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POSTWARK DATE MAY 1 7 2010

SCANNED JUL 1 5 2010

### **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)

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

OMB No 1545-0047

2008

Open to Public Inspection

	For th	e 2008 calend	dar year, o	or tax year beginning Ju.	1 1	<u>,</u>	2008,	and endin	g Jun	30		, 2009	_	
В	Check if	applicable	<u> </u>	C Name of organization						D Employ	er Iden	tification Numl	oer	
	Ad	dress change	Please use IRS label	Supportive Housi	ng	Coalition	of l	New Mex	ico	85-0	0439	9315		
	Na	me change	or print or type	Number and street (or P O bo						E Telepho				
	Ini	ial return	See specific	PO Box 27459						(50)	51 2	255-3643	₹	
		mination	Instruc- tions.	City, town or country		<del></del>	State	ZIP code + 4		(30.	<u> </u>	.55 504.		
	<del>-</del>	ended return		Albuquerque			NM	87125-		G 0		* 2 272	704	
	<u></u>	plication pending	F Name :	and address of principal officer		<del></del>	MM	_6/123-		a group retur		\$ 3,373,		v
	☐ Ap			llison PO Box 2745	α :	7.1 h., .,	a NIN	107105		affiliates incl		illiates.	Yes Yes	X No
	Tay					Albuquerqu				attach a list		structions)	162	∐ No
		exempt statu			<u> </u>	4947(a)(1)	or	527			_	_		
<u>J</u>				nousingcoalition.		<del>-</del>	Τ.			exemption nu				
<u>K</u>		of organization	X Corpora	ation Trust Association	1	Other ►	LY	ear of Format	ion 1990	6   MIS	State of	legal domicite	NM	
<b>P</b> 2	art I	Summa		<del></del>										
	1			ganization's mission or most	_						oal	ition's		
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Activities & Governance				<u>ion of multi-fami</u>			<u>pert</u>	ties_as	<u>well</u>	<u>as</u>				
/eri				gement and admini			. – – :							- <b>-</b> -
ő				if the organization discontin			dispos	sed of more	e than 259	% of its as		مسا		
≪				ibers of the governing body in it voting members of the gov			lino 1	b)			3 4	14 12		
ies				yees (Part V, line 2a)	CITILI	ig body (i ait vi,	IIIIC I	0)			5	12		
₹				eers (estimate if necessar)			7				6	0		
Ϋ́	1			ousiness revenue from Part		ine 12; column	G)				7 a			0.
				taxable income f	990-	T. line 34	2				7b			<del></del>
		•		M		2 0 2010 r	3		Ь	rior Year		_		
	8	Contributions	and oran	its (Part VIII, line h)		[8	21			, 339, 4	36	Curre	05,9	
ĭe					700		-1			739,6			64,3	
Revenue	1			art VIII, column (A) lines 3	3D		اليا		<b>—</b>	11,0		1,3		472.
æ	ı			II, column (A), lines 5, 6d, 8	3c 9c	10c and 11e)	-~-		-	11,0	.01.	<u> </u>	٥, ٩	1/2.
	1			nes 8 through 11 (must equa		•	). line	12)	3	,090,1	77	3.3	73,7	784
	i			ounts paid (Part IX, column			,,			7			,	<del></del>
	1			members (Part IX, column (		•			1	,898,2	59	1 6	00,5	<del></del>
				nsation, employee benefits (		-	ines 5	-10)		543,3			96,7	
Expenses				ng fees (Part IX, column (A),					<del></del>	343,3	773.		<i>J</i> O, 1	07.
en								•	<del></del>	<del></del>		<u></u>		
Ä				nses (Part IX, column (D), lu				0.	·					
			-	X, column (A), lines 11a-11		•				487,6			97,7	
	ľ			nes 13-17 (must equal Part		olumn (A), line 2	5)		2	<u>,929,2</u>		3,2	95,0	
_		Revenue less	expenses	s Subtract line 18 from line	12			_		160,9	43.		78 <b>,</b> 7	<u>/61.</u>
200									Begin	ning of Y	ear	End o	f Year	,
Salai	20	Total assets (							4	,926,9	15.	9,3	47,9	921.
Not Assots or Fund Balancos	21	Total liabilitie:	s (Part X,	, line 26)					1	<u>,666,8</u>	09.	2,1	84,3	<u> 347.</u>
				ances Subtract line 21 from	line 2	20			3	,260,1	06.	7,1	63,5	574.
Pa	ırt II	Signatu	ure Bloc	ck										
		Under penaltie	s of perjury,	I declare that I have examined this repeated that I have examined this repeated to the land	eturn,	including accompanyii	ng sche	dules and stat	ements, and	to the best of	f my kn	owledge and be	elief, it is	
		ude, correct, a	nu complete	Declaration of prepared tother than	onicer	) is based on all inform	nation o	or which prepa	rer nas any i	nowledge		_		
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He	re	Signature	of officer			//=	~	• • •	Dat	te		_		
		<b>-</b>	کہم	- Allis	7	// (	, Xec	e Dire	utor					
		Type or pr	int name and	d title		\								
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Pa		Preparer's		Tarle	( ۸	Yenes	3	5/14//	/ se	lf- nployed ►	$\square$	ice insudentions,		
Pro		signature	Far.	ley Vener	X			1 1						
	rer's	Firm's name (c	/		71									
Us On		yours if self- employed),	/	0 9TH ST NW	1					N ►				
JII	ıı <b>y</b>	address, and ZIP + 4		UQUERQUE	$\Box$	NM 8	710:	2			(50	5) 883-	8788	

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 04/23/09

Yes Form 990 (2008)

