

Form 990

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011

B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
SEA-MAR COMMUNITY HEALTH CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1040 S HENDERSON ST

Room/suite

City or town, state or country, and ZIP + 4
SEATTLE, WA 98108F Name and address of principal officer
ROGELIO RIOJAS
1040 S HENDERSON ST
SEATTLE, WA 98108D Employer identification number
91-1020139E Telephone number
(206) 763-5277

G Gross receipts \$ 114,691,915

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► www.seamarchc.org

K Form of organization Corporation Trust Association Other ► L Year of formation 1977 M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Sea-Mar Community Health Centers is a community-based organization committed to providing quality, comprehensive health and human services to diverse communities, specializing in service to Latinos

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

3 10

4 10

5 1,688

6 25

7a 140,457

7b

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	20,537,860	25,838,831
9 Program service revenue (Part VIII, line 2g)	82,045,675	89,027,717
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	630,523	219,889
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,948	-938,205
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,224,006	114,148,232

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	94,259	182,446
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)	63,027,881	71,320,041
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ►0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	34,874,227	38,812,565
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	97,996,367	110,315,052
19 Revenue less expenses Subtract line 18 from line 12	5,227,639	3,833,180

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	96,691,617	104,914,919
21 Total liabilities (Part X, line 26)	51,812,098	56,202,220
22 Net assets or fund balances Subtract line 21 from line 20	44,879,519	48,712,699

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including account knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge).

Sign Here	*****
	Signature of officer ROGELIO RIOJAS EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name ►	
	Firm's address ►	

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

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

Sea-Mar Community Health Centers

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 \$ 59,107,025 including grants of \$ 7,162,515) (Revenue \$ 56,983,891)

MEDICAL/DENTAL CLINICS - PROVIDES MEDICAL AND DENTAL SERVICES TO LOW INCOME PERSONS A TOTAL OF 307,694 MEDICAL ENCOUNTERS AND 135,555 DENTAL ENCOUNTERS WERE INCURRED DURING THE TWELVE MONTH PERIOD 62% OF PATIENTS ARE 100% OR BELOW OF THE FEDERAL POVERTY LEVEL SEA-MAR COMMUNITY HEALTH CENTER IS IN ITS 33RD YEAR OF PROVIDING SERVICES AS A COMPREHENSIVE HEALTH CARE AGENCY WITH CLINICS AND SERVICE SITES IN 10 WASHINGTON COUNTIES CLARK, FRANKLIN, GRAYS HARBOR, ISLAND, KING, PIERCE, SKAGIT, SNOHOMISH, THURSTON, AND WHATCOM SEA MAR PROVIDES THE FOLLOWING SERVICES COMPREHENSIVE PRIMARY MEDICAL CARE, INCLUDING FAMILY MEDICINE, OBSTETRICS, INTERNAL MEDICINE, ADOLESCENT HEALTH CARE, CHRONIC DISEASE MANAGEMENT, IMMIGRATION PHYSICALS INDUSTRIAL/OCCUPATIONAL HEALTH CARE, GERIATRICS, WALK-IN SERVICES, AND EMERGENCY CARE SEA MAR ALSO PROVIDES 24-HOUR ON-CALL AND HOSPITALIZATION SERVICES

4b (Code) (Expenses \$ 10,092,571 including grants of \$ 360,739) (Revenue \$ 18,787,430)

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES TO LOW INCOME PERSONS A TOTAL OF 113,129 ENCOUNTERS FOR WERE INCURRED DURING THE TWELVE MONTH PERIOD SEA-MAR HAS EXPANDED SERVICES TO 13 OUTPATIENT SITES, 4 INPATIENT TREATMENT CENTERS, AND TWO RECOVERY HOUSES, LOCATED IN EIGHT COUNTIES ACROSS WESTERN WASHINGTON WE ARE COMMITTED TO PROVIDING HOLISTIC INTERVENTION UTILIZING EVIDENCE-BASED MODELS THAT HAVE PROVEN TO BE EFFECTIVE IN TREATING MENTAL-HEALTH AND SUBSTANCE -ABUSE DISORDERS IN OUR CLIENTS

4c (Code) (Expenses \$ 5,545,484 including grants of \$) (Revenue \$ 4,609,018)

OUR DRUG & ALCOHOL TREATMENT CENTERS, PROVIDING RESIDENTIAL TREATMENT FOR ALCOHOL AND SUBSTANCE ABUSED TO ADULTS AND YOUTH WE OFFER THE ONLY SPANISH-LANGUAGE INPATIENT SUBSTANCE- ABUSE TREATMENT PROGRAM IN THE STATE AND LEVEL II SECURE FACILITIES FOR BOTH MALE AND FEMALE YOUTH

4d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 23,932,013 including grants of \$ 854,171) (Revenue \$ 19,119,696)

4e Total program service expenses \$ 98,677,093

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	No	
24c	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	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	No	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	No	
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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)		28a	No	
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b	No	
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		30	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		32	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? If "Yes," complete Schedule R, Part I		33	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35	No	
36	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36		
37	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		37	No	
38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		38	Yes	
	Note. All Form 990 filers are required to complete Schedule O				

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	86
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	No
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	1,688
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for 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?	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).	7a	No
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

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

a The governing body?

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

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

	Yes	No
1a	10	
1b	10	
2		No
3		No
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates?

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?

