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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	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	

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>									
<b>B</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		<b>Please use IRS label or print or type. See Specific Instructions.</b>		<b>C Name of organization</b> SEATTLE CANCER CARE ALLIANCE				<b>D Employer identification number</b> 91-1935159	
				Doing Business As				<b>E Telephone number</b> (206) 288-1000	
				Number and street (or P.O. box if mail is not delivered to street address) 825 EASTLAKE AVENUE EAST PO BOX 19023			Room/suite	<b>G Gross receipts \$</b> 399,143,336	
				City or town, state or country, and ZIP + 4 SEATTLE, WA 981091023					
				<b>F Name and address of principal officer</b> FRED APPELBAUM MD 1100 FAIRVIEW AVE N SEATTLE, WA 98109				<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									
<b>J Website:</b> ▶ WWW.SEATTLECCA.ORG									
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						<b>L Year of formation</b> 1998		<b>M State of legal domicile</b> WA	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEATTLE CANCER CARE ALLIANCE UNITES THE DOCTORS FROM FRED HUTCHINSON CANCER (SEE SCHEDULE O) RESEARCH CENTER, UW MEDICINE, AND SEATTLE CHILDREN'S TO FORM A WORLD-CLASS TREATMENT CENTER THAT PROVIDES ADVANCED THERAPIES AND CLINICAL STUDIES FOR CANCERS AND OTHER RELATED DISEASES			
	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 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 1	
	5	Total number of employees (Part V, line 2a) . . . . .	5 1,04	
	6	Total number of volunteers (estimate if necessary) . . . . .	6 20	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a		
7b	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) . . . . .	2,442,566	3,407,869
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	253,027,111	281,020,389
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,346,615	4,535,126
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		0
	12		258,816,292	288,963,384
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	1,372,785	815,215
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	64,116,507	71,421,408
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	121,258	5,874
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 5,874		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	169,073,128	191,676,279
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	234,683,678	263,918,776
	19	Revenue less expenses Subtract line 18 from line 12 . . . . .	24,132,614	25,044,608
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16) . . . . .	320,734,998	351,917,541
21		Total liabilities (Part X, line 26) . . . . .	127,534,743	135,125,881
22		Net assets or fund balances Subtract line 21 from line 20 . . . . .	193,200,255	216,791,660

<b>Part II</b>	<b>Signature Block</b>
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<b>Sign Here</b>	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				
	***** Signature of officer		2011-05-09 Date		
	JONATHAN TINGSTAD CHIEF FINANCIAL OFFICER AND VP Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature  Sara Elizabeth J Hyre		Date	Check if self-employed 	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 		CLARK NUBER PS 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004		EIN 
					Phone no  (425) 454-4919

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

SEATTLE CANCER CARE ALLIANCE'S (SCCA) PURPOSE IS TO PROVIDE STATE OF THE ART, PATIENT AND FAMILY CENTERED CARE, SUPPORT THE CONDUCT OF CANCER CLINICAL RESEARCH AND EDUCATION, ENHANCE ACCESS TO IMPROVED CANCER INTERVENTIONS AND ADVANCE THE STANDARD OF (SEE SCHEDULE O) CANCER CARE, REGIONALLY AND BEYOND SCCA'S VISION IS TO LEAD THE WORLD IN TRANSLATING SCIENTIFIC DISCOVERY INTO THE PREVENTION, DIAGNOSIS, TREATMENT AND CURE OF CANCER

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 \$ 198,069,929 including grants of \$ 815,648 ) (Revenue \$ 281,020,389 )

A MAJOR FOCUS OF THE SCCA IS TO SPEED UP THE TRANSFER OF NEW DIAGNOSTIC AND TREATMENT TECHNIQUES FROM THE RESEARCH SETTING TO PATIENT CARE THE HIGHLY INTEGRATED APPROACH TO CANCER RESEARCH AND TREATMENT AMONG SCCA PARTNER ORGANIZATIONS SUPPORTS THE FLOW OF SCIENTIFIC INFORMATION AMONG RESEARCHERS, CLINICIANS, AND PATIENTS, THEREBY ACCELERATING THE DEVELOPMENT OF NEW KNOWLEDGE AND TREATMENT OF VARIOUS CANCERS DURING THE YEAR ENDED JUNE 30, 2010, SCCA TREATED 5,354 NEW PATIENTS WITHIN CANCER AND BONE MARROW/STEM CELL TRANSPLANT PROGRAMS SCCA ALSO HAD 62,015 CLINIC VISITS, 65,979 INFUSION HOURS, 11,305 RADIATION ONCOLOGY TREATMENTS, AND PERFORMED 44,121 IMAGING SCANS

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 198,069,929

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)? <i>If "Yes," complete Schedule A.</i> 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Part I.</i> 	14b	Yes
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.? <i>If "Yes," complete Schedule F, Part II.</i> 	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.? <i>If "Yes," complete Schedule F, Part III.</i> 	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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		No
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	Yes	
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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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 . . . . .	1a	126		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1,045		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d		
e Did the organization, 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		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h		
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	15	
b	Enter the number of voting members that are independent . . .	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	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	Yes	
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	Yes	
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		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	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	AL , AK , AZ , AR , CO , CT , FL , HI , IL , KS , ME , MD , MA , MI , MN , MS , MO , NH , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , NM , NJ
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.	JONATHAN TINGSTAD 825 EASTLAKE AVENUE EAST PO BOX SEATTLE, WA 98109 (206) 288-2260

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Form 990 (2009)



<b>1b</b>	<b>Total</b> . . . . .	3,036,047	0	411,623
-----------	------------------------	-----------	---	---------

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▶35

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b>	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	
<b>5</b>	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> . . . . .	Yes	

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF WASHINGTON 1959 NE 59TH AVENUE SUITE 1005 SEATTLE, WA 98104	HEALTHCARE, SERVICES, SUPPLIES AND ADMIN	125,922,606
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	ADMIN, SUPPORT, & SERVICES CONSULTING	15,053,262
TURNER CORPORATION 830 4th Ave S Suite 400 SEATTLE, WA 98134	GENERAL CONTRACTOR	4,394,799
POINT B SOLUTIONS GROUP PO Box 34935 SEATTLE, WA 98124	HEALTHCARE CONSULTING	2,254,737
COPACINO AND FUJIKADO LLC 1425 4TH AVE SUITE 700 SEATTLE, WA 98101	ADVERTISING CONSULTING	987,043

