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## Form **990**

### **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

2009

Open to Public of Inspection

Department of the Treasury

benefit trust or private foundation)

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

		e Service The organization may have to use a copy of this feturit to satisfy state rep			inspection we
<u>A</u>	or the	2009 calendar year, or tax year beginning		)/2010	
<b>B</b> c	heck if ap	Please use IRS C Name of organization Southwest Chemical Dependency	D Employer	dentificati	ion number
	ddress (	hange label or Doing Business As	81-0372136		
$\square$ N	ame cha	inge   print or type   Number and street (or P O box if mail is not delivered to street address)   Roc	om/suite E Telephone	number	
☐ Ir	ntial retu	rn See 430 East Park Street P O Box 1587	406-222-281	12	
Пт	erminate	Consider			
$\square$	mended		87 G Gross recei	ipts \$	763,218
ΠA	pplicatio	n pending F Name and address of principal officer	H(a) Is this a group retur	n for affilia	tes? Yes X No
		Jean McCauley P.O. Box 1587, Livingston, MT 59047	H(b) Are all affiliates incl		Yes No
			If "No," attach a list		
		npt status X 501(c) ( 3) ◀ (insert no ) 4947(a)(1) or 527	ii No, allacii a iisi	. (see msu	uctions)
<u>1 N</u>	ebsite/	N/A	H(c) Group exemption n	umber 🕨	<del></del>
K F	orm of o	ganization X Corporation Trust Association Other ▶ L Year	of formation 1969	M State	e of legal domicile MT
₩P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities Providing	services to individu	uais rela	ting
	l	to drug and alcohol obugo counceling literature bousing etc.			
če					
nan					
Activities & Governance	2	Check this box • I if the organization discontinued its operations or disposed of	of more than 25% o	if its not	accate
ğ	3	Number of voting members of the governing body (Part VI, line 1a)	or more than 20% o	3	5
SS.	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
vite V	5	Total number of employees (Part V, line 2a)	ļ	5	19
Acti	6	Total number of volunteers (estimate if necessary)		6	- 13
`	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	
		Tier difficiated business taxasis into the front of our 1, into 51	Prior Year	<del>''-</del>	Current Year
	8	Contributions and grants (Part VIII, line 1h)		7,908	692.056
ïe	9	Program service revenue (Part VIII, line 2g)		9,153	61,184
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		61	59
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,324	919
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,446	754,218
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	
	14	Benefits paid to or for mempers() Fart (X = 10 umn (A), line 4)		0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	436	6,793	452,686
ses	16a	Professional fundraising fees (Part IX, column At line 11e)		0	0
Expenses	b	Total fundraising expenses (Rat IX, Column (D), Jine 25) ▶ 0		, , , ,	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-14d, 11f-24f)	285	5,077	317,300
	18	Total expenses Add lines 13 (17) Part X, column (A), line 25)		1,870	769,986
	19	Revenue less expenses Subtract line 18 from line 12		3,576	-15,768
- S			Beginning of Current		End of Year
Net Assets or Fund Balantes	20	Total assets (Part X, line 16)	<del></del>	3,286	112,754
Ass 1938	21	Total liabilities (Part X, line 26)		3,016	6,252
<b>1</b>	22	Net assets or fund balances Subtract line 21 from line 20		2,270	106,502
IPa	t∏®			<u>.,=  </u>	
	i'	Under penalties of perjury, I declare that I have examined this return, including accompanying schedule	es and statements, and to	the best o	of my knowledge
AU		and belief, it is true, correst, and complete Declaration of preparer (other than officer) is based on all in	nformation of which prepa	irer has an	y knowledge
			li An A	7/0-	7/17
Sign Hei	n	Jean / ancel of waram a	NECEO Y	152	3110
		Signature of officer	Date	/	/
4	-	1 Leavy 11 (aulel 163110			<u> </u>
AC C	<u> </u>	Type or print narpe and title			
			eck if		s identifying number
Paid		signature 7/22/2010 se	lf- nployed ▶	(see instru	ctions)
	parer's				
Use	Only	if self-employed).	EIN •		
		address, and ZIP+4 PO BOX 887, LIVINGSTON, MT 59047	Phone no P	(406) 22	22-2462
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
_	Daire				