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

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

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

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

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14		No
15a	Yes	
15b	Yes	
16a	Yes	
16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed WA

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

Own website Another's website 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

DOUG DALE
1040 S HENDERSON ST
SEATTLE, WA 98108
(206) 788-3209

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Officer or director	Individual trustee	Institutional Trustee	Employee	Highly compensated Employee			
(1) GREGORY MA Chairman	4 00	X					0	0	0
(2) CARLOS BEJAR Vice Chairman	4 00	X					0	0	0
(3) JACQUELINE PATEK Secretary	4 00	X					0	0	0
(4) ROGER VALDEZ Treasurer	4 00	X					0	0	0
(5) MICHELLE DANLEY Community Representative	4 00	X					0	0	0
(6) CAROLYN JACKSON Patient Representative	4 00	X					0	0	0
(7) KATHERINE LOWE Patient Representative	4 00	X					0	0	0
(8) DIANA SAVELLE Homeless Representative	4 00	X					0	0	0
(9) FELIPE TRINIDAD Migrant Representative	4 00	X					0	0	0
(10) SILVERIO VIVANCO Migrant Representative	4 00	X					0	0	0
(11) ROGELIO RIOJAS Executive Director	30 00			X			681,957	0	10,564
(12) MARY BARTOLO Deputy Director	30 00				X		348,637	0	10,564
(13) DOUG DALE VP of Finance	30 00				X		181,330	0	9,116
(14) CAROLINA LUCERO Senior Vice President	30 00				X		195,973	0	9,543
(15) MIKE LEONG VP of Legal and Corp Affairs	40 00				X		232,716	0	10,564
(16) RAMOS JIMENEZ Medical Director	40 00				X		374,656	0	10,564

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) ALEJANDRO NARVAES Dental Director	40 00			X			331,811	0	10,564
(18) JULIO JIMENEZ Employee	40				X		225,382		10,425
(19) PATRICK GEMPERLINE Employee	40				X		226,633		10,463
(20) MIGUEL JIMENEZ Employee	40				X		206,334		9,854
(21) GREG SANDERS Employee	40				X		181,415		9,106
(22) IONE ADAMS Employee	40				X		191,297		9,403
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							3,378,141		120,730

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 **86**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STAFF CARE INC 4021 S 700 E STE 220 SALT LAKE CITY, UT 84107	Contractual Staffing Services	249,905
NORTHWEST RECRUITING PROFESSIONALS 80 WOODCREEK WAY COUPEVILLE, WA 98239	Contractual Recruiting Services	113,583
ALLSCRIPTS 24630 NETWORK PL CHICAGO, IL 606731246	Computer Software	914,021
COMPHEALTH PO BOX 713100 SALT LAKE CITY, UT 84171	Contractual Staffing Services	717,779
DENTAL PROFESSIONALS INC 4700 42ND AVE SW STE 460 SEATTLE, WA 98116	Contractual Staffing Services	476,630
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 31		

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, grants and other similar amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	7,999,541				
f All other contributions, gifts, grants, and similar amounts not included above	1f	17,839,290				
g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f		25,838,831				
Program Service Revenue			Business Code			
2a Patient Services		623990	44,970,911			
b Medicare/Medicaid Payments		623990	43,294,894			
c Other Service Revenue		623990	550,390			
d Contract Revenue		623990	156,408			
e Medical Record Revenue		623990	153,236			
f All other program service revenue			-98,122			
g Total. Add lines 2a-2f		89,027,717				
3 Investment income (including dividends, interest and other similar amounts)						
4 Income from investment of tax-exempt bond proceeds			219,889			219,889
5 Royalties						
	(I) Real	(II) Personal				
6a Gross Rents	569,584					
b Less rental expenses	543,683					
c Rental income or (loss)	25,901					
d Net rental income or (loss)			25,901		14,344	11,557
7a Gross amount from sales of assets other than inventory						
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
a						
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
a						
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a Events Admission		900099	109,914			109,914
b Radio Broadcasting		515100	126,113			126,113
c Change in Subsidiary Value		900099	-1,200,133			-1,200,133
d All other revenue						
e Total. Add lines 11a-11d			-964,106			
12 Total revenue. See Instructions			114,148,232	89,027,717	140,457	-858,773

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	182,446	182,446		
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	2,048,450	0	2,048,450	0
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	53,934,080	50,477,650	3,456,430	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,046,325	806,962	239,363	0
9 Other employee benefits	9,408,113	8,028,345	1,379,768	0
10 Payroll taxes	4,883,073	4,539,224	343,849	0
a Fees for services (non-employees) Management				
b Legal	69,824	6,373	63,451	0
c Accounting	162,084	0	162,084	0
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	154,154	117,052	37,102	0
12 Advertising and promotion				
13 Office expenses	7,091,794	6,221,917	869,877	0
14 Information technology	1,135,221	543,909	591,312	0
15 Royalties				
16 Occupancy	3,863,005	3,303,783	559,222	0
17 Travel	349,274	323,947	25,327	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	460,898	358,598	102,300	0
20 Interest	1,561,160	1,443,282	117,878	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,688,406	1,740,968	947,438	0
23 Insurance	583,703	525,333	58,370	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Contractual Allowances	14,639,361	14,639,361	0	0
b Contractual Services	2,637,777	2,251,113	386,664	0
c BHS Sponsorship Premium	1,130,973	1,130,973	0	0
d Provisions for Bad Debt	1,752,653	1,752,653	0	0
e Other Expenses	226,451	17,146	209,305	0
f All other expenses	305,827	266,058	39,769	0
25 Total functional expenses. Add lines 1 through 24f	110,315,052	98,677,093	11,637,959	0
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	5,674,113	1 5,674,470
	2 Savings and temporary cash investments	17,281,750	2 21,745,908
	3 Pledges and grants receivable, net	6,422,029	3 5,465,159
	4 Accounts receivable, net	4,714,160	4 6,262,830
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use	49,885	8 72,921
	9 Prepaid expenses and deferred charges	1,476,570	9 1,005,211
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	74,801,865	
	10b Less accumulated depreciation	17,553,942	10c 57,247,923
	11 Investments—publicly traded securities		11
	12 Investments—other securities See Part IV, line 11	4,846,575	12 5,124,556
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	2,632,915	15 2,315,941
	16 Total assets. Add lines 1 through 15 (must equal line 34)	96,691,617	16 104,914,919
Liabilities	17 Accounts payable and accrued expenses	10,396,341	17 14,708,029
	18 Grants payable		18
	19 Deferred revenue	268,393	19 719,747
	20 Tax-exempt bond liabilities	16,061,200	20 15,124,138
	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	21,379,938	23 21,705,575
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities Complete Part X of Schedule D	3,706,226	25 3,944,731
	26 Total liabilities. Add lines 17 through 25	51,812,098	26 56,202,220
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	44,879,519	27 48,712,699
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	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	44,879,519	33 48,712,699
	34 Total liabilities and net assets/fund balances	96,691,617	34 104,914,919

