

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Department of the Treasury

SCANNED JUL 27 203

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

Open to Public Inspection

				The organization may have to be a topy of the retain to be an a topy of the retain to be a top of the re		_ 						
	For the	2008 calen	dar year, (or tax year beginning 7/01 , 2008, and ending			009					
В	Check if a	applicable	DI			er Identification						
	Addr	ress change	Please use IRS label	SOUTHWEST C.A.R.E. CENTER	85-0	0397444	<u> </u>					
	Nam	ne change	or print or type.	649 HARKLE ROAD STE E	E Telepho	ne number						
	\vdash	al return	See specific	Santa Fe, NM 87505	505	-989-82	200					
	\vdash	nination	Instruc- tions.									
		ended return	40113.		G Gross r	G Gross receipts \$ 5,394,964.						
	\vdash		E Nama a	nd address of principal officer	(a) Is this a group return							
	Аррі	lication pending	l		(b) Are all affiliates incl		Yes No					
_					If 'No,' attach a list	(see instruction	ons)					
<u>-</u>		exempt statu										
<u>J</u>					(c) Group exemption nu	-						
K		f organization	Corpora	ton Trust Association Other LYear of Formator	<u>n</u> [M/S	tate of legal d	omicile					
Pa		Summa										
				anization's mission or most significant activities. <u>To provid</u>								
9				<u>ation, prevention and support services to</u>	<u>people_afi</u>	<u>ected</u>	pĀ					
Activities & Governance		HIV/AIDS	and r	<u>elated_conditions_in_New_Mexico</u>								
E	_	. _	ہے۔ ۔ ۔			· -						
Š				f the organization discontinued its operations or disposed of more	e than 25% of its		11					
8				bers of the governing body (Part VI, line 1a)		3	11 11					
es			•	t voting members of the governing body (Part VI, line 1b)		5	37					
Σ			•	yees (Part V, line 2a) eers (estimate if necessary)		6	0					
Act				usiness revenue from Part VIII, line 12, column (C)		7a	0.					
		-		taxable income from Form 990 7 mg 3/m		7b	0.					
—		tet di li ciatec	1 003111030	RECEIVED	Prior Year	 	Current Year					
		Samtulbu di ama	and aran	ts (Part VIII, line 1h) Q	3,270,4	63	3,034,964.					
E			318, 2		450,975.							
Revenue	10 lr	rogram serv	nce reveri	ts (Part VIII, line 1h) cylue (Part VIII, line 2g) y JUN 0 7 2010 y y y y 11 2010 y 20	34,6		-169,013.					
æ	10 II	Thesurient in	a (Dart VI	II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	146,9		1,059,136.					
	12 T	otal revenu	e (rait vi a — add lir	nes 8 through 11 (must equit from Million (A), line 12)	3,770,2		4,376,062.					
	13 0	carrevenue	mular ame	ounts paid (Part IX, column (A), lines 1-3)	3,7,0,2	-	1,0,0,0021					
				members (Part IX, column (A), line 4)								
					1,771,2	57	2,121,147.					
Ø.				sation, employee benefits (Part IX, column (A), lines 5-10)	1,111,2	37.	2,121,141.					
Expenses				g fees (Part IX, column (A), line 11e)								
ă	b⊺	otal fundrais	sing exper	nses (Part IX, column (D), line 25) 146,831.								
ш	17 C	Other expens	es (Part I	X, column (A), lines 11a-11d, 11f-24f)	2,209,6	85.	2,113,102.					
	18 T	otal expense	es. Add III	nes 13-17 (must equal Part IX, column (A), line 25)	3,980,9	42.	4,234,249.					
	19 F	Revenue less	expense	s. Subtract line 18 from line 12	210,7	39.	141,813.					
ъ <u>8</u>					Beginning of Y	'ear	End of Year					
g g	20 T	otal assets	(Part X. III	ne 16)	3,201,0		3,437,950.					
A B		otal liabilitie			869,9	32.	1,090,700.					
Net Assets or Fund Balancos			•	inces Subtract line 21 from line 20	2,331,0		2,347,250.					
Pa	rt II		ure Bloc		2/331/3	70.1	2,011,2001					
					ments and to the hest o	f my knowlede	se and helief it is					
		true, correct, a	ind complete	declare that I have examined this return, including accompanying schedules and stater Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge	/ Illy knowledg	ge and benef, it is					
Sig	ın	-	13		G/Z	/10						
He	re	Signature	of officer		Date							
		>		EFF THOMAS EXECUTIVE	DIRECTO	a						
		A voe or pr	int name and		P/KECIV.							
		27,72 3. 7.		Date	Charle 4	Prepare	r's identifying number					
Pai	: ~!				Check if self	(see inst	tructions)					
Pre		Preparer's		$\langle \cdot \rangle \langle \cdot \rangle = \langle \cdot \rangle \langle $	employed	□ _{N1/3}						
	rer's	signature	- V	Jul Derly CBA Sall	10	N/A						
Us	e	Firm's name (o		nick, Laws & Sandoval, PC								
On		employed),		Calle Medico		/A						
		address, and ZIP + 4		ta Fe, NM 87505	Phone no	505-98						
May	the IR	S discuss th	is return v	vith the preparer shown above? (see instructions)		X						
BA	A For F	Privacy Act a	and Paper	work Reduction Act Notice, see the separate instructions.	TEEA0112L	12/22/08	Form 990 (2008)					

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Form 990 (2008) SOUTHWEST C.A.R.E. CENTER

Rart IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? It 'Yes,' complete			
	Schedule A	1	X	<u> </u>
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		ļ ———
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?// 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		X
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 United States? If 'Yes,' complete Schedule F, Part II	15		Х
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 United States? If 'Yes,' complete Schedule F, Part III	16		Χ_
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e7lf 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a?If 'Yes,' complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a?If 'Yes,' complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	X	
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
BAA		Form	1 990	(2008)