No

1	(2008) Supportive Housing Coalition of New Mexico	85-0	<u> 4393:</u>	15		Page
	III Statement of Program Service Accomplishments (see instructions)					
	Briefly describe the organization's mission					
	Supportive Housing Coalition's					
	primary activities include acquisition, rehabilitation, and			. <b>_</b>		
	See Form 990, Page 2, Part III, Line 1 (continued)					
			_			
	Did the organization undertake any significant program services during the year which were not listed on the	prior	$\overline{}$			
	Form 990 or 990-EZ?		Ш	Yes	X	No
	If 'Yes,' describe these new services on Schedule O	_			( <del></del> 1	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services	57		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by $\epsilon$ and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo	expense: ocations	s Sect to othe	ion 50 ers the	1(c)(3 total	)
	expenses, and revenue, if any, for each program service reported			,		
<b>4</b> a	(Code ) (Expenses \$ 1,901,626. including grants of \$ 1,443,845.) (Re	venue	S	1.90	11.6	58 \
	The Property Management Program owns and manages seven different	VCHUC	٧	+, )	<i>J</i> <b>1 ,</b> 0	<u> </u>
	properties in the Albuquerque, New Mexico metropolitan area.					
	These properties consist of approximately 127 residential units.					
	The program's first rural project, located in Gallup, New					
	The Community Housing Program provides tenant based rental assistance, on a scattered site basis, to over 240 households in the Albuquerque, New Mexico metropolitan area. The program utilizes over 90 different private landlords and properties and		. <del>-</del>		- <b>-</b> -	
	partners with homeless and behavioral health service		. <b></b> -			·
	partners with homeless and behavioral health service		  	·		·
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	partners with homeless and behavioral health service					
	partners with homeless and behavioral health service					
	partners with homeless and behavioral health service organizations.  (Code) (Expenses \$370,697. including grants of \$200,534.) (Re		\$	37	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code) (Expenses \$370,697. including grants of \$200,534.) (Re The Housing Development program's mission is to acquire and		\$	3	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code) (Expenses \$ 370,697. including grants of \$ 200,534.) (Re Housing Development program's mission is to acquire and renovate multi-family housing units needing moderate to		\$	31	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code (Co		\$	37	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code) (Expenses \$ 370,697. including grants of \$ 200,534.) (Re Housing Development program's mission is to acquire and renovate multi-family housing units needing moderate to		\$	37	770,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code (Co		\$	31	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code (Co		\$	37	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code (Co		\$	37	770,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code (Co		\$	37	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code (Co		\$ \$	37	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code (Co		\$	37	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code (Co		\$	37	70,7	06.)
4c	partners with homeless and behavioral health service organizations.  (Code)(Expenses \$ 370,697. Including grants of \$ 200,534.)(Re The Housing Development program's mission is to acquire and renovate multi-family housing units needing moderate to substantial improvements. Currently, this includes 173 units in various stages of development totaling over \$27,000,000.		\$	37	70,7	06.)
<b>4</b> c	partners with homeless and behavioral health service organizations.  (Code (Co		\$	37	70,7	06.)

Part IV Checklist of Required Schedules

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•			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	_	X
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		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		<u>X</u>
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		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11_	х	<u></u>
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
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
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		<u>X</u>
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		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If '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		<u>X</u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>X</u> _
20	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 1? 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 2? 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		x
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		x
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		X
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		X
BAA		Form	990 (	2008)

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•			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
;	a 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		X
_		20a		
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30_		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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)? If '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		х
3AA		Form	990 (	2008

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 0 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1Ь c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1 c 2a Enter the number of employees 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 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2**b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a X **b** If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a X **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c Х d If 'Yes' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 X 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make any distribution to a donor, donor advisor, or related person? X 9b 10 Section 501(c)(7) organizations. Enter-10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year BAA Form 990 (2008) Form 990 (2008) Supportive Housing Coalition of New Mexico

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

<u> </u>	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, d processes, or changes in Schedule O. See instructions.	escribe the circumstances,		Yes	No
1 a	Enter the number of voting members of the governing body	1a 14	_		
t	Enter the number of voting members that are independent	1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee or key employee?	ationship with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or ur of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision n?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization	's assats?	5		х
6	Does the organization have members or stockholders? .	3 833613	6		X
	Does the organization have members, stockholders, or other persons who may elect one or magneting body?	nore members of the	7a	-	Х
ŀ	• Are any decisions of the governing body subject to approval by members, stockholders, or other contents.	ner persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following	•			
á	a The governing body?		8a	X	
t	Each committee with authority to act on behalf of the governing body?		8ь		X
9 a	Does the organization have local chapters, branches, or affiliates?		9a		Х
ŀ	o If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed describe in Schedule O the process, if any, the organization uses to review the Form 990	All organizations must	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	11		х
Sec	tion B. Policies				
				Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	•	12 a		X
ł	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	hat could give rise	12Ь		
(	Does the organization regularly and consistently monitor and enforce compliance with the poli Schedule O how this is done	icy? If 'Yes,' describe in	12c		
	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec				
	The organization's CEO, Executive Director, or top management official?		15a		X
ŀ	Other officers of key employees of the organization?		15 b		X
	Describe the process in Schedule O (see instructions)				
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	arrangement with a taxable	16 a		X
I	o If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate its participation the organization's exempt	16 b		
Sec	tion C. Disclosures		,	,	
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar inspection. Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	for pu	blic
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public	ents, conflict of interest polic	y, and	financ	ıal
20	State the name, physical address, and telephone number of the person who possesses the bo	ooks and records of the organ	nization		
			nization 5 <u>05</u> )_2		3643

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Form 990 (2008)

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

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

1 a 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 not		ate ar	іу от			rector,	, trus	1		
(A)	(B) Average	Pos	ition (		C)	that app	hA	(D)	(E)	<b>(F)</b>
Name and Title	hours per week	or director	institutional trustee	Offi- 1	d Key employee	High est coinciensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Sigrid Olson										
President	3.00	Х		х			1	0.	0.	0.
Claudia Isaac Vice President	3.00	x		х				0.	0.	0.
Charlie Moss	3.00							0.	<u>~</u>	
Treasurer	3.00	x		x				0.	0.	0.
Lee Pattison	3.00							<u> </u>		
Secretary	3.00	x		x				0.	0.	0.
Colleen M Doyle	0.00							3.	<b>.</b>	
Director	1.00	x						o.	0.	0.
Margaret K Edwards					<u> </u>			Ţ,		
Director	1.00	x						0.	0.	0.
Sami Frosch										
Director	1.00	х						0.	0.	0.
Trish Grand										
Director	1.00	х						0.	0.	0.
Gary Jackson										
Director	1.00	X.			•			0.	0.	0.
Ann Norton										
Past President	1.00	<u>x</u>					Х	0.	0.	0.
Michael Passi										
Director	1.00	Х						0.	0.	0.
Matias Vega										
Director	1.00	Х			<u> </u>		<u> </u>	0.	0.	0.
Mark Allison										
Executive Director	40.00		_	X	X	X	<u> </u>	99,158.	0.	0.
		<u>'                                      </u>	<u> </u>	I				I		