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	114,148,232
2 Total expenses (must equal Part IX, column (A), line 25)	2	110,315,052
3 Revenue less expenses Subtract line 2 from line 1	3	3,833,180
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,879,519
5 Other changes in net assets or fund balances (explain in Schedule O)	5	
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	48,712,699

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
2b Were the organization's financial statements audited by an independent accountant?	2b	Yes
2c 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	2c	No
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b 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	3b	Yes

2010

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury

Internal Revenue Service

Name of the organization

SEA-MAR COMMUNITY HEALTH CENTER

Employer identification number

91-1020139

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 described in **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

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f 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)

g 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

h 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 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?

i 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,982,178	17,703,393	19,361,625	20,537,860	25,838,831	98,423,887
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	14,982,178	17,703,393	19,361,625	20,537,860	25,838,831	98,423,887
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						98,423,887

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14,982,178	17,703,393	19,361,625	20,537,860	25,838,831	98,423,887
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	708,444	807,776	686,814	337,366	219,889	2,760,289
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						101,184,176
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 2010 (line 6 column (f) divided by line 11 column (f))	14	97 270 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96 690 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID: 10000104
Software Version:
EIN: 91-1020139
Name: SEA-MAR COMMUNITY HEALTH CENTER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 5,509,934 including grants of \$ 367,808) (Revenue \$ 4,528,943)

Community Services Division - This department offers a wide range of community and social service programs for youth and the elderly community and social service programs for youth and the elderly community and social service programs for youth and the elderly community and social service programs for youth and the elderly community and social service programs for youth and the elderly

(Code) (Expenses \$ 6,279,561 including grants of \$ 486,363) (Revenue \$ 6,002,776)

(Code) (Expenses \$ 2,147,629 including grants of \$) (Revenue \$ 2,018,081)

The Managed Care department assists eligible patients in applying for public health coverage and other public resources applying for public health coverage and other public resources applying for public health coverage and other public resources applying for public health coverage and other public resources

(Code) (Expenses \$ 3,167,200 including grants of \$) (Revenue \$ 2,480,963)

(Code) (Expenses \$ 6,827,689 including grants of \$) (Revenue \$ 4,088,933)

Other program services offered by Sea Mar Community Health Care Centers include The Child Development Center Health Care Centers include The Child Development Center

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

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

Department of the Treasury
Internal Revenue Service**Name of the organization**

SEA-MAR COMMUNITY HEALTH CENTER

Employer identification number

91-1020139

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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	

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					
1b Contributions					
1c Investment earnings or losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►
 b Permanent endowment ►
 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
 (ii) related organizations

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

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

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

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	13,994,351			13,994,351
1b Buildings	10,286,568	32,056,173	8,573,985	33,768,756
1c Leasehold improvements	638,432		258,728	379,704
1d Equipment	8,050,463		4,841,419	3,209,044
1e Other	9,775,878		3,879,810	5,896,068
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				57,247,923

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Interest in Sea Mar Comm Care Ctr	1,437,505	C
(B) Securities and Other Investments	1,418,222	C
(C) KKMO FCC License	2,268,829	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)	5,124,556	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
Long Term Payable	3,247,710	
Deferred Gain on Sale of Asset	697,021	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	3,944,731	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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
2 Total expenses (Form 990, Part IX, column (A), line 25)	2
3 Excess or (deficit) for the year Subtract line 2 from line 1	3
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV)	8
9 Total adjustments (net) Add lines 4 - 8	9
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1
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
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

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

Schedule I (Form 990)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SEA-MAR COMMUNITY HEALTH CENTER

Employer identification number

91-1020139

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. Part II can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(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
(1) Scholarship	120	120,600			

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

Identifier	Return Reference	Explanation
Pt I Line 2		Grant funds are only disbursed when all prerequisites are met

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2010**Open to Public Inspection****Name of the organization**

SEA-MAR COMMUNITY HEALTH CENTER

Employer identification number

91-1020139

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

4 During the year, did any person listed 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 from the organization or a related organization?

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

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

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

Only 501(c)(3) 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?

b Any related organization?

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?

b Any related organization?

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

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

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

	Yes	No
1b		
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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					
(1) ROGELIO RIOJAS	(i) (ii)	676,897		5,060		10,564	692,521	721,866
(2) MARY BARTOLO	(i) (ii)	348,637				10,564	359,201	243,909
(3) DOUG DALE	(i) (ii)	181,330				9,116	190,446	205,237
(4) CAROLINA LUCERO	(i) (ii)	195,973				9,543	205,516	179,440
(5) MIKE LEONG	(i) (ii)	232,716				10,564	243,280	189,930
(6) RAMOS JIMENEZ	(i) (ii)	374,656				10,564	385,220	302,244
(7) ALEJANDRO NARVAES	(i) (ii)	331,811				10,564	342,375	237,924
(8) JULIO JIMENEZ	(i) (ii)	225,382				10,425	235,807	244,286
(9) PATRICK GEMPERLINE	(i) (ii)	226,633				10,463	237,096	209,926
(10) MIGUEL JIMENEZ	(i) (ii)	206,334				9,854	216,188	198,048
(11) GREG SANDERS	(i) (ii)	181,415				9,106	190,521	219,101
(12) IONE ADAMS	(i) (ii)	191,297				9,403	200,700	203,810
(13)								
(14)								
(15)								
(16)								

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
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**Schedule K
(Form 990)****2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**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.