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 ▶19

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	136,106			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	2,363,584			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	908,179			
	g	Noncash contributions included in lines 1a-1f \$ 327,856					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	CANCER HOSP/OUTPATIENT	621,400	144,071,561	144,071,561		
	b	MEDICARE/MEDICAID PMTS	900,099	136,948,828	136,948,828		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			281,020,389		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		4,619,523			4,619,523
	4	Income from investment of tax-exempt bond proceeds . .		366			366
	5	Royalties . . . . .					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .		-84,763			-84,763
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a					
b	Less direct expenses . . . . .						
c	Net income or (loss) from fundraising events . .						
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							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .			288,963,384	281,020,389	0	4,535,126

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	237,194	237,194		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	578,021	578,021		
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 . . . . .	2,619,013	589,526	2,029,487	
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	52,163,786	34,135,554	18,028,232	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,110,381	2,058,923	1,051,458	
9	Other employee benefits . . . . .	8,933,070	5,765,680	3,167,390	
10	Payroll taxes . . . . .	4,595,158	2,946,438	1,648,720	
11	Fees for services (non-employees)				
a	Management . . . . .	39,124,212	18,970,278	20,153,934	
b	Legal . . . . .	1,153,022		1,153,022	
c	Accounting . . . . .	324,152		324,152	
d	Lobbying . . . . .	153,519		153,519	
e	Professional fundraising See Part IV, line 17 . . . . .	5,874			5,874
f	Investment management fees . . . . .	48,681		48,681	
g	Other . . . . .	54,855,652	53,157,198	1,698,454	
12	Advertising and promotion . . . . .	1,633,643	1,611,972	21,671	
13	Office expenses . . . . .	62,310,097	59,088,073	3,222,024	
14	Information technology . . . . .	1,676,050	48,656	1,627,394	
15	Royalties . . . . .	699,985	323,695	376,290	
16	Occupancy . . . . .	4,770,255	490,818	4,279,437	
17	Travel . . . . .	370,004	159,948	210,056	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	395,979	50,025	345,954	
20	Interest . . . . .	6,275,454	6,275,454		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	11,174,112	5,662,122	5,511,990	
23	Insurance . . . . .	473,010	251,630	221,380	
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	BUSINESS TAXES	4,192,677	4,026,903	165,774	
b	BAD DEBT	1,563,094	1,563,094		
c	DUES & SUBSCRIPTIONS	276,668	19,576	257,092	
d	MISCELLANEOUS	142,076	359	141,717	
e	SHARED RESOURCES	62,172	58,792	3,380	
f	All other expenses	1,765		1,765	
25	Total functional expenses. Add lines 1 through 24f	263,918,776	198,069,929	65,842,973	5,874
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 . . . . .			3,465,323	1	1,371,507
	2	Savings and temporary cash investments . . . . .			32,746,535	2	27,250,232
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			43,854,464	4	53,094,164
	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 . . . . .				7	
	8	Inventories for sale or use . . . . .			2,023,008	8	2,546,616
	9	Prepaid expenses and deferred charges . . . . .			2,701,937	9	2,460,770
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	146,984,963			
	b	Less accumulated depreciation . . . . .	10b	58,022,025	87,864,546	10c	88,962,938
	11	Investments—publicly traded securities . . . . .			122,660,236	11	148,740,390
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .			17,252,041	14	16,010,937
	15	Other assets. See Part IV, line 11 . . . . .			8,166,908	15	11,479,987
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			320,734,998	16	351,917,541
Liabilities	17	Accounts payable and accrued expenses . . . . .			40,513,624	17	49,249,759
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			49,200	19	22,905
	20	Tax-exempt bond liabilities . . . . .			86,971,919	20	85,853,217
	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 . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			127,534,743	26	135,125,881
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 . . . . .			190,522,551	27	214,369,833
	28	Temporarily restricted net assets . . . . .			1,920,638	28	1,621,457
	29	Permanently restricted net assets . . . . .			757,066	29	800,370
	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 . . . . .			193,200,255	33	216,791,660
	34	Total liabilities and net assets/fund balances . . . . .			320,734,998	34	351,917,541

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> 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	
<b>d</b> 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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .	Yes	
<b>b</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 . . .	Yes	

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  
SEATTLE CANCER CARE ALLIANCE

Employer identification number  
91-1935159

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

The organization is not a private foundation because it is (For lines 1 through 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: 91-1935159

Name: SEATTLE CANCER CARE ALLIANCE

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			
CARL BEHNKE DIRECTOR	2 00	X						0	0	0
BOB GERTH TREASURER	2 00	X		X				0	0	0
MARK GROUDINE MD PHD DIRECTOR	2 00	X						0	0	0
RICH JONES DIRECTOR/CHAIR	2 00	X		X				0	0	0
MYRA TANITA DIRECTOR	2 00	X						0	0	0
JONELLE JOHNSON DIRECTOR	2 00	X						0	0	0
RUTH MAHAN DIRECTOR	2 00	X						0	0	0
SHAN MULLIN DIRECTOR/SECRETARY	2 00	X		X				0	0	0
BROOKS RAGEN DIRECTOR/VICE CHAIR	2 00	X		X				0	0	0
JOHNESE SPISSO DIRECTOR	2 00	X						0	0	0
SUE ALBRECHT DIRECTOR	2 00	X						0	0	0
ROBB BAKEMEIER DIRECTOR	2 00	X						0	0	0
PAT HAGEN DIRECTOR	2 00	X						0	0	0
KATHY RANDALL DIRECTOR	2 00	X						0	0	0
BRUDER STAPLETON MD DIRECTOR	2 00	X						0	0	0
LEE HARTWELL MEMBER	2 00	X						0	0	0
THOMAS HANSEN MEMBER	2 00	X						0	0	0
PAUL RAMSEY MEMBER	2 00	X						0	0	0
FRED APPELBAUM MD EXE DIR AND PRESIDENT	9 00			X				107,976	0	0
MADELINE BUELT CHIEF NURSE EXEC AND VP	55 00			X				354,894	0	52,664
NORMAN HUBBARD EXECUTIVE VICE PRESIDENT	55 00			X				450,280	0	47,059
JONATHAN TINGSTAD CFO AND VICE PRESIDENT	55 00			X				370,029	0	52,640
F MARC STEWART MD CHIEF MEDICAL DIRECTOR	28 00			X				182,772	0	0
JOSEPH T NORTON DIRECTOR BUS INTEGRATION	55 00				X			195,641	0	38,612
CHERYL WYMAN DTR DIAG & THERP SVCS	55 00				X			193,315	0	32,054