TEEA0107 04/24/09

Form 990 (2008) Supportive Housing Coalit Part VII   Section A. Officers, Directors, Trus	ion c	f N	lew	Me	exi	co		d Limboot Com	85-043931	5	F	Page 8
(A)	(B)	\ey 	e,m	ibic )		es,	and	(D)		lovee		<u>nt.)</u> _
Name and Title	Average	Posi	tion (	-		hat ap	pply)	Reportable	<b>(E)</b> Reportable		(F) Stimated	ı
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amo cor or a	sunt of ot mpensation from the ganization nd relate ganization	her on en ed
			-			$\vdash$						
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												<del></del>
												<del></del>
											_	
Total     Total number of individuals (including those in 1a) w	ho recei	wad	mor	a th	an G	100	000	99,158.	0.			0.
organization •	110 1000	•••		C ai	uii s	,,,,,	,,,,,,	o in reportable cor				
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	e, ke	у ег	mplo	yee	, or	high	nest compensated	employee	3	-	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the												
individual  5 Did any person listed on line 1a receive or accrue co	mpensa	ation	fror	n ar	างน					4		X
rendered to the organization? If 'Yes,' complete School	edule J	for s	uch	pers	son					5		X
Complete this table for your five highest compensate compensation from the organization	d indep	ende	nt c	ontr	acto	ors t	hat i	received more tha	n \$100,000 of			
(A)	-							(B)			(C)	
Name and business addres	<u>s</u>							<u>Description of</u>	of Services	Comp	ensatio	n
		-										
					_							
2 Total number of independent contractors (including t compensation from the organization ►	hose in	1) w	ho r	ece	ved	moi	re th	nan \$100,000 ın		_		

Page 10

	<u> </u>	(D)	(0)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	1,600,577.	1,600,577.		
5 Compensation of current officers, directors, trustees, and key employees .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	643,506.	442,800.	200,706.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	104,383.	79,227.	25,156.	0.
10 Payroll taxes	48,818.	33,052.	15,766.	0.
11 Fees for services (non-employees)				
a Management	198,327.	173,059.	25,268.	0.
<b>b</b> Legal				
c Accounting				
<b>d</b> Lobbying				
e Prof fundraising svcs See Part IV, In 17		4 1 2 1 1 1	* } * * · · ·	
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	53,277.	31,454.	21,823.	0.
•	33,277.	31,434.	21,023.	
14 Information technology		<del></del> ,		<del></del>
15 Royalties	202 012	220 055	62.050	
16 Occupancy	302,913.	239,955.	62,958.	0.
17 Travel	17,685.	13,334.	4,351.	0.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,464.	3,489.	2,975.	0.
20 Interest	87,327.	80,898.	6,429.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,662.	147,939.	11,723.	0.
23 Insurance	20,091.	11,370.	8,721.	0.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a bad debt	25,811.	25,811.	0.	0.
b property tax	5,785.	5,785.	0.	0.
c dues and subscriptions	11,694.	7,486.	4,208.	0.
d advocacy	4,000.	0.	4,000.	0.
e professional development  f All other expenses	4,703.	1,751.	2,952.	0.
25 Total functional expenses. Add lines 1 through 24f	3,295,023.	2,897,987.	397,036.	0.
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				
BAA				Form <b>990</b> (2008)

ra	π <u>λ</u>	Balance Sneet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			135,736.	1	143,926.
	2	Savings and temporary cash investments		[	105,175.	2	107,668.
	3	Pledges and grants receivable, net			206,302.	3	381,822.
	4	Accounts receivable, net			366,620.	4	529,013.
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I	s, trusto -	ees, key employees,		5	
	6	Receivables from other disqualified persons (as define	d unde	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	lete Pa	art II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net				7	2,876,919.
E	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges			37,272.	9	45,957.
	10 a	Land, buildings, and equipment cost basis	10 a	4,565,006.			
	b	Less accumulated depreciation Complete Part VI of					
		Schedule D	10 ь	644,973.	4,059,763.	10 c	3,920,033.
	11	Investments - publicly-traded securities				11	
	12	Investments - other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	913,250.
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			16,047.	15	429,333.
	16	Total assets Add lines 1 through 15 (must equal line	34)		4,926,915.	16	9,347,921.
	17	Accounts payable and accrued expenses			238,730.	17	1,070,544.
	18	Grants payable			<del></del>	18	
	19	Deferred revenue			28,597.	19	35,978.
L	20	Tax-exempt bond liabilities .				20	
A B	21	Escrow account liability Complete Part IV of Schedule	D D			21	
LIABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal discontinuous	tees, k sons (	ey employees, Complete Part II			×
į		of Schedule L				22	
5	23	Secured mortgages and notes payable to unrelated the	rd pari	ies	1,380,427.	23	1,063,439.
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			19,055.	25	14,386.
	26	Total liabilities. Add lines 17 through 25			1,666,809.	26	2,184,347.
N E T		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines		1	
		27 through 29 and lines 33 and 34.					
A S S	27	Unrestricted net assets			3,260,106.	27	6,250,324.
Ē	28	Temporarily restricted net assets .				28	913,250.
	29	Permanently restricted net assets _		_		29	
O R		Organizations that do not follow SFAS 117, check he	re 🟲	and complete			
FUZD		lines 30 through 34.				ļļ	
D	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip	ment f	und		31	
<b>BALAZCES</b>	32	Retained earnings, endowment, accumulated income,	or othe	er funds		32	
Ë	33	Total net assets or fund balances.			3,260,106.	33	7,163,574.
	34	Total liabilities and net assets/fund balances			4,926,915.	34	9,347,921.
Pa	ırt X	Financial Statements and Reporting					<del></del>
1	Ac	counting method used to prepare the Form 990	Cash	X Accrual	Other		Yes No
2		ere the organization's financial statements compiled or r					2a X
•		ere the organization's financial statements complied by ar		•			2b X
		Yes' to 2a or 2b, does the organization have a committee			for oversight of the auc	lit.	
:	rev	view, or compilation of its financial statements and selection a result of a federal award, was the organization requires	ction o	f an independent accou	ntant?		2c X
-		idit Act and OMB Circular A-133?	-	and any an addit of add	ing as sectoral in the of	· ·g·c	3a X
_	<b>b</b> If '	Yes,' did the organization undergo the required audit or	audits	7			3b X
BA	A						Form <b>990</b> (2008)