Form 990 (2008) SOUTHWEST C.A.R.E. CENTER

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	-	<u> X</u>
ı	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		X
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
3 1	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Χ_
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	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)3f 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
BAA		Form	990	(2008)

1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1a 15 b Enter the number of Forms W.26 included in line 1a Enter -0 -if not applicable b Enter the number of Forms W.26 included in line 1a Enter -0 -if not applicable c Dut the reportation comply with backup with the line year control of the complex with the parameter of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field of the calcided year deteiling with or which the year control of the collecting with or which the year control of the collecting with or which the year control of the collecting with or which the year control of the collecting with or which the year control of the collecting with or which the year control of the collecting with or which the year control of the collecting with or which the year collecting with the collecting with the parameter of the collecting with the collecting with the parameter of the collecting with the parameter of the collecting with the collecting with the parameter of the collecting with the				Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wirnings to prize winners? 2 a first the number of imployes reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calledad year ending with or within the year covered by this return. 2 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines I a and 2a is greater than 250, you may be required toe-file this return. (see instructions) 3 bit If Yes has it filed a Form 990-T for this year? If No. in provide an explanation in Schedule O 4 a A I 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 of your as a hair Account, securities account, or other financial account)? 5 a Was the organization or portify the organization that it was or is a party to a prohibited tax shelter transaction and the financial Accounts of the companization of the variety of the prohibited tax shelter transaction? 5 a Was the organization aparty to a prohibited tax shelter transaction and the financial Accounts of the shelter transaction and the shelter transa	Info	rmation Returns Enter -0- if not applicable 15			
(gambing) winnings to prize winners? 2 a fairly five mubber of employees protected on Form W.3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 bif if at least one is reported on form W.3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3 bif Yes's has it filed a Form 990-T for this year? If Yo, 'provide an explanation in Schedule O 4 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. ** See the instructions for exceptions and filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization and the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Iax Shelter Transaction? 6 bif Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 bif Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not deductible and the organization shall be only the organization of the value of the goods or services provided? 7 bif Yes, 'indicate the number of Forms 8282 filed during the year. 6 bif the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X 7 d X 7 bif the organization make any distributions included on Part Vill, line 12 6 bif the organization make any time during the year. 9 continuous organization should be supporting or		er tile ridinadi ori orina vi za irididada iri iridi ta ziridi. O iri ridi appridado			
calandar year ending with or within the year covered by this return. 2 bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return. (see instructions) 3 bit if ves in a sit filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0 3 bit if ves has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule 0 4 a 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. * See the instructions for exceptions and filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter fransaction? 5 a Was the organization aparty to a prohibited tax shelter fransaction? 6 a Did the organization aparaty to a prohibited tax shelter fransaction? 6 a Did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6 a Did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 of the organization and file year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 of the organization which were sponsoring organizations maintaining door advised funds and section 509(a)(3) supporting organizations. Finer. 8 of the organizati	c Did (gar	the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming mbling) winnings to prize winners?	1 c		X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bit 'Yes' has it filed a Form 990-T for this year? If 'No., 'provide an explanation in Schedule O 4 At 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)? bit 'Yes,' enter the name of the foreign country: * See the instructions for exceptions and filing requirements for orm TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Financial Accounts. Fanancial Accounts. a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? cit 'Yes', it of users to see that the warre of the Accounts of the organization solicit any contributions that were not tax deductible? bit 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? bit 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? bit 'Yes', did the organization notify the donor of the value of the goods or services provided? c) If the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? bit 'Yes', indicate the number of Forms 8282 filed during the year e) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f) Did the organization, during the year, pay premiums, directly or indirectly,	calen	idar year ending with or within the year covered by this return 2a 3/			
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes' has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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, seconties account, or other financial account)? b 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. 5a Was the organization a party to a prohibited tax shelter fransaction? c if "Yes," to guestion 5a or 5b, did the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? 6b if "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b If "Yes," idd the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file of if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? 7b Did the organization make any distribution to a donor, donor advised funds and section 509(a)X3 supporting organizations. Enter. a Did the organization make	2b If at	t least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
this return? 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)? 5b If Yes, refer the name of the foreign country • See the instructions for exceptions and filing requirements forem TD F 90-221, 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 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, to question 5a or 5b, did the organization tile Form 886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solic any contributions that were not deductible? 6a Did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b If Yes, did the organization notify the donor of the value of the goods or services in exchange for any quid pro quo contribution of more than \$75? 7a X 7b Dif Yes, did the organization notify the donor of the value of the goods or services provided? 6 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization on the property, did the organization file a Form 1098-C as required? 8 Section 501(cX) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the org					
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)? See the instructions for exceptions and filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X C If Yes, it organization as party to a prohibited tax shelter transaction? 5b X C If Yes, it organization solicit any contributions that were not tax deductible? 6b If Yes, it did the organization include with every solicitation an express statement that such contributions or girls were not deductible? 70 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 8 If Yes, it did the organization with the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 If Yes, indicate the number of Forms 8282 filed during the year 9 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(x)3 supporting organizations. Did the supporting organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any distribution to a donor, donor advised funds. 9 Did the organization make any distribution to a donor, donor advised, funds. 9 Did the organization make any distribution to a donor, donor advis	this	return ⁵			Х
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11 Section 501(c)(12) organizations.Enter. a Gross income from other members or shareholders 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) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	a Initi	ation fees and capital contributions included on Part VIII, line 12			
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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) nonexempt 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	11 Sec	1 1			
amounts due or received from them) 12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		——————————————————————————————————————			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	amo	ounts due or received from them)			
			12a		
		es, enter the amount of tax-exempt interest received or accrued during the year 12b		. 000	(200