orm		1-0372136	Page <b>2</b>
Pč	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
•	Providing services, counseling, literature to those with drug and alcohol problems		
2	Did the organization undertake any significant program services during the year which were not listed on		√ N.
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	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		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	int of grants a	nd
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 769,986 including grants of \$ 0 ) (Revenue \$		0)
	PROVIDING SERVICES TO INDIVIDUALS RELATING TO DRUG & ALCOHOL ABUSE		
	COUNSELING, LITERATURE, HOUSING, ETC		
4 15	(Code ) (Furance & O violating seems of & O ) (Paracus &	<del></del>	0.
4D	(Code ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$		
			. <b></b>
			·
		<b></b>	
-			
4c	(Code ) (Expenses \$ $0$ including grants of \$ $0$ ) (Revenue \$		<u>0</u> )
			. <b></b>
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 769,986		

### Form 990 (2009) 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)? If "Yes," complete Schedule A .	1	х	
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		<u>х</u> х
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	_x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
<b>9</b> 12	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		Χ
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Yes No  12A X		32140 114	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		Х
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		X
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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I .	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ

Form 990 (2009) Southwest Chemical Dependency

Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I .	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
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		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		1	
	If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV .	28c		Χ
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? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
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		X
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		X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		ł	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		_X_
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_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
			200	

Form 990 (2009) Southwest Chemical Dependency
Statements Regarding Other IRS Filings and Tax Compliance

i E	Statements Regarding Other INST lings and Tax Compliance			<del></del>				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No				
ıa	U.S. Information Returns Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			١.				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	;	1	ļ.				
	gaming (gambling) winnings to prize winners?	1c	X					
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 19							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	1		,				
	instructions)			ŀ				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by							
1.	this return?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial							
	account)?	4a		X				
b	If "Yes," enter the name of the foreign country	a		^				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	:	,					
	and Financial Accounts			,				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding							
	Prohibited Tax Shelter Transaction?	5 <u>c</u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
_	gifts were not tax deductible?	_6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u> </u>				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		<del>                                     </del>				
Ū	required to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal							
	benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			ŀ				
	required?	_7h_						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting							
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	_ 8 _		-				
э a	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	_ <u>5a</u> _ 9b						
10	Section 501(c)(7) organizations. Enter			<del>                                     </del>				
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			}				
а	Gross income from members or shareholders			[				
b	Gross income from other sources (Do not net amounts due or paid to other sources			1				
	against amounts due or received from them )		ļ,					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	j		L				