### 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.

2008

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Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Traine or t	uie	organization							Linpidge	· iaciiaiica	don namber		
	_		g Coalition of							13931			
Part I		Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see	nstruc	tions)		
The org	jar	nization is not a priv	ate foundation becaus	e it is (Please check onl	y <b>one</b> or	ganızat	ion )						
1 [		A church, convention	on of churches or asso	ciation of churches descr	ibed in s	section	1 <mark>70(b)(</mark> 1	)(A)(i).					
2		A school described	ın section 170(b)(1)(A	)(ii). (Attach Schedule E	)								
3 [		A hospital or coope	rative hospital service	organization described ii	n sectio	n 170(b)	(1)(A)(ii	i <b>).</b> (Atta	ch Sche	dule H)			
4 [		A medical research	organization operated	I in conjunction with a ho	spital de	scribed	ın <b>secti</b>	on 170(	b)(1)(A)	(iii) Ente	er the hospi	tal's	
		name, city, and sta		. <b></b>			<del>-</del>		<b>_</b>				
5	]	An organization ope 170(b)(1)(A)(iv). (C		of a college or university of	owned o	r operat	ed by a	governr	mental u	nıt desci	ribed in sec	tion	
6 7	K.	An organization tha		overnmental unit describi substantial part of its sup irt II)					or from t	he gene	ral public d	escrib	ed
8 _		A community trust of	described in section 1	<b>70(b)(1)(A)(vi).</b> (Complete	e Part II	)							
9 [	]	from activities relationsestment income June 30, 1975 See	ed to its exempt function and unrelated busines section 509(a)(2). (Co		exceptio ection 5	ns, and 11 tax) f	(2) no r rom bus	nore tha sinesses	an 33-1/3 acquire	3 % of it d by the	s support fr organization	om ar	oss
10	_	, ,	•	exclusively to test for pub		•			•		•		
11 [	لـ	An organization org more publicly suppo describes the type	panized and operated or orted organizations de of supporting organiza	exclusively for the benefit escribed in section 509(a) ation and complete lines	of, to po (1) or so 11e thro	erform t ection 5 ugh 11h	he funct 09(a)(2)	ions of, See s	or carry ection 5	out the <b>09(a)(3).</b>	purposes of Check the	of one box t	or hat
_		a Type I	<b>b</b> Type II		– Func	-	_			d 📗	Type III-		
e [	الــــا	By checking this bo than foundation ma 509(a)(2)	x, I certify that the org nagers and other than	janization is not controlle one or more publicly su	d directly oported	y or indi organiza	rectly by	y one or escribed	more d	isqualifie on 509(a	ed persons a)(1) or sec	other tion	
f			received a written dete	ermination from the IRS th	nat is a <sup>-</sup>	Гуре I, ∃	Гуре II о	r Type	III suppo	rting org	janization,		
g			006, has the organizat	ion accepted any gift or	contribu	tion fror	n anv of	the foll	owina pi	ersons?			
5		<b>,</b> -	, g						- · · · · · · · · · · · · · · · · · · ·			Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the su	ontrols, either alone or to pported organization?	ogether v	vith pers	sons des	scribed	ın (II) an	d (III)	11 g (i)		
		(ii) a family mem	ber of a person desci	ribed in (i) above?							11 g (ii)		
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) ab-	ove?						11 g (iii)		
h		Provide the following	ng information about th	ne organizations the orga	nızatıon	support	s						
	(i	) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in cold in your rning ment?	the organ	ou notify nzation in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amour	nt of Sup	oport
					Yes	No	Yes	No	Yes	No			
					ļ								
											_		
										:			
		,											
	-			-		_			-			· -	
												_	
Total					1								

Schedule A (Form 990 or 990-EZ) 2008 Supportive Housing Coalition of New Mexico 85-0439315 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 2,382,593. 3,645,968. 3,079,096. 3,349,993. 13,107,429. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 2,382,593. 3,645,968. 3,079,096. 3,349,993. Total. Add lines 1-3 13,107,429. 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) Public support. Subtract line 5 from line 4 13,107,429. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) > 649,779. 2,382,593. 3,645,968. 3,079,096. Amounts from line 4 3,349,993. 13,107,429. Gross income from interest, dividends, payments received on securities loans, rents. royalties and income form 4,745. 2.836. 8,166. similar sources 11,081. 3,472. 30,300. Net income form unrelated business activities, whether or not the business is regularly 8,159 666 carried on 8,825. Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 13,146,554. Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.70% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 99.19% 15 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization **►** X b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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						<del></del>
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005_	(c) 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
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						
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	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					·	· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(.,,	(4, 2111	(0) 2000	(4) 2007	(0, 2000	(7) 10(0)
	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						
C			<del></del>				
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
	Net income from unrelated business activities not included inline 10b, whether or not the business is						
12	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  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 in the sale of capital assets (Explain in Part IV.)	s for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(d	c)(3)
12 13 14	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  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 in organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(d	c)(3)
12 13 14 Sec	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 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 in organization, check this box and extion C. Computation of Pul	stop here plic Support P	ercentage		fifth tax year as a	······································	
12 13 14 Sec 15	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 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 in organization, check this box and extion C. Computation of Pul	stop here blic Support P 08 (line 8, column	ercentage (f) divided by line	e 13, column (f))	fifth tax year as a		15 %
12 13 14 Sec 15 16	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 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 is organization, check this box and stion C. Computation of Pul Public support percentage for 200 Public support percentage from 2	stop here blic Support P 08 (line 8, column 007 Schedule A, f	ercentage (f) divided by line Part IV-A, line 27	e 13, column (f))	fifth tax year as a		
12 13 14 Sec 15 16 Sec	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  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 in organization, check this box and extion C. Computation of Pul  Public support percentage for 200.  Public support percentage from 2 extion D. Computation of Inventorial support percentage.	olic Support P Olic Support P Olic Schedule A, f Olic Schedule A, f estment Incor	ercentage (f) divided by line Part IV-A, line 27g ne Percentage	e 13, column (f))			15 %
12 13 14 Sec 15 16 Sec 17	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  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 in organization, check this box and extion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 cition D. Computation of Invitroement income percentage for	olic Support P S (line 8, column O07 Schedule A, sestment Incor r 2008 (line 10c, c	ercentage (f) divided by line Part IV-A, line 27g ne Percentage column (f) divided	e 13, column (f))			15 % 16 %
12 13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 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 in organization, check this box and extion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 tion D. Computation of Invitivestment income percentage for Investment Income Inves	obic Support P Solic Support S	ercentage  (f) divided by line Part IV-A, line 27g ne Percentage column (f) divided e A, Part IV-A, line	e 13, column (f))  by line 13, column e 27h	ın (f))		15 % 16 % 17 % 18 %
12 13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  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 in organization, check this box and extion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 cition D. Computation of Invitroement income percentage for	oblic Support P  OB (line 8, column  OO7 Schedule A, 6  estment Incor  r 2008 (line 10c, com 2007 Schedule  e organization did	ercentage  (f) divided by line Part IV-A, line 27g ne Percentage column (f) divided e A, Part IV-A, line I not check the bo	e 13, column (f))  b  by line 13, colum e 27h x on line 14, and	nn (f))	nan 33-1/3%, a	15 % 16 % 17 % 18 %
12 13 14 Sec 15 16 Sec 17 18 19 a	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  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 in organization, check this box and extion C. Computation of Pull Public support percentage for 200 Public support percentage from 2 extion D. Computation of Invitroestment income percentage for Investment income percentage from 2 a 33-1/3 support tests — 2008. If the	obic Support P  Solic S	ercentage  (f) divided by line Part IV-A, line 27g ne Percentage column (f) divided e A, Part IV-A, line I not check the bo The organization I not check a box	e 13, column (f))  by line 13, colume 27h x on line 14, and qualifies as a pub on line 14 or 19a,	Inn (f)) Inne 15 is more the organization of t	nan 33-1/3%, aganization	15 % 16 % 17 % 18 % and line 17 is not 3%, and line 18