Name of the organization SEA-MAR COMMUNITY HEALTH CENTER	Employer identification number 91-1020139
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Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		05-24-2007	11,475,000	Refinance 2000 & 2001 Bonds		X		X		X
B WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		08-01-2005	3,600,000	Medical Clinic Aquisition		X		X		X
C WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		05-18-2006	2,500,000	EMR & Equipment Acquisition		X		X		X
D WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		12-21-2006	3,140,000	Medical Facility Acqution		X		X		X

Part II Proceeds

1	Amount of bonds retired	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
2	Amount of bonds legally defeased								
3	Total proceeds of issue								
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**

SEA-MAR COMMUNITY HEALTH CENTER

Employer identification number

91-1020139

Identifier	Return Reference	Explanation
Pt VI-B, Line 11a		The current year 990 will be presented and discussed at a monthly board meeting

Identifier	Return Reference	Explanation
Pt VI-B, Line 12c		The organization's written conflict of interest policy is available

Identifier	Return Reference	Explanation
Pt VI-B, Line 12c		upon request Potential conflicts are discussed at board meetings

Identifier	Return Reference	Explanation
Pt VI-B, Line 15		Executive Director compensation is reviewed and approved by the Board of Directors

Identifier	Return Reference	Explanation
Pt VI-B, Line 15		based upon compensation comparisons of similar organizations

Identifier	Return Reference	Explanation
Pt VI-B, Line 15		Senior Management compensation is reviewed internally against salary surveys

Identifier	Return Reference	Explanation
Pt VI-C, Line 19		Form 990 and Form 1023 are available upon request. Form 990 is also listed on Guidestar

Identifier	Return Reference	Explanation
Pt VI-C, Line 19		The organization's audited financial statements are

Identifier	Return Reference	Explanation
Pt VI-C, Line 19		made available to the public upon written request

Identifier	Return Reference	Explanation
Pt VI-C, Line 19		The organization's governing/organizing documents are

Identifier	Return Reference	Explanation
Pt VI-C, Line 19		made available to the public upon written request

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d		COMMUNITY SERVICES DIVISION - THIS DEPARTMENT OFFERS A WIDE RANGE OF 5509934 367808 4528943 THE PREVENTIVE HEALTH DEPARTMENT INCLUDES PROGRAMS SUCH AS HEALTH EDUCATION, WHICH 6279561 486363 6002776 THE MANAGED CARE DEPARTMENT ASSISTS ELIGIBLE PATIENTS IN 2147629 0 2018081 CANNON HOUSE PROVIDES SAFE, AFFORDABLE, AND HIGH-QUALITY 3167200 0 2480963 OTHER PROGRAM SERVICES OFFERED BY SEA MAR COMMUNITY 6827689 0 4088933

Identifier	Return Reference	Explanation
Form 990, Part IX, Line 24f		BOARD MEETING 27535 0 27535 0 TRAINING AND EDUCATION 278290 266056 12234 0 ROUNDING 2 2 0 0

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SEA-MAR COMMUNITY HEALTH CENTE

Employer identification number

91-102013

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

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.)

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.)

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
(1) BAZAN & ASSOCIATES INC							
1040 S HENDERSON ST	ARCHITECTURAL	WA	SEA-MAR COMMUNITY HEALTH CENTER	C	177,846	239,372	100 000 %
SEATTLE, WA98108							
58-2668638							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
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	(d) Method of determining amount involved
(1) BAZAN				
(2) SEA-MAR SOUTH PARK FAMILY HOUSING LLC				
(3) SEA-MAR FARMWORKER HOUSING DEVELOPMENT				
(4)				
(5)				
(6)				

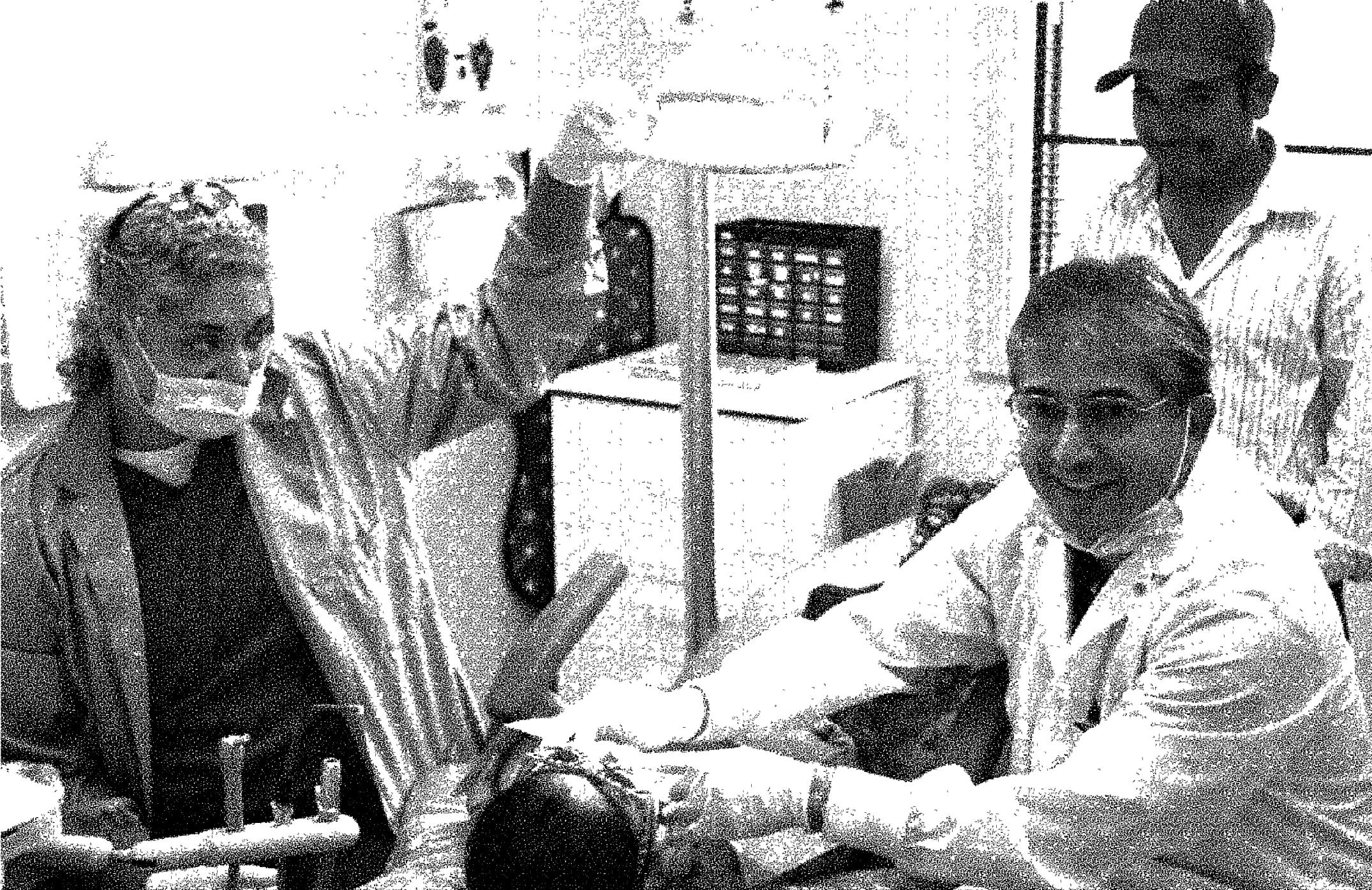
Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Cardio for our patient needs since 1978