**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			
DAVID ACKERSON CHIEF INFORMATION OFFCR	55 00				X			184,273	0	26,921
ALEANA WAITE DTR BLOOD & MARROW TRANS	55 00				X			173,900	0	25,274
DEBORAH GENTZEN DIRECTOR BUS DEVELOPMENT	55 00					X		200,722	0	26,178
DEBORAH STENHJEM DTR REV CYCLE & PAYOR	55 00					X		158,704	0	29,094
KRISTINE LOGAN DTR FACILITIES	55 00					X		152,309	0	24,599
JAN WATTERSON CONTROLLER	55 00					X		148,512	0	22,575
ANN RAISH DTR DIAG & THERAPY	55 00					X		162,720	0	33,953

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
BUSINESS TAXES	4,192,677	4,026,903	165,774	
BAD DEBT	1,563,094	1,563,094		
DUES & SUBSCRIPTIONS	276,668	19,576	257,092	
MISCELLANEOUS	142,076	359	141,717	
SHARED RESOURCES	62,172	58,792	3,380	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization  
SEATTLE CANCER CARE ALLIANCE

Employer identification number

91-1935159

Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

Part I-B

Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C

Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

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

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

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

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		60,000
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		93,518
j Total lines 1c through 1i				153,518
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	FRED HUTCHINSON CANCER RESEARCH CENTER GOVERNMENT AFFAIRS OFFICES WORK WITH LOCAL AND NATIONAL GOVERNMENTS FOR ISSUES FACING SEATTLE CANCER CARE ALLIANCE AMOUNT EXPENDED = \$35,004 WASHINGTON STATE HOSPITAL ASSOCIATION REPRESENTS MEMBER INTERESTS ON THE LOCAL AND STATE LEVEL THIS AMOUNT IS INCLUDED IN PART IX LINE 24C DUES AND SUBSCRIPTIONS EXPENSE AMOUNT EXPENDED = \$23,514 ASSOCIATION OF DEDICATED CANCER CENTERS REPRESENTS MEMBER INTERESTS AT THE NATIONAL LEVEL AMOUNT EXPENDED = \$35,000

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> SEATTLE CANCER CARE ALLIANCE	<b>Employer identification number</b> 91-1935159
---	---

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.

	<b>(a)</b> Donor advised funds	<b>(b)</b> Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate contributions to (during year)		
<b>3</b> Aggregate grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>6</b> 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		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

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

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

**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

▶ \$ \_\_\_\_\_



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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

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 . . . . .	757,066			
b	Contributions . . . . .	885,589			
c	Investment earnings or losses . . . . .	43,305	-128,523		
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	800,371	757,066		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

No

b

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

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 . . . . .				
b Buildings . . . . .		94,470,679	25,830,433	68,640,246
c Leasehold improvements . . . . .		1,328,143	608,678	719,465
d Equipment . . . . .		38,794,909	25,871,014	12,923,895
e Other . . . . .		12,391,232	5,711,900	6,679,332
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				88,962,938



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	288,963,384
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	263,918,776
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,044,608
4	Net unrealized gains (losses) on investments	4	708,529
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,161,730
9	Total adjustments (net) Add lines 4 - 8	9	-1,453,201
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	23,591,407

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	287,825,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	709,000
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-1,326,174
e	Add lines 2a through 2d . . . . .	2e	-617,174
3	Subtract line 2e from line 1 . . . . .	3	288,442,174
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	48,681
b	Other (Describe in Part XIV) . . . . .	4b	472,529
c	Add lines 4a and 4b . . . . .	4c	521,210
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	288,963,384

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	263,976,848
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	106,754
e	Add lines 2a through 2d . . . . .	2e	106,754
3	Subtract line 2e from line 1 . . . . .	3	263,870,094
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	48,682
c	Add lines 4a and 4b . . . . .	4c	48,682
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	263,918,776

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 V, Line 4	Description of Intended Use of Endowment Funds	INCOME FROM PERMANENTLY RESTRICTED ENDOWMENT FUNDS IS USED FOR THE PURPOSE OF PROVIDING UNCOMPENSATED PATIENT CARE
Part XI, Line 8 - Other Adjustments		INVESTMENT IN AFFILIATE -2203608 CAPITAL RELEASES 87585 REALIZED LOSS -102570 PERMANENT RESTRICTED CHANGE IN FMV 56863
Part XII, Line 2d - Other Adjustments		INVESTMENT IN AFFILIATE -2203608 TEMPORARILY RESTRICTED ASSET RELEASES 806556 REALIZED LOSS -102570 TEMPORARILY RESTRICTED CAPITAL RELEASES 116585 PERMANENTLY UNREALIZED CHANGE IN FMV 56863
Part XII, Line 4b - Other Adjustments		OPERATING EXPENSES G/(L) ON DISPOSAL -106754 PERMANENT UNREALIZED CHANGE IN FMV 56863 TEMPORARY RESTRICTED INCREASES 522817 ROUNDING -397
Part XIII, Line 2d - Other Adjustments		LOSS ON DISPOSAL OF FIXED ASSETS 106754
Part XIII, Line 4b - Other Adjustments		INVESTMENT EXPENSES 48681 ROUNDING 1

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

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

OMB No 1545-0047

# 2009

## Open to Public Inspection

Name of the organization	SEATTLE CANCER CARE ALLIANCE
--------------------------	------------------------------

**Employer identification number**

91-1935159

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 For grant makers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			PROGRAM SERVICE	SOURCING BONE MARROW AND CORD BLOOD	1,410
EUROPE			PROGRAM SERVICE	SOURCING BONE MARROW AND CORD BLOOD	995,731
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICE	SOURCING BONE MARROW AND CORD BLOOD	65,550
SUB-SAHARAN AFRICA			PROGRAM SERVICE	SOURCING BONE MARROW AND CORD BLOOD	1,160
EUROPE			PROGRAM SERVICE	OBTAINING MANUALS	263
EUROPE			PROGRAM SERVICE	ATTENDING CONFERENCES	533
<b>Totals . . . . . ▶</b>	0	0			1,064,647