Schedule .	A (Form 990	or 990-EZ)	2008	Suppor	ctive	Housin	g Coali	ition	of Ne	w Mexico	85-043931	L5 Page <b>4</b>
Part IV	Supplen	nental Inf	ormati	on. Con	nolete t	his part	to provi	ide the	explar	nation regi	85-043931 ured by Part nation. (see ii	II. line 10:
	Part II, li	ne 17a o	r 17b;	or Part	III. line	12. Pro	vide any	other	additio	onal inforn	nation. (see in	nstructions)
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### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

2008

Department of the Treasury Internal Revenue Service 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

Schedule D (Form 990) 2008

Name of the organization Employer Identification numbe Supportive Housing Coalition of New Mexico 85-0439315 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 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 Yes funds are the organization's property, subject to the organization's exclusive legal control? 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, 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 a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 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? No 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)? Yes 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule <b>b</b> (Form 990) 2008 Suppo							5-0439			Page 2
Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orica	Treasures, o	Other Simil	ar Asse	ets (c	ontınu	ed)
3 Using the organization's accession that apply)	on and other re	ecords, c	heck any of the	follov	ving that are a sig	nificant use of it	s collecti	on item	ns (ched	:k all
a Public exhibition			<b>d</b> Loan	or exc	hange programs					
<b>b</b> Scholarly research			e U Other							
c Preservation for future gener	ations									
4 Provide a description of the organ Part XIV.			•	•	_		ourpose i	n		
5 During the year, did the organizar assets to be sold to raise funds re	ather than to i	<u>be mainta</u>	ained as part of	f the o	rganızatıon's colle	ction?		Yes		No
Part IV Trust, Escrow and Cu IV, line 9, or reported	an amoun	rangem t on Fo	i <b>ents</b> Compl rm 990, Part	ete it t X, I	organization ne 21.	answered 'Ye	es' to F	orm 9	90, Pa	art ———
1a is the organization an agent, trus included on Form 990, Part X?			-			r assets not		Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV ar	nd compl	ete the followin	g table	е	r <del></del> -				
								Amount	t	
c Beginning balance						1c				
<b>d</b> Additions during the year						1 d				
e Distributions during the year						1 e				
f Ending balance	•					1f		_		
2a Did the organization include an a	mount on For	m 990, P	art X, line 21?				L	Yes	L	∐No
b If 'Yes,' explain the arrangement			<u> </u>							
Part V   Endowment Funds Co			ition answer	<u>ed 'Y</u>			<u>ne 10.</u>			
	(a) Current	t year	(b) Prior yea	Г	(c) Two years back	(d) Three ye	ars back	(e) l	our year	s back
1 a Beginning of year balance					,					
<b>b</b> Contributions										
c Investment earnings or losses										
<b>d</b> Grants or scholarships										
<ul> <li>Other expenditures for facilities and programs</li> </ul>										
f Administrative expenses					,					
<b>g</b> End of year balance										
2 Provide the estimated percentage	e of the year e	end balan	ice held as							
a Board designated or quasi-endow	vment 🟲		<del>8</del>							
<b>b</b> Permanent endowment ▶	%									
c Term endowment ►	%									
3a Are there endowment funds not in organization by:	n the possess	ion of the	e organization ti	hat ar	e held and admini	stered for the			Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	_		•					3b		
4 Describe in Part XIV the intended						· <b>-</b>				
Part VI   Investments—Land, E	Buildings, a	ınd Equ	uipment. See	e For	<u>m 990, Part X</u>	, line 10.				
Description of investment	t 		or other basis vestment)		Cost or other pasis (other)	(c) Deprecial	tion	(d) E	Book Va	ilue
<b>1 a</b> Land			423,626.						423,	626.
<b>b</b> Buildings		4	,051,085.			588,	423.	3		662.
c Leasehold improvements			3,853.				367.		3,	486.
<b>d</b> Equipment			75,361.			49,	164.		26,	197.
e Other			11,081.			7,	019.		4,	062.
Total. Add lines 1a-1e (Column (d) sho	ould equal For	rm 990, F	Part X, column (	(B), lır	ne 10(c) )		•	3	, 920,	033.
BAA							Sched	ule <b>D</b> (F	orm 99	0) 2008

Schedule D (Form 990) 2008 Supportive Housing	Coalition of	New Mexico	85-0439315	Page 3
Part VII Investments—Other Securities See Fo		ne 12.		
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value		(c) Method of valuation or end-of-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)	<u>                                     </u>			
Part VIII Investments-Program Related (See I	Form 990, Part X,	line 13)		
(a) Description of investment type	(b) Book value	Cost	(c) Method of valuation or end-of-year market value	
Investment in development affiliates	913,250.		ond or your market value	
Invocamente In dovozopamente dilitiated	313,230.		·	
		-		
				·
Total. Column (b)(should equal Form 990. Part X. Col (B) line 13)	913,250.			
Part IX Other Assets (See Form 990, Part X,				
	scription		(b) Box	k value
Cash restricted to meet tenant depos				18,668.
Deferred developers fee	100			10,665.
Defetited developers fee				10,005.
(				<del></del>
<u> </u>				
	. <u>.</u>			
Total Column (b) Total (chould aqual Form 000 Part V and	(P) Imp 15)		<b>▶</b> Δ	20 222
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part			4	29,333.
				<del></del>
(a) Description of Liability Federal Income Taxes	(b) Amount	<del> </del>		•
	14 20	26		
Due to inter-corporation affiliates	14,38	36.		
	<del> </del>	<b></b>		
	-			
		_		
	<u>► 14,38</u>			
In Part XIV, provide the text of the footnote to the organization	on's financial statement	e that reports the ora	anization's liability for uncorta	in tay