Part VI

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

Sect	ion A. Governing Body and Management							
		1 1	-	Yes	No			
1a		<b>a</b> 5						
b	· · · · · · · · · · · · · · · · · · ·	<b>b</b> 0	• 1	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onship with		<u>'</u>	1			
_	any other officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or und		_		.,			
	supervision of officers, directors or trustees, or key employees to a management company or ot	•	3_		X			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990		4		X			
5	Did the organization become aware during the year of a material diversion of the organization's	asseis	<u>5</u>		X			
6 7-	Does the organization have members or stockholders?	ra mambara						
7a	Does the organization have members, stockholders, or other persons who may elect one or more of the governing body?	e members	7a		Х			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	nercons?	7a 7b		X			
8	Did the organization contemporaneously document the meetings held or written actions underta		70					
U	the year by the following.	ken duning						
а	The governing body?		8a	X				
b	Each committee with authority to act on behalf of the governing body?	•	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b	e reached	0.0	_^_				
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9a		Х			
Sect	ion B. Policies (This Section B requests information about policies not required by the li		Ja					
	enue Code )	ntorrar						
		<del>-</del>		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?		10a		X			
þ	If "Yes," does the organization have written policies and procedures governing the activities of s	uch chapters.						
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before							
	form?	Ţ.	11	x				
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ				
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?		12b	Х				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy	י? If "Yes,"						
	describe in Schedule O how this is done		12c		X			
13	Does the organization have a written whistleblower policy?		13_		Х			
14	Does the organization have a written document retention and destruction policy?		14_		Χ_			
15	Did the process for determining compensation of the following persons include a review and app							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?						
а	The organization's CEO, Executive Director, or top management official	}	15a	X				
b	Other officers or key employees of the organization		15b		Χ_			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	l						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement			لـا			
_	with a taxable entity during the year?		16a		Χ_			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to							
	its participation in joint venture arrangements under applicable federal tax law, and taken steps	to sateguard	401		لــــا			
	the organization's exempt status with respect to such arrangements?	<del></del>	16b					
	Light the states with which a copy of this Form 000 is required to be filed.				_			
17 40	List the states with which a copy of this Form 990 is required to be filed MT	000 T (501/a)/2)a -						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you make these available. Check all that apply	əəu- 1 (əu 1(c)(3)8 0	пу)					
40	Own website Another's website Upon request	nto conflict of inter-	o.t					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public							
20								
	organization ► JEAN McCAULEY  430 EAST PARK STREET, LIVINGSTON, MT 59047	406-222-281	£					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average		•			that ap		Reportable	Reportable	Estimated
	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)	amount of other compensation from the organization and related organizations
BELINDA VAN DURDEN BRD	5	х						0	0	0
JAQUI POE BRD	5	x						0	0	0
JULIE DANAHER BRD	5	x						0	0	0
DEANNA EGELAND CHAIR	10			Х				0	0	0
BEV KODER VICE	10			Χ				0	0	0
CHERYL HAYES SEC/TREA	20				Х			0	0	0
JAMES WALTER FIN OFF	1							0	0	0
			L							

₽ã	rt VIII ' Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees	, and	j Hiç	ghes	t Co	mpensated Em	<b>ployees</b> (co	ntınue	ed)	
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	Po	sition	,	k all ti	hat ap	_	Reportable	Reportable		Estima	
		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 organization (W-2/1099-MI)	s	amount other compens from the organization	r ation ne ation ated
											_		
						i							
										1			
												,	
<u>1b</u>	Total							<b>•</b>	0		0		0
2	Total number of individuals (including but no		se list	ted a	bove	e) wl	ho re	ceive	ed more than \$1	00,000 in			
	reportable compensation from the organizat	lion -			0				<del></del>	<u>-</u>		TV	- No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci					yee,	, or h	ighe	st compensated		3	Yes	No X
4	For any individual listed on line 1a, is the su					n an	d oth	or co	omnensation fro	m			
•	the organization and related organizations gundividual										4	-	X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "You								rganization for		5	-	X
Sec	ction B. Independent Contractors	<u> </u>	004	<u></u>		000.	. рол						
1	Complete this table for your five highest con compensation from the organization	npensated inde	pend	ent o	contr	acto	rs th	at re	ceived more tha	n \$100,000	of		
	(A) Name and business a	iddress							(B) Description of ser	vices	Comp	(C) ensation	
													C
								-		<del></del>			0
								}					<u>C</u>
													0
2	Total number of independent contractors (in more than \$100,000 in compensation from t								e) who received	,			

