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

| | | | |
|----|---|----|----|
| 9a | Does the organization have a written debt collection policy? | 9a | No |
| 9b | If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI | 9b | |

Part IVManagement Companies and Joint Ventures

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership% | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

Part V Facility Information

| Name and address | Other (Describe) |
|------------------|----------------------------|
| | ER-other |
| | ER-24 hours |
| | Research facility |
| | Critical access hospital |
| | Teaching hospital |
| | Children's hospital |
| | General medical & surgical |
| | Licensed hospital |

CANCER CENTER OF SANTA BARBARA
300 W PUEBLO ST
SANTA BARBARA, CA 93105

COMMUNITY CLINIC

Part VI Supplemental Information

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CANCER CENTER OF SANTA BARBARA

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
95-2158727

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| SANTA BARBARA COTTAGE HOSPITAL PUEBLO AT BATH ST SANTA BARBARA, CA 93105 | 951644629 | 501(c)(3) | 79,074 | 0 | FAIR MARKET VALUE | | PEDIATRIC ONCOLOGY AND GENERAL SERVICES |
| UNIVERSITY OF CALIFORNIA SANTA BARBARAOCEAN ROAD AT MESA ROAD GOLETA, CA 93106 | 956006145 | 501(C)(3) | 63,350 | 0 | FAIR MARKET VALUE | | RESEARCH FELLOWSHIP, MENTORSHIP AND GENERAL SERVICES |
| DOS PUEBLOS ENGINEERING ACADEMY FOUNDATIONPO BOX 313 GOLETA, CA 93117 | 261115393 | 501(c)(3) | 5,000 | 0 | FAIR MARKET VALUE | | GENERAL SUPPORT SERVICES |

2

Enter total number of section 501(c)(3) and government organizations

6

3

Enter total number of other organizations

3

| | | |
|--|--|---------------------------|
| Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div> | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div> | OMB No 1545-0047 |
| | | 2009 |
| | | Open to Public Inspection |

| | |
|--|--|
| Name of the organization CANCER CENTER OF SANTA BARBARA | Employer identification number 95-2158727 |
|--|--|

Part I

Questions Regarding Compensation

| | | | |
|----|---|-----|----|
| | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | |
| | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply | | |
| | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div> | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | |
| a | Receive a severance payment or change-of-control payment? | 4a | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | |
| a | The organization? | 5a | No |
| b | Any related organization? | 5b | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | |
| a | The organization? | 6a | No |
| b | Any related organization? | 6b | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | |

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

| | | |
|--------------------------|--|---------------------------|
| Schedule K (Form 990) | <div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div> | OMB No 1545-0047 |
| | | 2009 |
| | | Open to Public Inspection |

| | | |
|--|--|--|
| Department of the Treasury Internal Revenue Service | Name of the organization CANCER CENTER OF SANTA BARBARA | Employer identification number 95-2158727 |
|--|--|--|

Part I Bond Issues

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|--|----------------|-------------|-----------------|-----------------|--|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| A CALIFORNIA MUNICIPAL FINANCE AUTHORITY | 20-1563466 | NONEAVAIL | 06-01-2006 | 20,000,000 | FOR THE ACQUISITION OF REAL PROPERTY AND EQUIPMENT | | X | | X |

Part II Proceeds

| | A | B | C | D | E |
|---|------------|-------|-------|-------|-------|
| 1 Total proceeds of issue | 20,187,283 | | | | |
| 2 Gross proceeds in reserve funds | 1,273,000 | | | | |
| 3 Proceeds in refunding or defeasance escrows | | | | | |
| 4 Other unspent proceeds | | | | | |
| 5 Issuance costs from proceeds | 876,814 | | | | |
| 6 Working capital expenditures from proceeds | | | | | |
| 7 Capital expenditures from proceeds | 18,037,469 | | | | |
| 8 Year of substantial completion | 2006 | | | | |
| | YesNo | YesNo | YesNo | YesNo | YesNo |
| 9 Were the bonds issued as part of a current refunding issue? | X | | | | |
| 10 Were the bonds issued as part of an advance refunding issue? | X | | | | |
| 11 Has the final allocation of proceeds been made? | X | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | |

Part III Private Business Use

| | A | B | C | D | E |
|--|-------|-------|-------|-------|-------|
| | YesNo | YesNo | YesNo | YesNo | YesNo |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | | |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use? | | | | | |

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |

Part IV

Arbitrage

| | | A | | B | | C | | D | | E | |
|----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b | Name of provider | | | | | | | | | | |
| c | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2009

Open to Public Inspection

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
CANCER CENTER OF SANTA BARBARA

Employer identification number
95-2158727

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |
|---|---------------------------------|--------------------------------|----------------|
| | | | Yes No |

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|--|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| KAREN WALLACE EMPLOYEE LOAN FOR PURCHASE OF PRINCIPAL RESIDENCE | | X | 84,000 | 53,116 | | No | Yes | | Yes | |
| MATTHEW NEAL EMPLOYEE LOAN FOR PURCHASE OF PRINCIPAL RESIDENCE | | X | 112,500 | 112,500 | | No | Yes | | Yes | |
| Total ▶ | | | \$ | 165,616 | | | | | | |

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
|-------------------------------|---|---|

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |
|-------------------------------|---|---------------------------|--------------------------------|---|
| | | | | Yes No |

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
CANCER CENTER OF SANTA BARBARA

Employer identification number
95-2158727

Part I

Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|----------------------------------|--------------------------------|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 7 | 40,890 | HI-LOW METHOD |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► () | | | | |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | 29 | 0 |

| | | | |
|-----|---|-----|----|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | Yes | No |
| b | If "Yes," describe the arrangement in Part II | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | Yes | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | | No |
| b | If "Yes," describe in Part II | | |
| 33 | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

CANCER CENTER OF SANTA BARBARA

Employer identification number

95-2158727

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Form 990, Part VI, Section B, line 11 | | A COPY OF THE 990 WAS DISTRIBUTED TO THE BOARD FINANCE COMMITTEE PRIOR TO SUBMISSION TO THE IRS |
| Form 990, Part VI, Section B, line 12c | | ANNUALLY, EACH BOARD MEMBER MUST SIGN ACKNOWLEDGEMENT THAT HE/SHE HAS READ AND UNDERSTOOD THE CENTER'S CONFLICT OF INTEREST POLICY AND AGREES TO COMPLY WITH THE TERMS STATED IN THE POLICY ANNUALLY, EACH BOARD MEMBER MUST DISCLOSE IN WRITING ANY CONFLICT OF INTEREST IN CONNECTION WITH THE CENTER |
| Form 990, Part VI, Section B, line 15 | | ANNUALLY, THE HUMAN RESOURCES DEPARTMENT PROVIDES COMPARABLE SALARY DATA TO THE BOARD FOR REVIEW AND APPROVAL OF THE PRESIDENT'S SALARY AND BENEFIT COMPENSATION PACKAGE PERIODICALLY, THIS PACKAGE IS REVIEWED BY LEGAL COUNSEL THERE ARE NO OTHER KEY EMPLOYEES FOR THE CENTER |
| Form 990, Part VI, Section C, line 19 | | COPIES OF THE CENTER'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST OR INSPECTION AT THE CENTER |
| FORM 990, PART XI, LINE 2C | | CANCER CENTER OF SANTA BARBARA HAS NOT CHANGED EITHER THE OVERSIGHT PROCESS OF THE FINANCIAL STATEMENT AUDIT OR SELECTION OF THE INDEPENDENT ACCOUNTANT DURING THE TAX YEAR |