Schedule D (Form 990) 2008 Supportive Housin			<u>-0439</u>	315 Page 4
Part XI Reconciliation of Change in Net Ass		Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 1			ļ	3,373,784.
2 Total expenses (Form 990, Part IX, column (A), line			<u> </u>	3,295,023.
3 Excess or (deficit) for the year Subtract line 2 from I	ine 1		$\vdash$	78 <b>,</b> 761.
4 Net unrealized gains (losses) on investments			<u> </u>	
5 Donated services and use of facilities			<u> </u>	
6 Investment expenses			<u> </u>	<del></del>
7 Prior period adjustments			<u> </u>	
8 Other (Describe in Part XIV)			<u> </u>	
9 Total adjustments (net) Add lines 4-8			<u> </u>	
10 Excess or (deficit) for the year per financial statemer				78,761.
Part XII   Reconciliation of Revenue per Audit		nts With Revenue per Re		
1 Total revenue, gains, and other support per audited f			1	3,373,784.
2 Amounts included on line 1 but not on Form 990, Par	t VIII, line 12	1 - 1		
a Net unrealized gains on investments		2a		
<b>b</b> Donated services and use of facilities		2b	.	
c Recoveries of prior year grants		2c	.	
d Other (Describe in Part XIV)		2d		
e Add lines 2a through 2d			2 e	<del></del>
3 Subtract line 2e from line 1		1 1	3	3,373,784.
4 Amounts included on Form 990, Part VIII, line 12, bu				
a Investments expenses not included on Form 990, Pa	t VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV)		4b		
c Add lines 4a and 4b			4c	
5 Total revenue Add lines 3 and 4c. (This should equa			5	3,373,784.
Part XIII   Reconciliation of Expenses per Auc		<u>ents With Expenses per</u>	Return	
Total expenses and losses per audited financial state			1	3,295,023.
2 Amounts included on line 1 but not on Form 990, Par	t IX, line 25	1 1		
a Donated services and use of facilities		2a		
<b>b</b> Prior year adjustments		2b		
c Losses reported on Form 990, Part IX, line 25		2c		
d Other (Describe in Part XIV)		2d		
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1		1 1	3	3,295,023.
4 Amounts included on Form 990, Part IX, line 25, but				
a Investments expenses not included on Form 990, Pa	t VIII, line 7b	4a	.	
<b>b</b> Other (Describe in Part XIV)		4Ы		
c Add lines 4a and 4b			4 c	
5 Total expenses Add lines 3 and 4c (This should equ	al Form 990, Part I, line 18	)	5	3,295,023.
Part XIV   Supplemental Information		·		<u>.</u>
Complete this part to provide the descriptions required for line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and		rt III, lines 1a and 4; Part IV, li	nes 1b a	nd 2b, Part V,
			· ·	· · · · · · · · ·
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Schedule D	(Form 990) 2008	Supportive 1	Housing	Coalition of	New_Mexico	<u>85</u> -0439315	Page 5
Part XIV	Supplementa	Information (c	ontinued)	Coalition of			
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### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

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.

Open to Public Inspection

Name of the organization Supportive Housing Coalition of New Mexico	85-0439315
Pt VI-A, Line 8 Contemporaneous minutes were taken at all board	
meetings.	
Pt_VI-A, Line 10 The tax return was printed and presented to all	L
board members before it was signed at submitted	3
	1
to the IRS	
Pt VI-C, Line 19 Financial statements and this tax return are de	elivered
to individuals and organizations that request a	
	<b>.</b>
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supportive Housing Coalition of New Mexico

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number 85-0439315

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

(F)
Direct controlling entity (E) End-of-year assets **(D)** Total income (C) Legal domicile (state or foreign country) (B) Primary activity Part II Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of disregarded entity Part I Identification of Disregarded Entities

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(C) (State Exempt Code section Public charity status or foreign country) (if section 501(c)(3))		(F) Direct controlling entity
AMHHC_Project_1c_Inc_85-0468133PO Box 27459, Albuquerque NM 87125	Supported housing	NM	501(c)(3)	7	N/A
Vista Gallinas Community Pshp 33-1149039 PO Box 27459, Albuquerque NM 87125	Supported housing	WN	501(c)(3)	7	N/A
	1				

Schedule R (Form 990) (2'008)

12/23/08

TEEA5001

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

Schedule R (Form 990) 2008 Supportive Housing Coalition of New Mexico	ited Organizations Taxable as a Partnership
Suppo	tion of Related O
Schedule <b>R</b> (Form 990) 2008	Part III Identification

	•									,
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal domicile (state or	( <b>D)</b> Direct controlling entity	Predominant investment,	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule	(J) Genera' or managing partner?	a' or ging er?
		roreign country)		unrelated)			Yes No	(Form 1065)	Yes	일
Chuska Apartments, LP 35-2278131										
2534 E_Aztec Ave _ Low income	Low income									
Gallup, NM	housing	NM	N/A	Related	-32.	79,497.	×		×	
Downtown @ 700-2nd LP					•••					
26-2839314										
700_2nd_St_NW	Low income									
Albuquerque, NM	housing	MM	N/A	Related	0.	44,830.	×		×	
1 1 1 1 1 1 1 1 1 1										
	_									

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile (state or foreign country)	(D) Direct controlling entity	Type of entity (C corp, S corp, or trust)	Legal domicile Controlling entity (C corp, S corp, country)  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (	(G) Share of end-of-year assets	Percen age owners hip
ВАА		TEEA5002 12/23/08	23/08			Schedule R (Form 990) (2008)	(2008)