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

tion A. Governing Body and Management			
For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstance processes, or changes in Schedule O See instructions	s,	Yes	No
J J ,			
Enter the number of voting members that are independent	.1		
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		<u>X</u>
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?	1 3		Х
	4		X
since the prior Form 990 was filed?			
Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
Does the organization have members or stockholders?	6		X
Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	_7b		X
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Х	
Each committee with authority to act on behalf of the governing body?	8b	Х	
a Does the organization have local chapters, branches, or affiliates?	9 a		X
o 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?	9 b		
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O	10	Х	
Is there any officer, director or 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	11		Х
tion B. Policies			,
a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Yes	No_
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
to conflicts?	12b		Х
to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy?!f 'Yes,' describe in Schedule O how this is done	12b 12c	-	X
Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in		X	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	X	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done Does the organization have a written whistleblower policy?	12c	Х	
Does the organization regularly and consistently monitor and enforce compliance with the policy? Yes, 'describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official?	12c 13 14	X	
Does the organization regularly and consistently monitor and enforce compliance with the policy? Yes, 'describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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.	12c 13 14	X	
Does the organization regularly and consistently monitor and enforce compliance with the policy? Yes, 'describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official?	12c 13 14	X	
Does the organization regularly and consistently monitor and enforce compliance with the policy? Yes, 'describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers of key employees of the organization? See Schedule O	12c 13 14 15a 15b	X	
Does the organization regularly and consistently monitor and enforce compliance with the policy? Yes, 'describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 exemption in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemption.	12c 13 14 15a 15b	X	X
Does the organization regularly and consistently monitor and enforce compliance with the policy? Yes, 'describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempstatus with respect to such arrangements?	12c 13 14 15a 15b	X	X
Does the organization regularly and consistently monitor and enforce compliance with the policy? Yes, describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements?	12c 13 14 15a 15b	X	X
Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>Yes,' describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed NM Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	12c 13 14 15a 15b	XXX	X
Does the organization regularly and consistently monitor and enforce compliance with the policy? 'Yes,' describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxabentity during the year? Dif 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemptatus with respect to such arrangements? Etion C. Disclosures List the states with which a copy of this Form 990 is required to be filed NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply Own website Another's website	12c 13 14 15a 15b 16b 16a availab	X X X	X
Does the organization regularly and consistently monitor and enforce compliance with the policy? <i>Yes,' describe in Schedule O how this is done</i> Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers of key employees of the organization? See Schedule O Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Dif 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participate in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available.	12c 13 14 15a 15b 16b 16a availab	X X X Ide for	X
	Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee 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? 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? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Da Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Did fives,' 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? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O is there any officer, director or 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 thing the pr	a Enter the number of voting members of the governing body De Enter the number of voting members that are independent 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? 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? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 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See Schedule O The strip of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization was to review the Form 990 See Schedule O Lister or 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 The strip of the Form 990 provided to the names and addresses in Schedule O Lister of the process, if any, the organization have cannot be reached at the organization's mailing address? I

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- 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 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) or 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 the organization did no (A)	(B)			(c)	(E)	(F)			
Name and Title	Average hours	 -	tion (k all t	hat app	ř –	Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Alicia Miller										
President	1.5		<u> </u>		_		ļ	0.	0.	<u> </u>
Al Lama Vice President	1							0.	0.	0.
Tracy Conner										
Secretary/Treas	1							0.	0.	0.
David_Ginsberg	J									
Director	1							0.	0.	0.
Daya Khalsa									_ [
Director	1		ļ					Q.	0.	0.
Ed_Rivera										0
Director	1	ļ	_	ļ				0.	0.	0.
Roxanne Shaw-Apple	_								0.	0
Director	1		_	<u> </u>	_	-		0.	0.1	0.
Dru Sherrod	1							0.	0.	0.
Director Jill Cooper Udall	 			<u> </u>				0.	0.	
Director	1							0.	0.	0.
Jeff Thomas	 			\vdash			-	- 0.		<u>-</u> <u>-</u>
Executive Direc	45							113,364.	0.	0.
Trevor Hawkins, M. D.			<u> </u>	_				/		
Med. Director	35							240,261.	0.	0.
	l									
								:		
							-			
							_			
BAA	L	<u></u>	FF^	 01071	L	/24/09	L			Form 990 (2008)

(A)	tees, M	(ey	<u>Em</u>		oye c)	es,	<u>an</u>	(D)	npensated Emp (E)	oyees	ont)	
Name and Title	Average	Posi	tion (-	-	that a	pply)	, ,	· ·) E:	(F) stimated	1
	hourš per week		_	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	amou com fr org an	unt of oth ipensation rom the janization id related anization	her on on d
							_					
				_								
						L						
		ļ										
								252 625				
1b Total						41	00.0	353,625.	0.	<u> </u>		0
2 Total number of individuals (including those in 1a) v organization ► 2	vno rece	eived	ı mo	ore t	nan	1 \$ 11	00,0	uu in reportable c	ompensation from	ine		
3. Dud the amendment on but any favore officer director							رجا بد		ad amenia vo a		Yes	No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if 4 For any individual listed on line 1a, is the sum of re 	ndıvıdua	J ,	•	Ċ	•	,		•	, ,	3		X
the organization and related organizations greater the	nan \$15	0,00	10° I	lf 'Y	es'	com	plet	e Schedule J for	such	4	X	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens redule J	atioi for	n fro	om a h pe	any erso	unre n.	elate	ed organization for	services	5		X
Complete this table for your five highest compensation from the organization	ed ındel	pend	lent	con	itrad	tors	s tha	at received more t	nan \$100,000 of			
(A) Name and business addres	s							(B Description () of Services	(C Compe	C) nsatio	n
								<u> </u>				
				_								
2 Total number of independent contractors (including compensation from the organization ▶ 0	those in	1)	who	rec	eıve	ed m	nore	than \$100,000 in				