[illegible]**Schedule F (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2009**

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  
SEATTLE CANCER CARE ALLIANCE

Employer identification number  
91-1935159

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 type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input checked="" type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____</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	Yes	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	Yes	
	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) . . . .			1,978,628		1,978,628	0 750 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			27,116,718	15,250,312	11,866,406	4 500 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .			8,410,813	8,072,338	338,475	0 130 %
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			37,506,159	23,322,650	14,183,509	5 380 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			377,339		377,339	0 140 %
f Health professions education (from Worksheet 5) . . . .			11,983,629		11,983,629	4 540 %
g Subsidized health services (from Worksheet 6) . . . .						
h Research (from Worksheet 7)			795,659		795,659	0 300 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			452,261		452,261	0 170 %
j <b>Total</b> Other Benefits . . . . .			13,608,888		13,608,888	5 150 %
k <b>Total.</b> Add lines 7d and 7j . . . .			51,115,047	23,322,650	27,792,397	10 530 %



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	Yes
2	Enter the amount of the organization's bad debt expense (at cost) . . . . .	2	883,080
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	
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	35,909,964
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	42,567,060
7	Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .	7	-6,657,096
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy? . . . . .	9a	Yes
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	Yes

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				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 EACH PATIENT ENTERING INTO THE SCCA CLINIC IS GIVEN A BROCHURE DESCRIBING THE FINANCIAL PROGRAMS AVAILABLE WITH THE CONTACT INFORMATION A FINANCIAL COORDINATOR IS AVAILABLE FREE OF CHARGE TO HELP PATIENTS SIFT THROUGH THE INFORMATION AND WILL ALSO HELP COMPLETE THE NECESSARY PAPERWORK TO APPLY FOR ASSISTANCE INTERPRETER SERVICES ARE AVAILABLE IF NEEDED TO HELP

- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

- 6** Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

- 7** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**Additional Data**

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

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 3c IN ACCORDANCE WITH WAC 246-453-040 AND SUBJECT TO SEATTLE CANCER CARE ALLIANCE ("SCCA") FINANCIAL RESOURCES, PATIENTS WILL BE ELIGIBLE TO BE CONSIDERED FOR CHARITY CARE IF THEY SUBMIT THE NECESSARY APPLICATION AND IF THE PARTY RESPONSIBLE FOR PAYMENT HAS A FAMILY INCOME AT OR BELOW 300% OF THE FEDERAL POVERTY STANDARD AS ADJUSTED FOR FAMILY SIZE IF THE PARTY RESPONSIBLE FOR PAYMENT HAS A FAMILY INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY STANDARD AS ADJUSTED FOR FAMILY SIZE, THE PATIENT WILL BE ELIGIBLE FOR CHARITY CARE IN THE AMOUNT EQUAL TO THE UNPAID BALANCE REMAINING AFTER ALL SOURCES OF THIRD PARTY COVERAGE AND SPONSORSHIP HAVE BEEN EXHAUSTED IF THE PARTY RESPONSIBLE FOR PAYMENT HAS A FAMILY INCOME BETWEEN 200% AND 300% OF THE FEDERAL POVERTY STANDARD AS ADJUSTED FOR FAMILY SIZE, THE PATIENT WILL BE ELIGIBLE FOR CHARITY CARE BASED ON A SLIDING FEE SCALE FOR THE UNPAID BALANCE REMAINING AFTER ALL SOURCES OF THIRD PARTY COVERAGE AND SPONSORSHIP HAVE BEEN EXHAUSTED RESPONSIBLE PARTIES WHOSE INCOME EXCEEDS 300% OF THE FEDERAL POVERTY STANDARD AS ADJUSTED FOR FAMILY SIZE BUT WHO HAVE INCURRED CATASTROPHIC ACCOUNT BALANCES AFTER ALL SOURCES OF THIRD PARTY COVERAGE AND SPONSORSHIP WILL BE CONSIDERED FOR CHARITY CARE ON A CASE BY CASE BASIS

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 7   SCCA UTILIZED WORKSHEET 2 TO ARRIVE AT A COST TO CHARGE RATIO FOR COMPLETING LINE 7

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 7 g
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Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f BAD DEBT EXPENSE INCLUDED IN PART IX WAS \$1,563,094 IT WAS SUBTRACTED UTILIZING WORKSHEET 1 FROM THE TOTAL ON PART IX TO ARRIVE AT THE DENOMINATOR USED TO CALCULATE THIS COLUMN

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part III, Line 4 THE SCCA'S AUDITED FINANCIAL STATEMENT DO NOT ADDRESS THE ACCOUNTING FOR BAD DEBT EXPENSE THE SCCA CALCULATES BAD DEBT EXPENSE ASED ON AN ANALYSIS OF THE ACCOUNTS RECEIVABLE AGING, AFTER CONSIDERATION FOR CONTRACTUAL ALLOWANCES, ACCOUNTS ARE SORTED BY DATE OF SERVICE A BAD DEBT RESERVE PERCENTAGE IS APPLIED TO OLDER ACCOUNTS THE OLDER THE ACCOUNT, THE HIGHER THE RESERVE PERCENTAGE ACCOUNTS OVER 1 YEAR OF AGE ARE FULLY RESERVED AS BAD DEBT ACCOUNTS THAT ARE SENT TO A COLLECTION AGENCY OR WRITTEN OFF DURING A MONTH LOWER THE BAD DEBT RESERVE AT THE END OF THE MONTH, THE BAD DEBT RESERVE IS RECALCULATED BASED ON THE ACCOUNT AGING AT THE END OF THE MONTH THE NEWLY CALCULATED RESERVE IS COMPARED TO THE GENERAL LEDGER ACCOUNT AND A MONTHLY ENTRY IS RECORDED TO RECOGNIZE B D DEBT EXPENSE THE SCCA DOES NOT EVALUATE ITS ACCOUNTS RECEIVABLE BALANCES OR MAKE ESTIMATES FOR CHARITY CARE CHARITY CARE IS ONLY RECOGNIZED AFTER A FULL EVALUATION OF A PATIENT'S ELIGIBILITY FOR CHARITY CARE ONCE DEEMED ELIGIBLE, THE PATIENT ACCOUNT IS ADJUSTED ACCORDINGLY THE AMOUNTS REPORTED ON PART III, LINE 2 ARE GROSS CHARGES MULTIPLIED BY THE COST TO CHARGE RATIO CALCULATED OF 56 5% ON WORKSHEET 1