Page 3

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes	s No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV.			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)	-	1 b X	
c Gift, grant, or capital contribution from other organization(s)		. 1c X	_
d Loans or loan quarantees to or for other organization(s)		19	×
		-	>
e Loans or loan guarantees by other organization(s)		ע	<b>√</b>
f Sale of assets to other organization(s)		11	×
a Purchase of assets from other organization(s)		19	×
	-	1 q	×
		;=	×
Legase of lactities, equipment, of order assets to order organization(s)	•	•	
i Lease of facilities, equipment, or other assets from other organization(s)	-	-1	×
k Performance of services or membership or fundraising solicitations for other organization(s)		<b>+</b>	×
l Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		1m	×
n Sharing of paid employees		Jn	×
o Reimbursement paid to other organization for expenses		0	×
p Reimbursement paid by other organization for expenses	-	1p	×
<b>q</b> Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		1.	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	and transaction thresholds.		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	plyed
-		Ö	
(1) AMHHC Project 1	0	60	127
(2) Vista Gallinas Community Partnership	U	15,	.000
(3) Chuska Apartments, LP	q	222,	,750.
Downtow	q	106.	500.
(5)			
9			
BAA TEEA5003 07/02/08	Schedule F	Schedule R (Form 990) (2008)	(2008)

# Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	( <b>B)</b> Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Are all partners section 501(c)(3) organizations?	Are all partners Share of end-of-year section assets 501(c)(3)	(F) Disproportionate	(G) Code V-UBI amount in Box 20 of Schedule K-1 Form (1055)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Yes	2
					_		-	
					<u> </u>		<del></del> .	
ВАА		TEEA5004 01/21/09				Schedule <b>R</b> (Form 990) (2008)	9) (066 (	2008)

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

new construction of multi-family rental properties as well as
property management and administration.

Form 990 p 10/Line 4 col (B)

Description	Amount
shc h prog	30,596. 1,569,981.
Total	1,600,577.

### **Supporting Statement of:**

Form 990 p 10/Line 7 col (B)

Description	Amount
shc h prog	138,807. 155,041.
h devel Total	148,952.

### **Supporting Statement of:**

Form 990 p 10/Line 9 col (B)

Description	Amount
shc	29,497.
h prog	28,669.
h devel	21,061.
Total	79,227.

### **Supporting Statement of:**

Form 990 p 10/Line 10 col (B)

Descriptio	n	Amount
shc		10,444.
h prog		11,403.
h devel	-	11,205.
Total		33,052.

Form 990 p 10/Line 11a col (B)

	Description	Amount
shc		9,087.
h prog		9,982.
h devel		153,990.
Total		173,059.

### **Supporting Statement of:**

Form 990 p 10/Line 13 col (B)

Description	Amount
shc - telephone and communications	2,357.
shc - supplies and office expense	5,088.
shc - small equipment	1,918.
shc - printing and duplication	85.
shc - service fee	13.
shc - postage and delivery	10.
h prog - telephone and communications	4,584.
h devel - telephone and communications	2,044.
h prog - supplies and office expense	2,305.
h devel - supplies and office expense	1,441.
h prog - small equipment	1,037.
h devel - small equipment	6,563.
h prog - printing and duplication	131.
h devel - printing and duplication	2,158.
h prog - service fees	59.
h prog - postage and delivery	1,864.
h devel - postage and delivery	-203.
Total	31,454.

### **Supporting Statement of:**

Form 990 p 10/Line 13 col (C)

Description	Amount
telephone	6,941.
supplies and office expense	5,390.
small equipment	5,953.
printing and duplication	129.
service fees	2,179.
postage and delivery	1,231.

Total <u>21,823.</u>

Form 990 p 10/Line 16 col (B)

Description	Amount
shc - rental utilities	124.
shc - rent and leases	7,700.
shc - occupancy	111,495.
shc - repairs and maintenance	18,503.
h prog - rental utilities	69,538.
h prog - rent and leases	19,887.
h devel - rent and leases	12,485.
h prog - occupancy	165.
h prog - repairs and maintenance	58.

Total <u>239, 955.</u>

### **Supporting Statement of:**

Form 990 p 10/Line 16 col (C)

Description	Amount
rental utilities	-670.
rent and leases	63,409.
repairs and maintenance	219.
Total	62,958.

### **Supporting Statement of:**

Form 990 p 10/Line 17 col (B)

Amount
1,958.
6,333.
5,043.

### **Supporting Statement of:**

Form 990 p 10/Line 19 col (B)

Description	Amount
h prog - meetings	296.
h devel - meetings	3,193.

Total \_\_\_\_\_ 3,489.

Form 990 p 10/Line 20 col (B)

Description	Amount
shc h prog -	79,835. 1,063.
Total	80,898.

### **Supporting Statement of:**

Form 990 p 10/Line 23 col (B)

Description	Amount
shc	11,020.
h prog	175.
h devel	175.

### **Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-1

	Description	Amount
shc	9,880.	
h prog		 15,931.
Total		25,811.

### **Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-2

	Description	Amount
shc		5,785.
Total		5,785.

### **Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-3

	Description	A	mount
shc			3,523.

Continued

### **Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-3

Description	Amount
h prog h devel	2,740. 1,223.
Total	7,486.

### **Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-5

	Description	Amount
h prog h devel		384. 1,367.
Total		1,751.

### **Supporting Statement of:**

Form 990 p 11/Line 4, column (B)

Description	Amount
rent	23,078.
developer fee	469,587.
due from intercorp affil	34,185.
other	2,163.
Total	529,013.

### **Supporting Statement of:**

Form 990 p 11/Line 7, column (B)

Description	Amount
Development affiliate loan receivable	2,268,845.
Development affiliate loan interest receivable	29,264.
Silver Gardens affiliate receivable	578,810.
Total	2,876,919.

Form 990 p 11/Line 17, column (B)

Description	Amount
Accounts payable	31,455.
Accrued liabilities	172,875.
Retainage accounts	53,087.
Deposits held for tenant	19,663.
Accrued interest	3,865.
Lines of credit	191,849.
CARE 66 sponsor loan payable	597,750.
Total	1,070,544.

### **Supporting Statement of:**

Form 990 p 11/Line 23, column (B)

Description	Amount
note payable net short term note payable short term	1,017,559. 45,880.
Total	1,063,439.

### **Supporting Statement of:**

Form 990 p 11/Line 27, column (B)

Description	Amount
unrestricted undesignated investment in property equip net of debt	3,393,730. 2,856,594.
Total	6,250,324.