Pa	t 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
S S	1a Federated campaigns 1a				
YAN.	b Membership dues 1b				
NO S	c Fundraising events 1c				
AR H	d Related organizations 1d				
S,G	e Government grants (contributions) 1e 2,902,765.				
S S	f All other contributions, gifts, grants, and				
BH	f All other contributions, gifts, grants, and similar amounts not included above 1f 132,199.				
F S	g Noncash contribus included in lns 1a-1f: \$ 74,610.				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	3,034,964.			
闄	Business Code	055 530	255 520		
E	2a Service Income, net	255,538.	255,538.		
<u>~</u>	b Research	184,857.	184,857.	· · · · · · · · · · · · · · · · · · ·	 .
₹	c Temp Restricted	10,580.	10,580.		
SE	d				-
AA	6 All all all and an analysis				
8	f All other program service revenue g Total. Add lines 2a-2f ▶	450,975.			1
-	g Total, Add lines 24-21	430,313.			
	3 Investment income (including dividends, interest and other similar amounts)	-166,042.			-166,042.
	4 Income from investment of tax-exempt bond proceeds	,			
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less, cost or other basis				
	and sales expenses 2,971.				
	c Gain or (loss) -2, 971.				
	d Net gain or (loss)	-2,971.	-2,971.		
IUE	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c).				
ž.	See Part IV, line 18 a 177, 902.				
풀	b Less direct expenses b 94,566.				
0	c Net income or (loss) from fundraising events	83,336.			83,336.
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances a 1,897,165. b Less. cost of goods sold b 921,365.				
	c Net income or (loss) from sales of inventory	975,800.			975,800.
	Miscellaneous Revenue Business Code	3,3,000.			3.3,330.
	11a	-		-	
	b				
	с				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	4,376,062.	448,004.	0.	893,094.

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 (D), (C), and (D).	All other organizations must com	plete column (A) but are not require	ed 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
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.				
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	353,625.	315,837.	37,788.	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)	0.	0.	0.	0.
7 Other salaries and wages	1,472,983.	1,276,850.	97,578.	98,555.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)			, -	
9 Other employee benefits	157,662.	137,505.	11,665.	8,492.
10 Payroll taxes	136,877.	119,348.	10,144.	7,385.
11 Fees for services (non-employees)				
a Management				
b Legal	7,480.		7,480.	
c Accounting	30,331.	26,515.	1,657.	2,159.
d Lobbying				···
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees	7,881.	7,881.		
g Other	74,106.	74,106.		
12 Advertising and promotion	5,324.	4,440.		884.
13 Office expenses	46,880.	41,210.	2,462.	3,208.
14 Information technology				
15 Royalties	70.160	70 600	7.640	017
16 Occupancy	79,160.	70,603.	7,640.	917.
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials	58,930.	56,198.	2,732.	
19 Conferences, conventions, and meetings				
20 Interest	54,684.	54,353.	331.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,295.	59,400.	4,116.	4,779.
 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 	37,942.	29,685.	7,337.	920.
5% of total expenses shown on line 25 below)				
a IAP Expenses	846,965.	846,965.		
b Medical Lab Expenses	265,027.	265,027.		
c client housing	140,574.	140,574.		
d Medical Testing & Supplies	53,970.	53,970.		
e Telephone	40,581.	35,728.	2,107.	2,746.
f All other expenses.	294,972.	256,122.	22,064.	16,786.
25 Total functional expenses Add lines 1 through 24t	4,234,249.	3,872,317.	215,101.	146,831.
26 Joint Costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
ВАА				Form 990 (2008

1 Cash — non-interest-bearing 390, 263, 1 335,585,	ra	n x	Balance Sneet							
2 2 2 2 2 2 2 2 2 3 4 3 3 83 53 4 4 4 5 4 4 5 4 4 5 4 4		_				(A) Beginning of year		(I End (B) of year	
2 2 2 2 2 2 2 2 2 3 4 3 3 83 53 4 4 4 5 4 4 5 4 4 5 4 4		1	Cash – non-interest-bearing			390,263.	1	3	35,5	85.
3 Pietages and grants recervable, net 32, 321. 3 3,835.		2	Savings and temporary cash investments				2			
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1 Accounting method used to prepare the Form 990 Cash X Accrual Other 2 a Were the organization's financial statements compiled or reviewed by an independent accountant? 2 b Were the organization's financial statements audited by an independent accountant? 2 b X c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3 a 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? b If 'Yes,' did the organization undergo the required audit or audits? 3 b X						3,201,002.	34	3,4	37,5	<u> </u>
1 Accounting method used to prepare the Form 990	Pa	rt XI	Financial Statements and Reporting							
2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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? b If 'Yes,' did the organization undergo the required audit or audits? 3b X	_				ੑੑਜ਼੶੶				Yes	No
b Were the organization's financial statements audited by an independent accountant? c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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? b If 'Yes,' did the organization undergo the required audit or audits? 3b X										-
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 X b If 'Yes,' did the organization undergo the required audit or audits? 3b X						accountant?			v	
review, or compilation of its financial statements and selection of an independent accountant? 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? b If 'Yes,' did the organization undergo the required audit or audits? 3b X								<u>2b</u>	Λ.	
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? b If 'Yes,' did the organization undergo the required audit or audits? 3b X		c if '\	res to 2a or 2b, does the organization have a committ lew, or compilation of its financial statements and sele	ee that ction o	i assumes responsibilit If an independent accoi	y for oversignt of the a untant?	uait,	2c	X	
Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? 3a X 3b X	3						Single			
	,	Aud	dit Act and OMB Circular A-133?		<u> </u>		5	3a		
			es, did the organization undergo the required audit or	audits	57					COUDE