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part III, Line 8 SCCA CONSIDERS THE SHORTFALL ON MEDICARE SERVICES TO BE 100% COMMUNITY BENEFIT HAD SCCA NOT DELIVERED THE SERVICES, THE SERVICES AND FINANCIAL LOSS WOULD FALL TO ANOTHER COMMUNITY HOSPITAL SCCA COMPLETED LINE 6 USING THE RATIO OF COSTS TO CHARGES ALLOWABLE COSTS FROM THE AS FILED MEDICARE COST REPORT FOR FY10 THE METHODOLOGY USED TO COMPLETE THE MEDICARE COST REPORT WAS BASED ON THE CMS PROVIDER REIMBURSEMENT MANUAL PUB 15

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part III, Line 9b PATIENTS WHO HAVE BEEN APPROVED FOR 100% CHARITY ARE REMOVED FROM THE COLLECTIONS WORKFLOW SO THEIR ACCOUNTS WILL NOT BE SENT TO COLLECTIONS PATIENTS WHO HAVE BEEN AWARDED TO PARTIAL CHARITY (40% OR 60%) MAY BE SENT TO COLLECTIONS IF THE REMAINING PATIENT BALANCES ARE NOT PAID OR ARRANGEMENTS MADE WITHIN 91 DAYS OF THE FIRST BILLING CYCLE

**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

Part VI, Line 2 SCCA IS A SPECIALTY HOSPITAL AND OUTPATIENT CLINIC DEDICATED TO LEADING THE WORLD IN TRANSLATING SCIENTIFIC DISCOVERY INTO THE PREVENTION, DIAGNOSIS, TREATMENT AND CURE OF CANCER IT BRINGS TOGETHER PHYSICIANS FROM THE FRED HUTCHISON CANCER RESEARCH CENTER, SEATTLE CHILDREN'S HOSPITAL AND UNIVERSITY OF WASHINGTON FOCUSED ON FORMULATING AND DELIVERING THE BEST CANCER TREATMENTS AVAILABLE OUR NEEDS ASSESSMENT STRATEGY IS TO ANALYZE WHERE AND WHAT TYPE OF CANCER IS OCCURRING, DETERMINE WHERE COMPELLING SCIENCE EXISTS AND MAKE INVESTMENTS TO GROW THESE PROGRAMS SCCA REVIEWS THE OCCURRENCE RATES IN THE TYPES OF CANCERS IN COMPARISON TO WHERE RESEARCH DOES NOT EXIST AND MAKES STRATEGIC INVESTMENTS TO DEVELOP SCIENCE AND BREAKTHROUGHS IN AREAS OF CANCER NOT BEING PURSUED BY OTHERS WITH THE COMBINED EFFORTS OF ALL THREE INSTITUTIONS STATE OF THE ART RESEARCH IS CONDUCTED, DELIVERED TO OUR PATIENT POPULATION AND SHARED WITH THE COMMUNITY SCCA SHARES INFORMATION WITH THE ITS LOCAL COMMUNITY THROUGH A 24 HOUR TOLL FREE CONSULTATION SERVICE FOR COMMUNITY PHYSICIANS IN WA, OR, AK, MT AND ID THE SERVICE PUTS COMMUNITY PHYSICIANS IN TOUCH WITH THE RESOURCES OFFERED BY THE UW AND ITS PRIMARY TEACHING HOSPITALS, ALLOWING THEM TO LEARN MORE ABOUT AND TAKE ADVANTAGE OF THE LATEST RESEARCH AND TREATMENT OPTIONS AVAILABLE TO THEIR PATIENTS THE EXCHANGE OF INFORMATION WITH LOCAL PHYSICIANS HELPS US TO DEVELOP SUPPORT SERVICES THAT BETTER ADDRESSES THE UNIQUE CHALLENGES THEY FACE IN THEIR PRACTICES SCCA PARTICIPATES IN MANY COMMUNITY EVENTS TO DISCUSS CANCER PREVENTION SHARING OUR KNOWLEDGE WITH THE PATIENTS AND OTHER PHYSICIANS IS ONE OF THE MOST IMPORTANT WAYS WE ENHANCE THE QUALITY OF CANCER CARE LOCALLY REGIONALLY AND BEYOND