### **Supporting Statement of:**

Sch D, page 2/Other col (a)

Description	Amount
land improvements	8,988.
construction in progress	2,093.
Total	11 081

## Form **8868** (Rev April 2008)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMD No. 1545-1700

Form 8868 (Rev 4-2008)

If you are	filing for an Automatic 3-Month Ext	ension, complete only Part I and	check this box	<del></del>	► X	
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automa	itic) 3-Month Extension, complete	only Part II (on page 2 o	f this form)		
Do not comp	lete Part II unless you have already I	peen granted an automatic 3-mont	h extension on a previous	sly filed Form	8868	
Part I	Automatic 3-Month Extension	n of Time. Only submit orig	inal (no copies need	led).		
A semeration	required to file Form 990-T and requ	incting an automatic 6 month outo	and a short this have	nd samulais "	David Lambu 🕨 🗔	
•	•	•		•	. , –	
All other corp income tax re	orations (including 1120-C filers), pa turns	artnerships, REMICS, and trusts m	ust use Form 7004 to req	uest an exten	sion of time to file	
returns noted the additional Form 990-T	ing (e-file). Generally, you can electrobelow (6 months for a corporation of (not automatic) 3-month extension of stead, you must submit the fully continuous transported the fully continuous transported that it is not entitle to the file and click on e-file and click on e-file.	equired to file Form 990-T) Howev or (2) you file Forms 990-BL, 6069 Impleted and signed page 2 (Part	ver, you cannot file Form b, or 8870, group returns.	8868 electron or a composit	ically if (1) you want te or consolidated	
	Name of Exempt Organization			Employe	er identification number	
Type or	•					
print	Supportive Housing Coalition of New Mexico				85-0439315	
File by the due date for	Number, street, and room or suite number. If a	PO box, see instructions				
filing your return See	PO Box 27459					
instructions	City, town or post office, state, and ZIP code if	or a foreign address, see instructions				
	Albuquerque			NI NI	4 87125-7459	
Check type o	f return to be filed (file a separate a	pplication for each return)				
X Form 990		Form 990-T (corporation)	For	rm 4720		
Form 990	ı-BL ☐ [	Form 990-T (section 401(a) or 408	(a) trust) For	rm 5227		
Form 990	-EZ	Form 990-T (trust other than above	e) 🗍 For	rm 6069		
Form 990	I-PF	orm 1041-A	For	rm 8870		
Telephon	e No (505) 255-3643 anization does not have an office or	FAX No ►			► []	
<ul><li>If this is f</li></ul>	or a Group Return, enter the organiz	ation's four digit Group Exemption	Number (GEN)	If this is t	for the whole group,	
check this	s box ► ☐ If it is for part of the	group, check this box 🕒 🗌 and	d attach a list with the nai	mes and EINs	of all members	
the exten	sion will cover					
until <u>F</u> The ext	st an automatic 3-month (6 months find by 16 , 20 _ 10 _ , to file the ension is for the organization's return calendar year 20 or tax year beginning _ Jul_1	e exempt organization return for th n for	e organization named ab			
				<b>—</b>		
2 If this to	ex year is for less than 12 months, c	heck reason Initial return	Final return	Change	ın accounting period	
	pplication is for Form 990-BL, 990-F ndable credits See instructions	F, 990-T, 4720, or 6069, enter the	tentative tax, less any	3a	ş <u> </u>	
<b>b</b> If this a made	pplication is for Form 990-PF or 990 nclude any prior year overpayment	I-T, enter any refundable credits a allowed as a credit	nd estimated tax paymen	ts 3b	\$ 0.	
deposit	e <b>Due.</b> Subtract line 3b from line 3a. with FTD coupon or, if required, by tructions	Include your payment with this for using EFTPS (Electronic Federal 1	rm, or, if required, Tax Payment System)	3c	\$ 0.	
Caution. If yo	ou are going to make an electronic for	und withdrawal with this Form 886	3, see Form 8453-EO and	f Form 8879-E	O for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form <b>ຮືຮິຣິຣິ</b>	(Rev 4-2008) Supportive Housing Coalition of New	Mexico	85-0439315	Page 2		
• If you a	e filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this	box	<u>► X</u>		
Note. Only	complete Part II if you have already been granted an automatic 3-month exter	nsion on a previously f	iled Form 8868	_		
<ul><li>If you a</li></ul>	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1	)				
Part II	Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.					
-	Name of Exempt Organization		mployer identification number			
Type or						
print			35-0439315			
C 1- L. H-	Number, street, and room or suite number. If a P O box, see instructions		or IRS use only			
File by the extended due date for DO Down 07.45.0						
filing the return See	PO Box 27459					
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions					
	Albuquerque NM 87125-7459					
Check type	of return to be filed (File a separate application for each return)					
X Form 99	00 Form 990-PF	Form 1041-A	Form 6	069		
Form 9	00-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8	870		
Form 9	00-EZ Form 990-T (trust other than above)	Form 5227				
STOP! Do r	ot complete Part II if you were not already granted an automatic 3-month ex	tension on a previous	ly filed Form 8868.			
	ks are in care of Mark Allison					
Telepho	ne No ► (505) 255-3643 FAX No ►					
<ul><li>If the or</li></ul>	ganization does not have an office or place of business in the United States,	check this box		► 📗		
<ul><li>If this is</li></ul>	for a Group Return, enter the organization's four digit Group Exemption Num	• • •		is for the		
whole group	o, check this box $ ightharpoonup$ If it is for part of the group, check this box $ ightharpoonup$	and attach a list with	the names and EINs of	' all		
	e extension is for					
	est an additional 3-month extension of time until $$					
5 For ca	alendar year $\_\_\_$ , or other tax year beginning $\underbrace{\mathtt{Jul}}_{\mathtt{Lul}} = 1$ , 20	$\underline{08}$ , and ending $\underline{\mathtt{J}}\underline{\mathtt{y}}$	<u>in 30                                    </u>	<u>)9</u> .		
	tax year is for less than 12 months, check reason		Change in accounting	g period		
	in detail why you need the extension The company is request					
	ension because the annual audit is not complete		udit			
is	complete, the company can prepare an accurate t	ax return.				
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta fundable credits. See instructions	tive tax, less any	8a Ş_	0.		
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable c					
	ents made. Include any prior year overpayment allowed as a credit and any a form 8868	mount paid previously	8b \$	0.		
		of required deposit	<u> </u>	<u>-</u>		
with F	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment 9).	System) See instrs	8c \$	0.		
	, Signature and Verification					
Under penaltie	s of perjuly, I declare that I have examined this form, including accompanying schedules and statemen mplete, and that I am agriculted to prepare this form	its, and to the best of my know	wledge and belief, it is true,			
correct, and co	$\cdot$		2/	./.		
Signature -	Carley Vanon Title > CTN		Date ► ∠//	5//0		
	'		/	l		
BAA	FIFZ0502 04/16/08		Form 8868 (	(Rev 4-2008)		