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

SOU	THV	VES <u>T</u>	C.1	<u> 1. R. E</u>	:. C	ENT	ΞR											85-0	39744	4			
Part		Rea	son	for P	ublic	: Cha	rity :	Statu	1 s (/	All or	ganız	ations	mus	t coi	mple	ete th	s part	.) (see	ınstru	ctions	5)		
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1		A chu	ırch, d	conven	tion d	of chur	rches	or ass	ocıat	ion of	churc	hes des	cribed	ınse	ction	170(b)	(1)(A)(i)						
2	П	A sch	iool d	escribe	d in s	section	n 170(b)(1)(A)(ii).	(Atta	ch Sch	nedule E	Ξ.)										
3	П	A hos	spital	or coop	perati	ive ho	spital	servic	e org	anıza	tion de	escribec	lınsect	ion 1	70(b	χ1χΑχ	ııı). (Att	ach Sch	edule H)			
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	_			and s																			
5	ᆜ	170(b	Х1Х А)(iv). (Com	plete f	⊃art II)		-			•		•	,	J	rnmenta	al unit de	escribe	ed IIsec	tion	
6 7	∇	An or	danız	state, d ation ti 170(b) (hat n	ormall	v rece	ives a	subs	stantia	ntal un al part	it descr of its s	ibed in upport	s ecti from	on 17 a go	70(b)(1) vernme	(A)(v). ental un	ıt or fror	n the ge	eneral	public	descr	rıbed
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9	Ħ			-					-			•			rt fro	m cont	ribution	s. memb	ership f	ees. a	nd are	ss red	ceints
-	U	from inves	actıvıt tment	ties rela	ated e and	to its è d unre	exemp lated l	t fund busine	ctions ess ta	– sub axable	ject to incom	certair	excep	tions	, and	d (2) no	more t	han 33-1	1/3 % of lired by	its su	pport f	rom o	gross
10	П	An or	ganız	ation o	rganı	zed a	nd ope	erated	excl	usivel	y to te	st for p	ublic sa	afety	See	section	509(a)((4). (see	ınstruct	ions)			
11		more	public	clv sup	porte	d ord	ianizat	tions (descri	ıbed ii	n secti	ne bene on 509(ete line	(a)(1) o	rsec	tion	509(a)	nctions (2). Se s	of, or ca section 5	arry out 509(a)(3)	the pu). Che	rposes ck the I	of or box th	ne or hat
		а 🗍	Туре	1		b	∏Ty	/pe II			c 🗌	Type II	II – Fu	nctio	nally	ıntegra	ited		d 🗌	Тур	e III– (Other	
е		By ch than 509(a	found	g this t ation m	oox, l nanaç	l certif gers ai	y that nd oth	the or er tha	rganı; ın one	zation e or m	is not nore pi	control	lled dire support	ectly ed or	or in gani	idirectly zations	by one describ	or more ed in se	e disqua ection 50	lified 19(a)(1	persor) or se	is oth ction	ıer
f			orgar this		rece	eived a	a writt	en de	termıı	nation	from	the IRS	that is	аТу	ype I	, Type	il or Typ	e III sup	porting	organ	ızatıon	,	
g		Since	Augu	ust 17,	2006	, has t	the or	ganıza	ation :	ассер	ted an	y gift o	or contr	ibutio	on fr	om any	of the f	following	person	s?	_		
																						Yes	No
		(i)	a per: below	son wh v, the g	o dir Joveri	ectly o	or indir ody of	rectly the s	contr uppo	ols, e rted o	ither a irganiz	lone or ation?	togeth	er wi	th pe	rsons (describe	d in (ii)	and (III)	11	g (i)		
		(ii)	a fam	uly me	mber	of a	persor	n desc	cribed	i ın (ı)	above	9								11	g (ii)		
		(iii)	a 35%	6 contr	olled	entity	ofap	persor	n des	cribed	l ın (ı)	or (II) a	bove?							11	g (iii)		
h		Provi	de the	follow	ıng II	nforma	ation a	bout	the o	rganız	ations	the org	ganızatı	on s	uppo	rts.							
	(1)	Name o Orga	of Supp Inization	orted 1		(iı) EIN		1 7	describe above o	of organ ed on line or IRC se istructio	es 1-9 ection	organiz (i) list) Is the ation i ted in y verning cument	in col your a	the orga	you notify nization in (i) of upport?	organiza (i) organi	Is the tion in col ized in the S?	(VII)	Amount	of Supp	port
									<u></u>				Yes		No	Yes	No	Yes	No				
									<u> </u>					4		!	<u> </u>						
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. ,641	(Complete only if you check	•	5. 7. or 8 of Par	t)	(=)(:)(:)(:) u.i	, c(, , /,	; ·/\/					
Sec	tion A. Public Support											
begi	ndar year (or fiscal year nnıng in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total					
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	2,051,651.	2,927,069.	4,089,847.	3,270,463.	3,034,96	1. 15,373,994.					
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.					
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					9,450						
4	Total. Add lines 1-3	2,051,651.	2,927,069.	4,089,847.	3,270,463.	3,044,41	1. 15,383,444.					
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)						0.					
	Public support. Subtract line 5 from line 4						15,383,444.					
Sec	tion B. Total Support	r	r		· · · · · · · · · · · · · · · · · · ·	<u> </u>						
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total					
7	Amounts from line 4	2,051,651.	2,927,069.	4,089,847.	3,270,463.	3,044,41	1. 15,383,444.					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	597,015.	997,799.	86,995.	34,621.	10,70	l. 1,727,131.					
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.					
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						0.					
11	Total support. Add lines 7 through 10						17,110,575.					
12	Gross receipts from related activ	rities, etc. (see in:	structions)			_1	2 0.					
	First five years. If the Form 990 organization, check this box and	stop here	·	nd, third, fourth, o	or fifth tax year as	s a section 501	(c)(3)					
	tion C. Computation of Pu					- -	00.00					
	Public support percentage for 20	•	-	ne II, column (f).		<u> </u>	<u>4 89.9%</u> 5 0.0%					
	Public support percentage for 20	•	•			<u></u>						
	33-1/3 support test – 2008. If the and stop here. The organization	qualifies as a pub	olicly supported or	rganization.			► <u>X</u>					
	33-1/3 support test – 2007. If the and stop here. The organization	qualifies as a pub	olicly supported or	ganization.			• 🗆					
	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a -and-circumstand	and-circumstance: es' test. The org	s' test, check this anization qualifies	box an cstop here s as a publicly sup	e. Explain in Pa oported organiz	rt IV how zation.					
		meets the 'facts-a d-circumstances'	and-circumstances test The organi	s' test, check this zation qualifies as	box ands top here a publicly suppo	r. Explain in Pa rted organizati	rt IV how the					
18 BAA		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 Schedule A (Form 990 or 990-EZ) 2008										