Part	VIII	' Statement of Revenue							
			·	, , , , , , , , , , , , , , , , , , ,	gri k	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, grants amounts	1a b c	Federated campaigns Membership dues Fundraising events		1a 1b 1c	0 0 0	4		· · ·	,
Contributions, gifts, grants and other similar amounts	d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants similar amounts not included above		1d 1e	627,154 64,902	•			
Sontrik and of	g h	Noncash contributions included in I <b>Total</b> . Add lines 1a–1f			04,302	692,056	1	•	,
		3		_	Business Code				1
Program Service Revenue	2a b	Outpatient DUI				25,429 26,889	25,429 26,889		
ce F	C	MIP				2,793	2,793	-	
ervi	d	Insured Outpatient				5,985	5,985	<del></del>	
E S	е	Other				88	88		
ogra		All other program service revenue				0		.,-	
Pro	g	Total. Add lines 2a–2f			<b>•</b>	61,184			-
	3	Investment income (including divide other similar amounts)	ends, interest	t, an	d ▶	59	59		
	4	Income from investment of tax-exer	npt bond pro	cee	ds ▶[	0			_
	5	Royalties			<b>&gt;</b>	0			
			(ı) Real		(II) Personal				
	6a	Gross Rents	9,	317					ļ
	b	Less rental expenses		000			1		
	С	Rental income or (loss)		317	0				
	d	Net rental income or (loss)			<b>&gt;</b>	317			r
	7a	Gross amount from sales of	(i) Securities		(II) Other				
		assets other than inventory		0	0				
	b	Less cost or other basis							
		and sales expenses			0				
	C	Gain or (loss)		0	0				
İ	d	Net gain or (loss)			<u>P</u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		а	0)				
e	b	Less direct expenses		b	0				
듄	С	Net income or (loss) from fundraising	ng events			0			
	9a	Gross income from gaming activities	s						
		See Part IV, line 19		а	0				]
		Less direct expenses		b	0				
		Net income or (loss) from gaming a	ctivities		<b>&gt;</b>			_	ļ,
	10a	Gross sales of inventory, less							ĺ
		returns and allowances		a	0		ļ		
		Less cost of goods sold		b	0				
	С	Net income or (loss) from sales of i	nventory		Process Code	0		<del></del>	<del> </del>
	44-	Miscellaneous Revenue			Business Code	4.5		<del></del>	<u></u>
						15	15		<del> </del>
		Admin Fees		i		587	587		<del> </del> -
	. C	All other revenue	<b>. </b>		_	0		<del></del>	
	d	Total. Add lines 11a–11d				0 602			<del>                                     </del>
İ	e 12	Total revenue. See instructions					61 045		
	14	Total revenue. See mistructions		_		754,218	61,845	0	<u> </u>

### 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 req	uired to complete	columns (B), (C), ar	nd (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		,		
	organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,		1	1	
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0	,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	45,000	45,000		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	320,809	320,809		
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	0			
9	Other employee benefits	54,775	54,775		
10	Payroll taxes	32,102	32,102		·- · · · ·
11	Fees for services (non-employees)	_			
a	Management	0			
b	Legal	. 0			
C	Accounting	0			<del></del>
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			_
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	26,103	26,103		
14	Information technology	0			
15	Royalties	0 0	27.400		
16	Occupancy	87,496	87,496		
17	Travel	23,262	23,262		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	. 0			
19 20	Conferences, conventions, and meetings	0			
20 21	Interest Payments to affiliates		_		
22	Depreciation, depletion, and amortization	0 87	87	0	0
23	Insurance	0	01		0
23 24	Other expenses Itemize expenses not	<u> </u>			
27	covered above (Expenses grouped together		İ		
	and labeled miscellaneous may not exceed		1		
	5% of total expenses shown on line 25 below )				
а	CONTRACT SERVICES	75,511	75,511		
b	SLIDDI IES	87,894	87,894		
c	OTHER	2,015	2,015		
d	UTILITIES	14,273	14,273		
e	REPAIRS	659	659		
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	769,986	769,986	0	0
26	Joint costs. Check here ► If following	700,000	7 00,000		
20			1		
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation	1			
	SOLICITATION	<u> </u>		i	

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing 492 1 117 2 Savings and temporary cash investments 104.033 2 98,325 3 Pledges and grants receivable, net O 3 4 Accounts receivable, net 23,543 14,182 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 0 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 11,822 other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 11.692 218 10c 130 Investments—publicly traded securities 11 ol 11 0 12 Investments-other securities See Part IV, line 11 ol 12 0 13 Investments—program-related See Part IV, line 11 이 13 0 14 Intangible assets ol 14 0 15 Other assets See Part IV, line 11 ol 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 128,286 16 112,754 17 Accounts payable and accrued expenses 5,228 17 5,228 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 22 23 Secured mortgages and notes payable to unrelated third parties ol 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities Complete Part X of Schedule D 788 25 1,024 26 Total liabilities. Add lines 17 through 25 6,016 26 6,252 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 122,270 27 106,502 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 122,270 33 106,502 34 Total liabilities and net assets/fund balances 128,286 34 112,754