**Form 990 Schedule H, Part VI - Supplemental Information, Line 4**

Part VI, Line 4 SCCA IS LOCATED IN SEATTLE, WA THE PATIENT POPULATION UTILIZING THE SERVICES OF THE SCCA ARE PRIMARILY LOCATED IN THE PACIFIC NORTHWEST HOWEVER, SCCA HAS PATIENTS FROM ALL OVER WORLD THE REGIONAL POPULATION ESTIMATE FOR THE STATES COMPRISING THE PACIFIC NORTHWEST (WA,OR, ID, MT, AK) ACCORDING TO THE US CENSUS BUREAU FOR 2009 IS 13,010,642 THE SEATTLE METROPOLITAN AREA POPULATION [SEATTLE, BELLEVUE, EVERETT] ESTIMATE ACCORDING TO THE US CENSUS BUREAU FOR 2009 WAS 2,611,012 THIS CENSUS INCLUDES KING COUNTY AND SNOHOMISH COUNTY KING AND SNOHOMISH COUNTIES BOTH HAVE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED COMMUNITIES KING COUNTY HAS SEVEN FEDERALLY QUALIFIED HEALTH CENTERS HEALTHPOINT, SEATTLE INDIAN HEALTH BOARD, SEAMAR, COUNTRY DOCTOR, INTERNATIONAL COMMUNITY HEALTH SERVICES, NEIGHBORCARE HEALTH AND PUBLIC HEALTH - SEATTLE & KING COUNTY, [PHSKC] SNOHOMISH COUNTY HAS ONE, COMMUNITY HEALTH CENTER OF SNOHOMISH SCCA IS COMMITTED TO PROVIDING PREMIER, PATIENT FOCUSED CANCER CARE, SUPPORTING THE CONDUCT OF CANCER CLINICAL RESEARCH AND EDUCATION, ENHANCING ACCESS TO IMPROVED CANCER INTERVENTIONS AND ADVANCING THE STANDARD OF CANCER CARE REGIONALLY AND BEYOND SCCA HAS RELATIONSHIPS WITH PHSKC AND SEAMAR AS PART OF ITS DESIRE TO REACH THE LOCAL UNDERSERVED COMMUNITIES THE RELATIONSHIP WITH PHSKC IS PART OF THE WA BREAST AND CERVICAL HEALTH PROGRAM, WBCHP THE PURPOSE OF WBCHP IS TO REDUCE MORTALITY AND MORBIDITY FROM BREAST AND CERVICAL CANCER BY EARLY DETECTION OF CANCER THROUGH REGULAR MAMMOGRAM AND PAP TEST SCREENINGS, DIAGNOSTIC SERVICES AND PROMPT ACCESS TO CANCER TREATMENT SCCA ACCEPTS REFERRALS FROM PHCKC WHEN THE PRIMARY CARE PHYSICIAN HAS DETECTED SOMETHING OF INTEREST SCCA PERFORMS DIAGNOSTICS AND IF THE PATIENTS ARE DEEMED TO HAVE CANCER WILL TREAT THESE PATIENTS SCCA ALSO HAS THE UNIQUE ABILITY TO HELP ENROLL PATIENTS INTO THE WBCHP PROGRAM ONCE IDENTIFIED BY SCCA, THEY ARE FAST TRACKED AT THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES - WA INTO WBCHP PATIENTS WHO COME TO SCCA DIRECTLY TO HAVE A DIAGNOSTIC COMPLETED AND CANCER IS FOUND CAN BE ENROLLED BY THE SCCA WHO MEET THE ELIGIBILITY CRITERIA INTO THE WBCHP DURING CALENDAR YEAR 2009, SCCA TREATED 207 PATIENTS, WHILE ONLY HAVING FUNDING FOR 171 WBCHP IS FUNDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, WASHINGTON STATE, PUGET SOUND AFFILIATE SUSAN G KOMAN BREAST CANCER FOUNDATION AND THE BREAST CANCER PREVENTION FUND THE RELATIONSHIP WITH SEAMAR IS TO PROVIDE CLINICAL EDUCATION OPPORTUNITIES FOR PRIMARY CARE PROVIDERS IN THE AREAS OF EARLY DETECTION AND PREVENTION OF CANCER AS WELL AS FOSTER CONTINUITY OF CARE FOR PATIENTS WITH IN THE SEAMAR COMMUNITY WHO ARE DIAGNOSED WITH CANCER BETWEEN SEAMAR, SCCA AND SCCA'S NETWORK MEMBERS SEAMAR IS A COMMUNITY HEALTH CENTER THAT PROVIDES PRIMARY CARE CLINICS PRIMARILY TO THE LATINO COMMUNITY BUT ALSO SERVES OTHER ETHNIC GROUPS FROM SE ASIA AND EASTERN EUROPEAN COMMUNITIES

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
SEATTLE CANCER CARE ALLIANCE

Employer identification number  
91-1935159

Part I

General Information on Grants and Assistance

- 1

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

Yes

No

2

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

Grants and Other Assistance to 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  |
|---|-----------|------------------------------------|--------------------------|-----------------------------------|---|--|---|
| SUSAN G KOMEN RACE FOR THE CURE112 FIFTH AVENUE NORTH SEATTLE, WA 98103                 | 911624040 | 501(c)(3)                          | 10,000                   |                                   |   |  | SUPPORT BREAST CANCER RESEARCH  |
| WASHINGTON HEALTH FOUNDATION600 STEWART ST SUITE 601 SEATTLE, WA 98101                  | 916033679 | 501(c)(3)                          | 25,000                   |                                   |   |  | HEALTHIEST STATE IN THE NATION PUBLIC CAMPAIGN                                      |
| ROTARY CLUB OF MERCER ISLAND FOUNDATIONPO BOX 1 SEATTLE, WA 98040                       | 911058004 | 501(c)(3)                          | 10,000                   |                                   |   |  | SPONSORSHIP OF ROTARY 1/2 MARATHON RACE   |
| FRED HUTCHINSON CANCER RESEARCH CENTER1100 FAIRVIEW AVE N SEATTLE, WA 98109             | 237156071 | 501(c)(3)                          | 36,402                   |                                   |   |  | FUND CANCER RESEARCH ACTIVITIES TO SCIENTIST  |
| UNIVERSITY OF WASHINGTON FOUNDATION1959 NORTHEAST 59TH AVE SUITE 1005 SEATTLE, WA 98104 | 943079432 | 501(c)(3)                          | 100,003                  |                                   |   |  | FUND CANCER RESEARCH ACTIVITIES TO DOCTORSRACTICING AT THE UNIVERSITY OF WASHINGTON |
| SEATTLE CANCER CARE ALLIANCE HOUSE207 PONTIUS AVE NORTH SEATTLE, WA 98109               | 260443505 | 501(c)(3)                          | 6,000                    |                                   |   |  | LIBRARY RESOURCES AND FURNITURE   |
| OLYMPIC MEDICAL CENTER FOUNDATION939 CAROLINE STREET PORT ANGELES, WA 98362             | 911624040 | 501(c)(3)                          | 10,000                   |                                   |   |  | SUPPORT OLYMPIC MEDICAL CENTER FOUNDATION   |
|   |           |                                    |                          |                                   |   |  |   |
|   |           |                                    |                          |                                   |   |  |   |
|   |           |                                    |                          |                                   |   |  |   |
|   |           |                                    |                          |                                   |   |  |   |
|   |           |                                    |                          |                                   |   |  |   |
- 2

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

7

3

Enter total number of other organizations . . . . .