Schedule-A (Form 990 or 990-EZ) 2008 SOUTHWEST C.A.R.E. CENTER

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)

Sec	tion A. Public Support	cked the box on h	ne 9 or raiti)	<u> </u>			
	ndar year(or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ').	(4)2004	(3) 2000	(0)2000	(4) 2007	(0)2000	(i) rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5					-	
	Amounts included on lines 1, 2, 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support	<u> </u>					
	ndar year(or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(=1/, =====	30,7-0-1		7-		
	dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 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.)						
	Total support. (add ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth,	or fifth tax year as	a section 501(c)	(3)
						<u> </u>	
	tion C. Computation of Pu					15	
	Public support percentage for 20	` '	• • • • • • • • • • • • • • • • • • • •)	15	%_
	Public support percentage from					16	<u>%</u>
	tion D. Computation of Inv						
	Investment income percentage f		= =		mn (f))	17	<u>%</u>
	Investment income percentage f					18_	%
	33-1/3 support tests – 2008. If the more than 33-1/3%, check this b	ox and stop here.	The organization	qualifies as a pu	blicly supported or	ganızatıon	▶□
b	33-1/3 support tests – 2007. If the is not more than 33-1/3%, check	e organization did this box and ston	i not check a box here. The organiz	on line 14 or 19a zation qualifies as	a, and line 16 is m s a publicly suppoi	บาย เกลก 33-1/3% rted organization	o, and line to ►
	Private foundation. If the organiz	-	_				▶ □

Part IV	Supplem	ental Info ne 17a o	ormation.	Comple	te this i	part to pr Provide a	ovide the	explanatio additional	n required	by Part II	, line 10;
	- Circ III, III	10 174 01	170,000	<u> </u>	110 12.		ariy ourior (1. (300 1110	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number 85-0397444 SOUTHWEST C.A.R.E. CENTER Part | 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 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Yes 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 other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 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 important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2 c 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 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)? 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, 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 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 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

Schedule D (Form 990) 2008 SOUTH				85-039									
Part III Organizations Mainta	ining Collection	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (continued)								
Using the organization's accession that apply)	on and other records	, check any of the	e following that are a s	agnificant use of its coll	ection items (check all								
a Public exhibition		d Loan d	or exchange programs										
b Scholarly research		e Other			· · · · · · · · · · · · · · · · · · ·								
c Preservation for future gener	ations												
4 Provide a description of the orgal Part XIV.					se in								
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mai	e donations of art intained as part o	t, historical treasures, of of the organization's co	or other similar llection?	Yes No								
Part IV Trust, Escrow and Cu	stodial Arrangei	ments Compl	ete if organization	answered 'Yes' to	Form 990, Part								
IV, line 9, or reported	an amount on Fo	orm 990, Part	X, line 21.										
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or of	ther intermediary	for contributions or oth	ner assets not	Yes No								
b If 'Yes,' explain the arrangement													
					Amount								
c Beginning balance	1c												
d Additions during the year													
e Distributions during the year				1 e									
f Ending balance				1f									
2a Did the organization include an a	mount on Form 990,	, Part X, line 21?			Yes No								
b If 'Yes,' explain the arrangement													
Part V Endowment Funds Co	mplete if organiz	zation answere	ed 'Yes' to Form 9'	90, Part IV, line 10.									
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back								
1 a Beginning of year balance													
b Contributions													
c Investment earnings or losses.													
d Grants or scholarships													
 Other expenditures for facilities and programs 													
f Administrative expenses													
g End of year balance													
2 Provide the estimated percentage	e of the year end ba	lance held as											
a Board designated or quasi-endov	vment >	<u></u>											
b Permanent endowment ▶	%												
c Term endowment ►	 %												
3a Are there endowment funds not a organization by	n the possession of	the organization	that are held and admi	nistered for the	Yes No								
(i) unrelated organizations					3a(i)								
(ii) related organizations					3a(ii)								
b If 'Yes' to 3a(II), are the related of	_				_3b								
4 Describe in Part XIV the intended													
Part VI Investments—Land, B		T T											
Description of investment		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value								
1a Land	ļ												
b Buildings													
c Leasehold improvements													
d Equipment													
e Other			<u>2,019,992.</u>	542,056.	1,477,936.								
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 990,	Part X, column ('B), line 10(c))		1,477,936.								
BAA				Sched	dule D (Form 990) 2008								

TEEA3302L 12/23/08

Schedule D (Form 990) 2008 SOUTHWEST C.A.R.E	. CENTER		35-0397444	Page 3
Part VII Investments-Other Securities See F	orm 990, Part X, II			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation year market value	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
		-		
			-	
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12)			-,	
Part VIII Investments-Program Related (See	Form 990, Part X,	line 13) N/A		
(a) Description of investment type	(b) Book value	(c) Method Cost or end-of-y	of valuation /ear market value	
				-
			<u> </u>	
				
			<u> </u>	
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13)				
Part IX Other Assets (See Form 990, Part X,	line 15)			
·	scription		(b) Book	value
Mutual Funds & Securities			41	1,347.
				_
				<u> </u>
Total. Column (b) Total (should equal Form 990, Part X, co	I (B), Ime 15)		▶ 41	1,347.
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
Rounding		1.		
Short Term Loan (Avalon Margin Accour	1t) 84,89	91.		
				
				
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	► <u>84,89</u>	92.		