2011 ANNUAL REPORT

MISSION

*Sea Mar
Community Health Centers
is a
community-based
organization committed
to providing quality,
comprehensive health,
housing, and human services
to diverse communities,
specializing in service to
Latinos.*



LEADERSHIP

Dear Friends:

This annual report reflects the services and operations of Sea Mar Community Health Centers for the April 1, 2010 to March 31, 2011 fiscal year. We are pleased to report that despite the continuing economic recession, Sea Mar remains a healthy, growing, and financially stable organization.

In 1978, Sea Mar was established with a single medical clinic in the South Park neighborhood of Seattle. Today, South Park remains a vital Sea Mar service hub, with medical, dental, behavioral health, preventive health, health education, 24-hour skilled-nursing, child development, housing, education, and other human services available within walking distance.

Statewide, Sea Mar's network of services spans ten counties in western Washington and Franklin County in eastern Washington. In 2010-11, Sea Mar services were accessible in 21 medical clinics, 14 dental clinics, 15 outpatient behavioral health centers, four residential treatment centers, two assisted-living and one skilled-nursing facility, low-income and farm-worker housing, and the state's largest private WIC provider network.

Through Sea Mar, a wide array of services is available to some of the most vulnerable in our society. In 2010-11, Sea Mar served more than 212,000 clients and recorded 1,003,131 individual encounters. As this report shows, 90% of the clients we served met federal low income eligibility guidelines.

We are proud of what Sea Mar has accomplished during the past three decades and we can take pride in the work that continues today. But like nearly all health and human service providers, Sea Mar is not immune from the uncertainties created by a weak economy and the realities of significant state and federal funding reductions.

While daunting, we face the future and the challenges it presents with optimism and determination. Our outlook is shaped by the people who make Sea Mar run day-to-day. In short, Sea Mar remains healthy due to the quality and commitment of our employees and volunteers, including the board of directors who provide important oversight.

We invite all readers of this report to contact us if you have questions or would like more information about Sea Mar Community Health Centers.

Sincerely,

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NEW SERVICES



Sea Mar Lacey Medical Clinic

Sea Mar opened a new primary care medical clinic for families in Lacey in May 2010. The clinic offers medical, dental and behavioral health services.

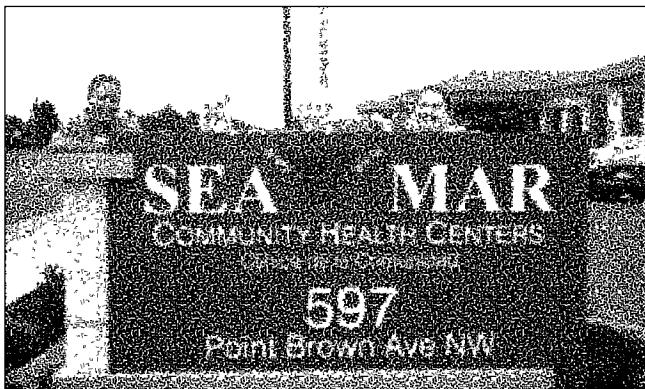
Primary care at the Sea Mar Lacey clinic includes well-child check-ups, immunizations, women's health, physical exams, and laboratory services.

Ocean Shores Medical Clinic

In August 2010, Sea Mar closed its Copalis Beach site and relocated to a new facility in the town of Ocean Shores.

The relocated clinic is next door to Ocean Shores' fire and police departments, making collaboration among the service providers much more convenient.

Plans are underway to expand the clinic to include additional primary-care providers, a WIC program, and possibly dental and behavioral health services.

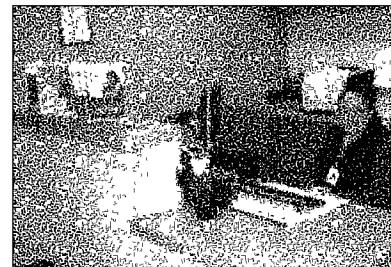


WIC/MSS, Burien

Sea Mar's Women Infant and Child Health and Nutrition (WIC) and Maternity Support Services (MSS) clients can now receive services in the newly renovated Burien clinic. The doors were re-opened in February 2011 to a small flood of clients for both services.

The new space allows for almost 60% greater capacity, plus expanded amenities such as a dedicated breast feeding room, a classroom, and an employee break room.