0
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009



Software ID:

Software Version:

EIN: 91-1935159

Name: SEATTLE CANCER CARE ALLIANCE

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
CASH	20	2,474			
FOOD	207	63,981	686	FMV	GIFT CARDS FOR LOCAL GROCERY STORES AND FOOD GIVEN TO PATIENTS
MEDICAL	5	2,038			
FUNERAL	4	2,650			
SHELTER	215	163,016			
TRANSPORTATION	71	6,200			
BOOKS	31	991			
PARKING	39	1,219			
PATIENT SUPPLIES	8	2,819			
TEA FOR THE SOUL MEETINGS	9	240			
UTILITIES	4	1,080			
WIGS	579	597	6,680	FMV	HATS AND WIGS FOR CANCER PATIENTS
YOGA CLASSES	21	2,860			
PROTHESIS	5		1,250	FMV	PARTS AND SUPPLIES FOR PROSTHETICS
SUNDRIES	264		9,564	FMV	CARDS, CANDY, GIFTS, BLANKETS, AND CLOTHES
TICKETS	6519		297,676	FMV	TICKETS TO PROFESSIONAL SPORTS, ARTS PERFORMANCES, AND LOCAL ATTRACTIONS
WHEEL CHAIR	1		12,000	FMV	WHEEL CHAIR GIVEN TO A PATIENT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
SEATTLE CANCER CARE ALLIANCE

Employer identification number  
91-1935159

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</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	Yes
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	Yes
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"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</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	



Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MADLINE BUELT	(i)	305,772	46,800	2,322	31,410	21,254	407,558	0
	(ii)	0	0	0	0	0	0	0
NORMAN HUBBARD	(i)	374,157	74,880	1,243	31,410	15,649	497,339	0
	(ii)	0	0	0	0	0	0	0
JONATHAN TINGSTAD	(i)	320,349	49,140	540	31,410	21,230	422,669	0
	(ii)	0	0	0	0	0	0	0
F MARC STEWART MD	(i)	182,772	0	0	0	0	182,772	0
	(ii)	0	0	0	0	0	0	0
JOSEPH T NORTON	(i)	176,883	18,375	383	18,984	19,628	234,253	0
	(ii)	0	0	0	0	0	0	0
CHERYL WYMAN	(i)	173,554	18,140	1,621	18,673	13,381	225,369	0
	(ii)	0	0	0	0	0	0	0
DAVID ACKERSON	(i)	166,791	16,960	522	17,047	9,874	211,194	0
	(ii)	0	0	0	0	0	0	0
ALEANA WAITE	(i)	155,431	16,275	2,194	15,499	9,775	199,174	0
	(ii)	0	0	0	0	0	0	0
DEBORAH GENTZEN	(i)	181,836	18,500	386	6,544	19,634	226,900	0
	(ii)	0	0	0	0	0	0	0
DEBORAH STENHJEM	(i)	143,563	14,700	441	14,119	14,975	187,798	0
	(ii)	0	0	0	0	0	0	0
KRISTINE LOGAN	(i)	137,956	13,940	413	13,113	11,486	176,908	0
	(ii)	0	0	0	0	0	0	0
JAN WATTERSON	(i)	134,021	13,860	631	13,007	9,568	171,087	0
	(ii)	0	0	0	0	0	0	0
ANN RAISH	(i)	146,788	15,225	707	14,814	19,139	196,673	0
	(ii)	0	0	0	0	0	0	0

**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
	Part I, Line 1b	SCCA HAS IMPLEMENTED A DETAILED EXPENSE REIMBURSEMENT POLICY FOR TRAVEL AND ENTERTAINMENT. THE HEALTH CLUB DUES ARE NOT SPECIFICALLY INCLUDED IN THE WRITTEN POLICY, HOWEVER, THE SCCA HAS BEEN REIMBURSING FOR THESE EXPENSES SUBJECT TO THE TERMS OF THE OVERALL POLICY. AS SUCH, ANY PAYMENTS WHICH ARE A TAXABLE FRINGE BENEFIT ARE INCLUDED IN TAXABLE INCOME REPORTABLE ON FORM W-2 FOR THE RECIPIENT. THE REIMBURSEMENT FOR THESE PAYMENTS AND OTHER ACTIVITIES OF CORPORATE EXPENSE CARDS ARE MONITORED BY THE AP SUPERVISOR, THEN REVIEWED BY THE CONTROLLER FOR PERSONAL AND BUSINESS USE AND COMPLIANCE WITH THE OVERALL ACCOUNTABLE PLAN AND REIMBURSEMENT POLICY. THERE WILL BE AN ALLOCATION BETWEEN PERSONAL AND BUSINESS USE REQUIRED FOR FISCAL YEAR ENDING JUNE 30, 2010. IF NO BUSINESS PURPOSE IS NOTED, THEN 100% OF THE REIMBURSEMENT IS TAXABLE.
Supplemental Information	Part III	FRED APPELBAUM, MD RECEIVED COMPENSATION OF \$107,976 FROM FRED HUTCHINSON CANCER RESEARCH CENTER, AN UNRELATED ORGANIZATION FOR SERVICES PROVIDED TO SEATTLE CANCER CARE ALLIANCE. F. MARC STEWART, MD RECEIVED COMPENSATION OF \$241,024 FROM FRED HUTCHINSON CANCER RESEARCH CENTER, AN UNRELATED ORGANIZATION FOR SERVICES PROVIDED TO SEATTLE CANCER CARE ALLIANCE.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SEATTLE CANCER CARE ALLIANCE

Supplemental Information on Tax Exempt Bonds

▶ 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.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number  
91-1935159

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929	93978E2C5	02-03-2009	87,819,179	CAPITAL ACQUISITION AND REFINANCE		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	87,819,179									
2	Gross proceeds in reserve funds	7,392,081									
3	Proceeds in refunding or defeasance escrows	43,483,521									
4	Other unspent proceeds	3,016,922									
5	Issuance costs from proceeds	1,671,200									
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	32,255,455									
8	Year of substantial completion	2010									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

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?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
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?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
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?	X									

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?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
SEATTLE CANCER CARE ALLIANCE

Employer identification number  
91-1935159

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(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 . . . . .	X		21,563	COST OR SELLING PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	27	686	COST OR SELLING PRICE
20 Drugs and medical supplies . . . . .	X	5	1,250	COST OR SELLING PRICE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( EVENT TICKETS ) . . . . .	X	6,519	297,678	COST OR SELLING PRICE
26 Other ► ( HATS/WIGS ) . . . . .	X	577	6,680	COST OR SELLING PRICE
27 Other ► ( ) . . . . .				
28 Other ► ( ) . . . . .				