Sche		85-0397444	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		1,376,062.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,234,249.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		141,813.
4	Net unrealized gains (losses) on investments		-125,633.
5	Donated services and use of facilities		27,125.
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV) See Part XIV		-27,125.
9	Total adjustments (net). Add lines 4-8		-125,633.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		16,180.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		,242,206.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments.	3.	
	Donated services and use of facilities 2b -27, 125		
	Recoveries of prior year grants 2c	–	
	Other (Describe in Part XIV) See Part XIV 2d 1,018,902	$\overline{1}$	
	Add lines 2a through 2d	2 e	866,144.
	Subtract line 2e from line 1		1,376,062.
J	Amounts included on Form 990, Part VIII, line 12, but not on line1:		., 0 , 0 , 0 0 0 0 .
۳.	Investments expenses not included on Form 990, Part VIII, line 7b		
		\dashv \dagger	
		4c	
	Add lines 4a and 4b Table several Add lines 3 and 4a. (This should equal Form 900, Bort I, line 12.)		1,376,062.
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Reconciliation		1,370,002.
		1 1 5	5,277,305.
1	Total expenses and losses per audited financial statements		7,211,303.
	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 27, 125	_	
		'	
		\dashv 1	
		- 1	
			1 042 056
	Add lines 2a through 2d		<u>1,043,056.</u> 1,234,249.
3	Subtract line 2e from line 1	3 ,	1,234,243.
4	Amounts included on Form 990, Part IX, line 25, but not on line1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	1 224 240
$\overline{}$	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5 4	1,234,249.
Pai	t XIV Supplemental Information	 -	
Com line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	IV, lines 1b and	2b, Part V,
			- -
			-

Schedule D	(Form 990) 2008	Page 5
Part XIV	(Form 990) 2008 Supplemental Information (continued)	
-		
_		
_ _		
_		
- 		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization					ı	Employer identifica	tion number						
		the orga	anızatıon	answered 'Yes' to	Form 9	990, Part IV	, line 17.						
1 Indicate whether the organization													
Mail solicitations				Solicitation of non-									
Email solicitations				Solicitation of gove	rnment g	rants							
Phone solicitations				Special fundraising	events								
In-person solicitations				·	•								
-		. 111		-1 (
2a Did the organization have written of employees listed in Form 990, Par								X No					
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent e organization	Form 990	fraisers) p EZ filers a	ursuant to agreements are not required to com	plete this	table	iser is to be						
(i) Name of Individual	(ii) Activity		fundraiser	(iv) Gross receipts	`(or re	ount paid to etained by)	(vi) Amount p	aid to					
or entity (fundraiser)			dy or control butions?	from activity		iser listed in col.(i)							
		Yes	No										
		162	140										
		 											
					<u> </u>								
					ļ								
· · · · · · · · · · · · · · · · · · ·													
		 			<u> </u>								
		 	!	<u> </u>		<u> </u>	-						
	l					··	 						
Total			.					0.					
3 List all states in which the organization	ation is register	ed or lice	nsed to so	olicit funds or has been	notified i	t is exempt fro	m registration	<u> </u>					
or licensing													
								- - -					
	-												
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		- -					-	-					
		-					-						

Page 2

		reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts great	ater than	\$5,000.
			(a) Event #1 A & C Gala Rev	(b) Event #2	(c) Other Events	(d) Tota (Add col.	al Events (a) through (c))
R			(event type)	(event type)	(total number)		
REVERUE	1	Gross receipts	177,902.				177,902.
Ě	2	Less Charitable contributions				_	
	3	Gross revenue (line 1 minus line 2)	177,902.				177,902.
	4	Cash prizes.				_	
DIRECT	5	Non-cash prizes					,
	6	Rent/facility costs					
EXPENSES	7	Other direct expenses			94,566.		
E S	8	Direct expense summary Add lines 4- ti	•		94,566.		
	9	Net income summary Combine lines 3 a	•		83,336.		
Par	t III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	rt IV, line 19, or re	ported m	ore than
R E V E N U E			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col	al gaming (a) through (c))
Ë ——	1	Gross revenue					
F	2	Cash prizes.					
DI PENSES	3	Non-cash prizes					_
C S T E S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes %	Yes%		
		Direct expense summary. Add lines 2 thr			•		
	8	Net gaming income summary. Combine I	ines 1 and 7 in column	(d)	.		
		Thet gaming moome sammary. Somether	into rana / in colaim	(4)			YES NO
9 <i>a</i>		er the state(s) in which the organization op ne organization licensed to operate gaming				9a	
t	If 'N	lo,' Explain				i	
				- 			
		e any of the organization's gaming license es,' Explain	s revoked, suspended	or terminated during the	e tax year?	10a	i
			. _				
		s the organization operate gaming activities				11	
12	ls th adm	ne organization a grantor, beneficiary or tro ninister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed to	12	

Schedule G (Form 990 or 990-EZ) 2008 SOUTHWEST C.A.R.E. CENTER 85	0-039/444	P	'age 3
,		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	8	Ì	
b An outside facility	왕_	- [
14 Provide the name and address of the person who prepares the organization's gaming/special events books at	nd records		
Name: ▶			
Address			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue		a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the a	amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address:			
Name •			
Address: <u></u>			
16 Gaming manager information			
Name •			
Gaming manager compensation ► \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	ain the 17	а	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent	ın the		
organization's own exempt activities during the tax year: ▶ \$		l	

