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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning January 1, 2008, and ending December 31, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: COTTONTREE CENTER/ COTTONWOOD THERAPY ASSOCIATES. Address: 190 CENTRAL PARK SQ, LOS ALAMOS, NM 87544

D Employer identification number: 85-0459147. E Telephone number: (505) 662-1419. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash

I Website: N/A. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type: 501(c)(3). K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. Total: \$131,377

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 131,377. Expenses total: 132,506. Net Assets total: -89,182.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Total assets: 4,830. Total liabilities: -90,598. Net assets: -89,182.

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	✗	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a 0	
b	Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ New Mexico		
42a	The books are in care of ▶ Donna Giaquinto Telephone no. ▶ (505) 672-1739 Located at ▶ 435 Ridgcrest Ave Los Alamos, NM ZIP + 4 ▶ 87544-3547		
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 1		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|--------------------------|-------------------------------------|
| 46 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 | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | <input type="checkbox"/> | <input type="checkbox"/> |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here 10-15-10
 Signature of officer Date
 Donna Giaguinto Executive Director
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ Date
 Check if self-employed Preparer's Identifying Number (See instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIN ▶
 Phone no ▶ ()

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

	Date Acquired	Cost Basis	Prior Depreciation	Method	Life	Rate of Depreciation		Total Assets
						2007	2008	
Furniture and Fixtures:								
Furnitures and Fixtures	8/1/2000	1,725	1,725	200DB HY	5	0	0	-
Office Furniture	2/28/2001	280	280	200DB HY	5	0	0	-
Office Equipment	8/1/2000	415	415	200DB HY	5	0	0	-
Computer	2/1/2001	509	509	200DB HY	5	0	0	-
Software	8/1/2000	3,749	3,749	200DB HY	5	0	0	-
BioFeed Back Equipment	8/23/2002	2,210	1,915	S/L	5	295	0	-
File Cabinet	6/11/2002	322	294	S/L	5	28	0	-
Massage Equipment	10/17/2002	147	121	S/L	5	26	0	-
Massage Table	11/1/2002	739	617	S/L	5	122	0	-
Converter for Laptop	12/26/2002	100	80	S/L	5	20	0	-
Furniture	7/1/2003	1,908	1,337	S/L	5	382	189	-
Software	6/5/2003	446	446	S/L	3	0	0	-
Telephones	8/14/2003	193	133	S/L	5	39	21	-
Furniture	1/15/2004	240	144	S/L	5	48	0	48
Couches	6/23/2004	120	60	S/L	5	24	12	24
TV	7/21/2004	100	48	S/L	5	20	12	20
Computer	10/24/2004	125	54	S/L	5	25	21	25
Office Furniture	12/31/2004	5,000	2,000	S/L	5	1000	1000	1,000
Copy Machine	12/31/2004	1,000	400	S/L	5	200	150	250
2 Computers	12/31/2004	750	450	S/L	5	150	0	150
Computer	3/31/2006	1,200	-	S/L	5	240	240	720
Schedule Viewer	8/18/2006	504	-	S/L	5	102	102	300
		21,790	14,777			2,721	1,747	2,537