The new facility also features dedicated garden spaces focused on color and attracting birds to create interest for the waiting children as well as child-friendly artwork. Also housed in the new space will be a behavioral health coordinator, an OB coordinator, and a health educator.



Sea Mar Radio

In January 2011, Sea Mar purchased KKMO radio. Also known as El Rey 1360 AM, KKMO is a Spanish-language radio station serving the Puget Sound area.

Through the radio, Sea Mar intends to educate the public about health-related concerns and issues and promote its annual activities.

KKMO plays regional Mexican music and different programs depending on the day and time. The popular Piolín por la Mañana, a morning talk show based out of Los Angeles, can be heard every weekday morning. This is followed by "La Voz de Washington," with Jaime Méndez and Martha Basurto providing the latest news, traffic and issues of interest to Puget Sound-area Latinos. Listeners can also enjoy a variety of traditional and contemporary music from Mexico and Latin America.



AWARDS

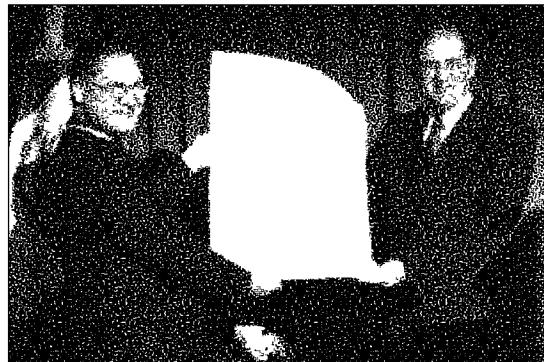
Mexican government presents Sea Mar with Ohtli Award

On September 16, 2010, the day Mexico observes its Bicentennial, the Northwest's Mexican Consul, Alejandro García Domínguez, presented the Ohtli Award to Sea Mar Community Health Centers.

The Ohtli Award, established by the Government of Mexico in 1996, is the highest honor given to non-citizens of Mexico. The word "Ohtli" in Nahuatl means "trailblazer."

In presenting the award, Consul Domínguez said that the award acknowledges those who are dedicated to "blazing a trail abroad, and whose leadership contributes significantly to the well-being, prosperity and empowerment of Mexican and Mexican-American communities living in the United States."

The Ohtli award consists of a medal, a silver rosette, and a diploma.



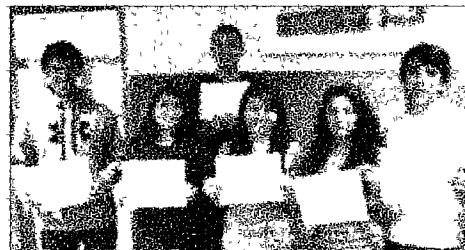
Sea Mar awards scholarships

In 2011, Sea Mar awarded more than one hundred and thirty \$1,000 scholarships to high school and college students from farm-worker families in Washington and to students at Foster High School. Students from farm-worker families often face enormous obstacles in completing their education. Many work after school and during summers to help their families meet daily living expenses, and many struggle to overcome language and cultural barriers.

Past experience has taught us that some students struggle for various reasons during their early years, but show significant progress during their junior and senior years of high school or while attending a college. Sea Mar takes into consideration factors like these when awarding scholarships. Providing scholarships for such students is a form of encouragement to continue their education.

Scholarship awards are made in the spring for high school seniors and for students who are currently enrolled in a college or university.

Funding comes primarily from Sea Mar's annual charity golf tournament.



2011 recipients of Sea Mar Farm-Worker Scholarship from Chelan High School.

Seahawks, Bonneville Media Group recognize Sea Mar

Sea Mar was selected by the Bonneville Seattle Media Group and the Seattle Seahawks as their Charity of the Month for September 2010. The owner of several radio stations in Seattle, Bonneville aired several public service announcements promoting Sea Mar and the annual Fiestas Patrias event in September.

At a special presentation at the Seahawks training facility in Renton, Bonneville was joined by the Seattle Seahawks and corporate partner, Bath Fitters, in presenting Sea Mar with a plaque, a contribution of \$2,000, and a Seahawks 12th-Man autographed flag.



Sea Mar receives Friend of Housing Award

On October 2010, Sea Mar was honored with a Friend of Housing Award for its commitment to expanding affordable housing for Washington's low-income residents. The award was presented by the Washington State Housing Finance Commission.

"Sea Mar's commitment to improving the lives of the less fortunate by providing affordable housing to some of the poorest in our society, including farm workers and the homeless, makes them a Friend of Housing," said Kim Herman, executive director of the Commission.

In 2010, Sea Mar had completed construction and was preparing to open two facilities, La Posada East and La Posada West, in Pasco, that provide temporary, motel-style residency for more than 150 farm workers.

In 2009, Sea Mar opened César Chávez Village, an affordable-housing community for families, located in South Park. The Village has 25 townhouse-style rental apartments with two- to four-bedrooms. Five of the apartments are reserved for families transitioning from homelessness. Sea Mar is proud that the village is named after one of the nation's greatest Latino leaders and founder of the United Farm Workers Union, César Chávez, a family man, environmentalist, and tireless crusader for non-violent social change.

Rep. Phyllis Gutierrez-Kenney (D-46th District), nominated Sea Mar for the housing award.