Ran	XI Financial Statements and Reporting			
· · · · ·		_	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other	,	,	l or
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ļ. j	٠, ,	٠,
	Schedule O		L	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		!	
	Schedule O	i	1	,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		ļ	
	issued on a consolidated basis, separate basis, or both	12		
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number Southwest Chemical Dependency 81-0372136 Parti Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a | Type I Type II c | Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (I) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US? Yes No Yes No Yes No 0 0 0 0

0

81-0372136 Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sect	ion A. Public Support	are box on mi	0 0, 1, 01 0 01	1 4.(1)			·
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not					·	
	include any "unusual grants ")	596,970	646,607	588,062	593,194	627,154	3,051,987
2	Tax revenues levied for the organization's					ŀ	
	benefit and either paid to or expended on						
	its behalf	55,971	49,892	49,892	64,714	64,902	285,371
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
	-			0			0
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization)	652,941	696,499	637,954	657,908	692,056	3,337,358
	included on line 1 that exceeds 2% of the	,		` <u>'</u>			
	amount shown on line 11, column (f)	<u> </u>		1 .			
6	Public support. Subtract line 5 from line 4					-	3,337,358
	ion B. Total Support	4 ) 0005					<del></del>
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	652,941	696,499	637,954	657,908	692,056	3,337,358
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	21,788	7,839	11,266	8,385	978	50,256
9	Net income from unrelated business	21,100	7,000	11,200	0,000	370	30,230
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or					ļ	
	loss from the sale of capital assets	74 457	50,000	50.004	50.450	24 424	004 007
11	(Explain in Part IV) <b>Total support.</b> Add lines 7 through 10	71,157	56,969	52,924	59,153	61,184	301,387
12	Gross receipts from related activities, etc. (s	ee instructions	<u> </u>			12	3,689,001
13	First five years. If the Form 990 is for the oil		•	rd fourth or fift	l h tay year ac a	·- I	1/3)
	organization, check this box and stop here	garnzation s in	st, second, tim	id, ioditii, or iiit	ii tax yeai as a	a section sorte	)(S) ▶ □
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2009 (line 6, c		ed by line 11	column (fl)		14	90 47%
15	Public support percentage from 2008 Sched				ŀ	15	90 01%
	33 1/3% support test–2009. If the organizar			line 13, and lin	ا 14 اد 32 ما 1/30 م		
	and stop here. The organization qualifies as				0 1110 00 1707		<b>▶</b> X
b	33 1/3% support test-2008. If the organization				nd line 15 is 33	3 1/3% or more	
	box and stop here. The organization qualified						▶ □
17a	10%-facts-and-circumstances test-2009.	If the organization	tion did not che	eck a box on lin	e 13, 16a, or 1	6b, and line 14	l is 10%
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum						
b	10%-facts-and-circumstances test-2008.						
	or more, and if the organization meets the "f				•	•	
	the organization meets the "facts-and-circum	nstances" test	i ne organizati	on qualities as	a publicly sup	ported organiza	ation 🕨 🔛
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 1	7a ,or 17b, check	this box and se	e instructions	▶
							000 F7\ 2000

20

Schedule A (Form 990 or 990-EZ) 2009 Southwest Chemical Dependency 81-0372136 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Partilli (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (b) 2006 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its hehalf 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge. 0 0 0 ol o n 0 Total. Add lines 1 through 5. 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 Add lines 7a and 7b 0 0 0 0 0 0 Public support (Subtract line 7c from line 6) 0 Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 0 0 0 0 0 Amounts from line 6 0 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 Add lines 10a and 10b 0 0 0 0 0 0 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 0 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) 0 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 0 00% 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 0 00% Section D. Computation of Investment Income Percentage 0 00% Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 0 00% 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form			South	west (	Chemica	al Depen	dency					81-037213		Page 4
Part IV			Informa	ation	. Comp	olete this	s part to					by Part II, I	ine 10,	
	Part II,	line <u>1</u> 7a	or 17b,	and	Part III	, line 12	Provide	any oth	er addıtıc	onal infori	mation	See instruc	ctions	
		<b>-</b>		<b></b>		<b></b> -	<b></b>	. <b></b> .	<b></b>	<b></b>	. <b></b>			
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***********							<b></b>		<b>-</b>	<b>-</b>	. <b></b>			
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		. <b></b>	<b>-</b>	<b></b>	·	· • • • • • • • • • • • • • • • • • • •	<del></del> -			<b></b>	<b></b>			