29

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

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? . . . . .

30a

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

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

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

Cat No 51227J

Schedule M (Form 990) 2009

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
Non Reporting of Revenue	Part I, Line 33	BOTH NUMBER OF CONTRIBUTORS AND NUMBER OF ITEMS RECEIVED WERE USED TO DETERMINE THE AMOUNTS IN COLUMN B

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493131013981
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
	Name of the organization SEATTLE CANCER CARE ALLIANCE		Employer identification number  91-1935159

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		EACH MEMBER APPOINTS FIVE OF THE FIFTEEN DIRECTORS OF THE ORGANIZATION.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		EACH MEMBER HAS THE RIGHT TO ELECT FIVE OF THE 15 DIRECTORS OF THE CORPORATION. IN ADDITION, THE BOARD OF DIRECTORS OF THE CORPORATION MAY NOT, EXCEPT BY AFFIRMATIVE VOTE OF SEVENTY-FIVE PERCENT (75%) OF THE DIRECTORS IN OFFICE AND WITH THE APPROVAL OF THE MEMBERS HOLDING AGGREGATE VOTING INTERESTS OF AT LEAST SEVENTY-FIVE PERCENT (75%), (A) AMEND, ALTER OR REPEAL CERTAIN SECTIONS OF THE CORPORATION'S BYLAWS, (B) REMOVE ANY DIRECTOR OR THE CHAIR OF THE CORPORATION, PROVIDED, THAT A MEMBER MAY REMOVE A DIRECTOR APPOINTED BY SUCH MEMBER AT ANY TIME, (C) AMEND THE ARTICLES OF INCORPORATION OF THE CORPORATION, (D) ADOPT A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, (E) AUTHORIZE THE SALE, LEASE OR EXCHANGE (OR PLEDGING AS SECURITY) OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION OR ANY ASSET NOT IN THE ORDINARY COURSE OF BUSINESS, (F) AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOKE PROCEEDINGS THEREFOR, (G) ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION, (H) AMEND, ALTER OR REPEAL ANY RESOLUTION OF THE MEMBERS OF THE CORPORATION, (I) INITIATE OR RESOLVE LITIGATION IN WHICH THE CORPORATION IS A PARTY IF THE LITIGATION OR RESOLUTION WOULD HAVE A MATERIAL ADVERSE EFFECT ON THE FINANCIAL WELL-BEING OR PUBLIC PERCEPTION OF THE CORPORATION OR ITS MEMBERS, (J) CHANGE THE FUNDAMENTAL PURPOSES OF THE CORPORATION, (K) ENTER INTO ANY NEW LINE OF BUSINESS, (L) OR AUTHORIZE THE RELOCATION FROM THE UNIVERSITY OF WASHINGTON MEDICAL CENTER TO ANOTHER HOSPITAL FACILITY OF THE TWENTY INPATIENT BEDS FOR WHICH THE CORPORATION HAS BEEN GRANTED A HOSPITAL LICENSE. FINALLY, THE CORPORATION'S ANNUAL BUDGET IS SUBJECT TO APPROVAL BY THE CORPORATION'S MEMBERS.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 WAS PREPARED BY A PUBLIC ACCOUNTING FIRM AND INTERNALLY REVIEWED PRIOR TO PRESENTATION TO THE BOARD APPOINTED FINANCE AND AUDIT COMMITTEE. THE RELEVANT SECTIONS OF THE FORM 990 WERE PROVIDED TO THE FINANCE AND AUDIT COMMITTEE FOR REVIEW BEFORE FILING. THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE REPORT TO THE FULL BOARD. ALL BOARD MEMBERS ARE PRESENTED WITH A COPY BEFORE FILING FORM 990.

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		AN INDEPENDENT COMPENSATION CONSULTING FIRM PERFORMS A MARKET ANALYSIS OF KEY EXECUTIVE PAY AT COMPARABLE ORGANIZATIONS. A CONSULTANT FROM THIS FIRM PRESENTS THEIR FINDINGS TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS EVERY TWO YEARS. THE ANALYSIS WAS LAST PERFORMED AND PRESENTED IN MAY OF 2009. IN THE INTERVENING YEARS, THE PRIOR YEAR'S MARKET ANALYSIS IS UPDATED USING AN APPROPRIATE INFLATION FACTOR FOR USE BY THE COMPENSATION COMMITTEE IN THEIR ANNUAL REVIEW OF TOTAL COMPENSATION FOR THE KEY EMPLOYEES. BOTH THE BOARD AND THE COMPENSATION COMMITTEE DOCUMENT THEIR DECISIONS IN A TIMELY MANNER.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE SCCA DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 6		THE VOLUNTEERS OFFER DIRECT SUPPORT IN SOCIAL, EMOTIONAL AND PRACTICAL WAYS TO CONNECT WITH PATIENTS AND FAMILIES THROUGHOUT EACH PHASE OF A PATIENT'S EXPERIENCE WITH SCCA. A FEW ACTIVITIES OF THIS GROUP INCLUDE COMFORT HAND MASSAGES IN THE WAITING AREAS, GUEST SERVICES, GIFT SHOP, HOLIDAY MEALS, HOUSING AND INPATIENT TOURS, SUPPORT GROUPS, TRANSPORTATION, ETC.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SEATTLE CANCER CARE ALLIANCE

Employer identification number  
91-1935159

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SEATTLE CANCER CARE ALLIANCE HOUSE  207 PONTIUS AVE N  SEATTLE, WA 98109 26-0443505	MEDICAL PATIENT HOUSING	WA	501(c)(3)	9 - 509(A)(2)	N/A
SEATTLE CANCER CARE ALLIANCE PROTON THERAPY CENTER  825 EASTLAKE AVE E  SEATTLE, WA 98109 26-3267688	PROTON THERAPY CENTER	WA	501(c)(3)	Line 11c, III-FI	N/A



Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d Yes

1e No

1f No

1g No

1h No

1i No

1j No

1k Yes

1l No

1m Yes

1n Yes

1o No

1p No

1q No

1r No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) SEATTLE CANCER CARE ALLIANCE HOUSE	D	21,820,000
(2) SEATTLE CANCER CARE ALLIANCE HOUSE	N	160,996
(3) seATTLE CANCER CARE ALLIANCE HOUSE	A	175,610
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]