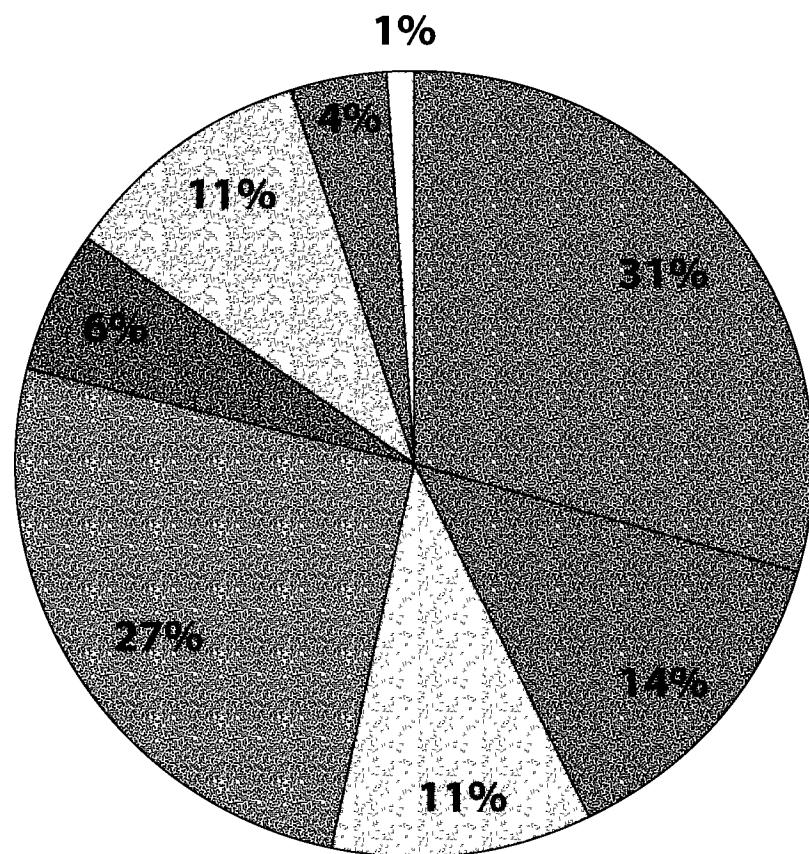
Rep. Phyllis Gutierrez-Kenney with Sea Mar's housing director, Paul Fitzgerald



WHO WE SERVED

Total Encounters by Service Area

1,041,883

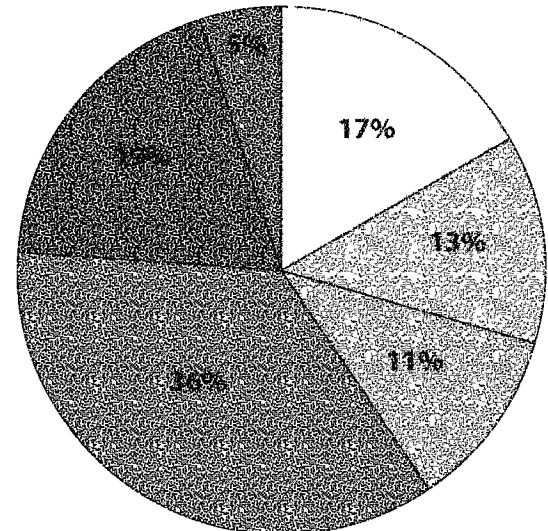


Medical	307,694
Dental	135,555
Behavioral Health	113,129
Preventative Health	272,033
Assisted Living, Nursing Home, Housing	107,564
Home Care/Senior Services	55,484
Health Education, Case Management, Nutrition	35,976
Other Support Services	14,448
TOTAL	1,041,883

WHO WE SERVED

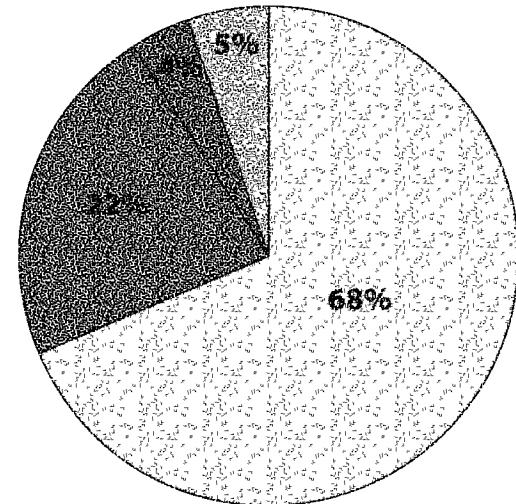
Total Clients by Age

212,913

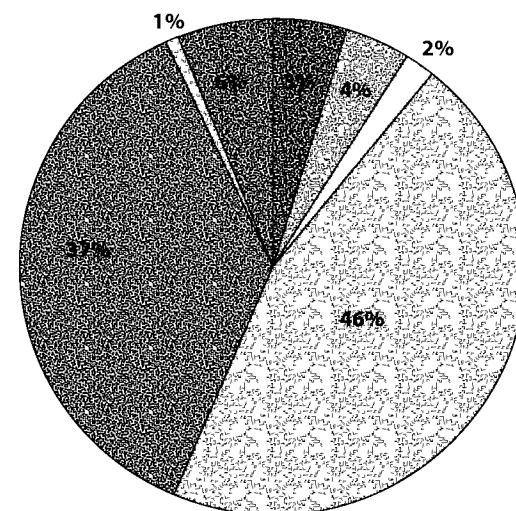


Total Clients by Income

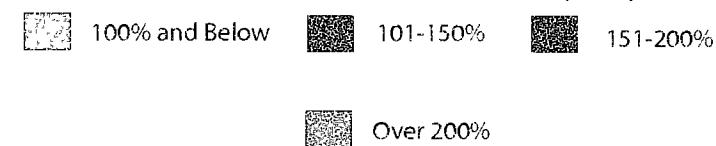
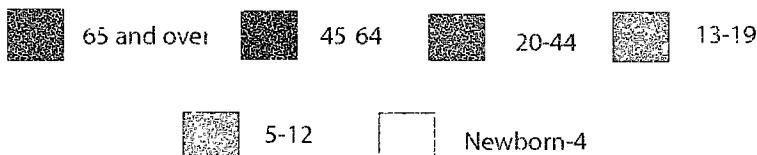
212,913