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Open to Public Inspection

Employer identification number

85-0397444

SOUTHWEST C.A.R.E. CENTER 85-039	7444		
Part I Questions Regarding Compensation	-		
		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	n 990, Part		
First-class or charter travel Housing allowance or residence for personal	use		
Travel for companions Payments for business use of personal reside	<u> </u>		
Tax indemnification and gross-up payments Health or social club dues or initiation fees			
Discretionary spending account Personal services (e.g., maid, chauffeur, che	n		
Discretionary spending account	"		
)	
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provis of the expenses described above? If 'No,' complete Part III to explain	sion of all 1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, di trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	rectors, 2		
3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
Compensation committee Written employment contract			
Independent compensation consultant Compensation survey or study			
Form 990 of other organizations X Approval by the board or compensation comp	mittee		
4. Demands the control of the second second to Ferra 2000. Depth VIII. Section A. June 101			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	4a		X
a Receive a severance payment or change of control payment?	4a 4b		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	46 4c		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	40		Λ
If 'Yes' to any of 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 must complete lines 5-8.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat contingent on the revenues of	ion		
a The organization?	5a		X
b Any related organization?	5b		X
If 'Yes' to line 5a or 5b, describe in Part III:			
	uon.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat contingent on the net earnings of			
a The organization?	6а		X
b Any related organization?	6b		X
If 'Yes' to line 6a or 6b, describe in Part III.			
·	ts not		
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment described in lines 5 and 6? If 'Yes,' describe in Part III	7		Х
	he initial		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the contract exception described in Regs section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		Χ

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 SOUTHWEST C.A.R.E. CENTER

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

Page 2

85-0397444

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

reported in prior Form 990 or	Form 990-EZ	-249,015.			 		 					; ; ; ;		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1 1 1 1 1 1 1 1		 					Schedule J (Form 990) 2008	
(E) I otal of columns (B)(I)-(D)		240,261.			 									;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;				1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 				1 1 1 1 1 1 1	Sche	
(D) Nontaxable benefits		01	0.		l									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						 		 				 		 				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(C) Deferred compensation		0	0.		 							 								 		 				1 1 1 1 1 1							1/08	
(iii) Other compensation	- 1	_;	0.									 										 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 						1 1 1 1 1 1 1 1 1	TEEA4102L 08/11/08	
(b) Base (ii) Borus and incentive (iii) Other compensation compensation		0 0 0			 							 										 		1		 						 		
(b) Base compensation		240,261.	0.		! ! ! ! ! ! !			1												11 11 11 11 11 11 11 11 11 11 11 11 11		 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1				 		
	-	Ξ	(ii)	(1)	€	€	(E)	Ξ	(ii)] (i)	(ii)	Ξ	(ii)	()	(ii)	(j)	(ii)	()	<u>(i</u>	Θ	(jj)	Ξ	(11)	[())	3	Ξ	<u>(i)</u>	Ξ	Ξ	Θ	(ii)	Ξ	3	
(A) Name		Trevor Hawkins,																															ВАА	

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85-0397444

CENTER

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SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHWEST C.A.R.E. CENTER

Employer identification number

85-0397444

Pa	t I Types of Property		-					
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth:	(d od of d rever	letermin	iing
1	Art-Works of art							
2	Art-Historical treasures						_	
3	Art-Fractional interests							
4	Books and publications						•	
5	Clothing and household goods							
6	Cars and other vehicles	_						
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock			•				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous		· · · · · · · · · · · · · · · · · · ·					
13	Qualified conservation contribution (historic structures)	-						
14	Qualified conservation contribution (other).							
15	Real estate-Residential				_		-	
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Art and Jewelry)	Х	60	74,610.	Fair V	alue	<u>. </u>	
26	Other ► ()							
27	Other ► ()	-						
28	Other ► (
			. h	and for which the				
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during in e Acknowled	e tax year for contribut Igement	ions for which the	29			
	, 3 ,		•	:			Yes	No
20.	Divine the view did the executation receive by	antribilitian a	nu proporty reported in	Dart Lines 1 29 that	ıt must			
507	n During the year, did the organization receive by control hold for at least three years from the date of the m					il		
	purposes for the entire holding period?		,	•	,	30 a		X
ŧ	of 'Yes,' describe the arrangement in Part II.							
	Does the organization have a gift acceptance police	cv that requi	res the review of any r	non-standard contribution	ns?	31		X
	Does the organization hire or use third parties or in noncash contributions?	erated orgal	nzations to sonch, pro-	LE33, UI 3EII		32 a		<u>X</u>
	olf 'Yes,' describe in Part II							
33	If the organization did not report revenues in colui describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is check	ked,			

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

Schedule M (Form 990) 2008

Schedule Wil (Form 990) 2008 SOUTHWEST C.A.K.E. CENTER 85-0597444 F	Page 4
Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 3 and 33. Also complete this part for any additional information.	32b,
	- - - ·
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	- - -
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	- - -
	. — – .
	. .
	· -

TEEA4602L 07/14/08

Schedule M (Form 990) 2008

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3. .. 1

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

SOUTHWEST C.A.R.E. CENTER	85-0397444
Explanation of Amended Return	
PART VII Section A, Page 7, Column B	
Key_employee - Medical_Director_Trevor_Hawkins - weekly_hours_v	worked were overstated
on original 990. The original average hours reported were 45.	The correct amount is
35_hours	
Form 990, Part III, Line 2 - New Services	
Started a pharmacy service, which not only provides necessary m	nedications to
clients, but increases revenue to help sustain the entity.	
Form 990, Part VI, Line 10 - Form 990 Review Process	
Reviewed by Executive Director	·
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	& Key Employees
Board reviews compensation annually and will adjust based on e	ther cost-of-living
allowance and/or performance review	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	·
Made available upon request and pursuant to applicable state and	id federal statutory
requirements.	
	 -

008	ental Information Page	
	SOUTHWEST C.A.R.E. CEN	TER 85-03974
_	1 Net Assets Or Fund Balances	
Donated servi	ces and facilities use	Total \$ -27,125.
Schedule D, Part Other Revenue II	XII, Line 2d ncluded In F/S But Not Included On Form 990	
Event expense Loss on sale	s of FA	\$ 921,365. 94,566. 2,971. Total <u>\$ 1,018,90</u> 2.
Schedule D, Part Other Expenses	XIII, Line 2d And Losses Per Audited F/S	
COGS Event expense	s	\$ 921,365. 94,566. Total \$ 1,015,931.