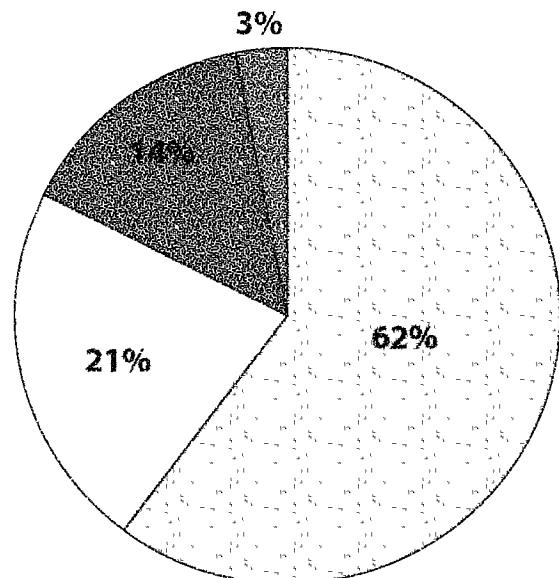
Total Clients by Race
212,913



Based on federal poverty levels

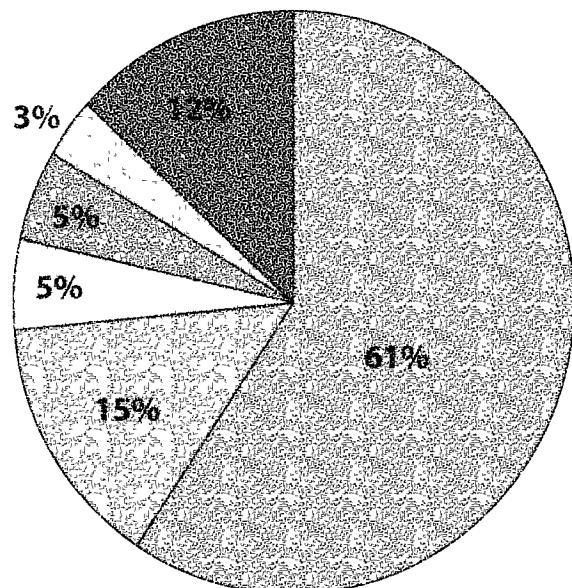


FINANCIALS



Revenue

Patient Services	\$78,034,496
Grants & Contracts	\$26,459,255
Prepaid Plan	\$17,591,518
Interest & Other Revenue	\$3,633,384
TOTAL	\$125,718,653



Expenses

Personnel	\$76,130,241
Free Health Care	\$18,904,222
Interest & Depreciation	\$5,982,482
Operating Supplies	\$5,735,140
Working Capital	\$3,888,092
Other	\$15,078,476
TOTAL	\$125,718,653

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SEA MAR

COMMUNITY HEALTH CENTERS
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1040 S Henderson Street
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206-763-5277

www.seamar.org

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Bellevue Medical	425-460-7140
Bellingham Medical	360-671-3225
Burien Medical	206-812-6140
Clark County Medical	360-852-9070
Everson Medical	360-354-0766
Sea Mar Lacey Medical	360-359-4840
Marysville Medical	360-653-1742
MDC—Tacoma Homeless Youth	253-627-5445
Monroe Medical	360-282-3885
Mount Vernon Medical & OB/GYN	360-428-4075
Ocean Shores Medical	360-289-2427
Olympia Medical	360-491-1399
Community Youth Services (Olympia)	360-943-0780
Puyallup Medical	253-864-4550
Seattle Medical	206-762-3730
Skagit Valley Medical	360-588-5550
Tacoma Medical	253-593-2144
Vancouver Medical	360-566-4402
White Center Medical	206-965-1000

Pharmacy

Olympia	360-704-7575
Seattle	206-762-3397
Mount Vernon	360-542-8800

Dental Clinics

Aberdeen Dental	360-538-1463
Bellingham Dental	360-738-3016
Burien-PSSC/OSC Dental	206-631-7316
Burlington Dental	360-755-9151
Lacey Dental	360-359-4860
Marysville Dental	360-657-3091
Mt Vernon Dental	360-542-8901
Oak Harbor Dental	360-679-9216
Puyallup Dental	253-864-4760
Seattle Dental	206-762-3263
Tacoma Dental	253-593-2144
Tumwater Dental	360-570-8016
Vancouver Dental	360-574-4074
White Center Dental	206-965-1000

Inpatient Behavioral Health Centers

Visions Youth Treatment Center (female)—Bellingham	360-647-4266
Des Moines Recovery House	206-812-6160
Renacer Youth Treatment Center (male)—Seattle	206-766-6969
Tacoma Adult Treatment Center	253-280-9860

Inpatient Behavioral Health Centers

Aberdeen BHC	360-538-1461
Anacortes BHC	360-542-8920
Bellevue BHC	425-460-7114
Bellingham BHC	360-734-5458
Everett BHC	425-347-5415
Lacey BHC	360-359-4880
Lynnwood BHC	425-977-2560
Monroe BHC (S/A)	360-805-3122
Monroe BHC (M/H)	360-282-3899
Mount Vernon BHC	360-542-8920
Puyallup BHC	253-864-4770
Seattle BHC	206-766-6976
Tacoma BHC	253-396-1634
Tumwater BHC	360-570-8258
Vancouver BHC	360-566-4432
Preventive Health Services	206-762-0876
WIC/Maternity Support, Nutrition, Health Education	
AmeriCorps/HealthCorps Volunteer Program (statewide)	206-764-8040
Child Development Center	206-788-3245
Community Care Center	206-788-3200
Skilled Nursing	
Cannons House Assisted Living	206-709-1777
Community Services	206-764-8040
Latino Senior Information & Assistance, Immigration, Home Health, Radio El Rey (KKMO)	
Housing Services	
Cesar Chavez Village, Seattle	206-763-5277
La Posada East and West, Pasco	509-546-0865
Homeless Services	360-424-5710
Bellingham, Mount Vernon	
Latino Educational Achievement Project	
Seattle (statewide)	206-763-5277
Youth Boxing Program, Seattle	206-763-4085