### SCHEDULE D . (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Name of the organization Employer identification numbe Southwest Chemical Dependency 81-0372136 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Partil the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Partilla Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 a certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year 2a Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Ы 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 170(h)(4)(B)(i) and section 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 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 If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintainin	g Collections of	Art, His	torical 1	reasures, o	or Oth	er Similar A	ssets (c	ontını	ied)
3	Using the organization's acquisition use of its collection items (check all		ther reco	rds, chec	k any of the	followı	ng that are a	significan	t	
а	Public exhibition	tilat apply)	d $\square$	Loan	or exchange	nroara	me			
			· "		or exchange	progra	1115			
b	Scholarly research		e	Other						
С	Preservation for future general	ations								
4	Provide a description of the organiz Part XIV	ation's collections	and expl	aın how t	hey further th	ne orga	nızatıon's exe	empt purp	ose in	
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No									
Part	Escrow and Custodial Ar  IV, line 9, or reported an ar	_	•	-		nswer	ed "Yes" to F	orm 990	), Par 	t ——
1a	Is the organization an agent, trusted included on Form 990, Part X?					s or oth	ner assets not		es 🗌	No
þ	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	ı table		1		_	
_	Denomina halana					4=		Amount	<del>_</del>	
C	Beginning balance					1c				0
d	Additions during the year			•		1d		<del></del>		
e f	Distributions during the year Ending balance	•		•		1e 1f				
-	•	_					J			
2a	Did the organization include an amo		Part X, lu	ne 21?				Y	es 🔀	No
b	If "Yes," explain the arrangement in				11111/114-		00 D-+11/	- 10		
Part	V Endowment Funds. Com								_	
	D	(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years ba	ick (e) Fo	ur years	back
1a	Beginning of year balance	0			<del></del>	+-				
b	Contributions					-				
С	Net investment earnings, gains,									
٠,	and losses									
d	Grants or scholarships					-				
е	Other expenditures for facilities									
f	and programs Administrative expenses				<del>-</del>		<del>-</del>	<del>-  </del> -		
	End of year balance	0		0	<del></del>		<del>-</del>	-		
g 2	Provide the estimated percentage of		nce held				<del></del>			
a	Board designated or quasi-endowm		% %	1 43						
h	Permanent endowment	%								
c	Term endowment	%								
3a	Are there endowment funds not in t		ne organi	zation th	at are held a	nd adm	ninistered for t	the		
-	organization by	ino podococión on a	io organi	20(10)11 (1)	at are 1101a a		minoto. Od 101 v		Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related org	anizations listed as	s required	on Sche	edule R?.			3b		
4	Describe in Part XIV the intended u		•							
Part						X, line	e 10			
	Description of investment	(a) Cost or oth (investme			st or other (other)		ccumulated preciation	(d) Bo	ook value	e
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		11,822		11,692			130
e	Other		0		0		0			0
Total	. Add lines 1a through 1e (Column (	(d) must equal Forr	n 990, Pa	art X, col	umn (B), lıne	10(c).)	) , ▶			130

organization's liability for uncertain tax positions under FIN 48

Page 3

Part VII Investments—Other Securities.	See Form 990, Part X,	line 12			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value			
Financial derivatives	0				
Closely-held equity interests	0				
Other	0				
	0	f			
<del>-</del>	0				
	0				
	0				
	0				
	0				
	0				
	0	<del></del>			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	Soo Form 000 Part Y	L <u></u>			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value			
	0				
	0				
	0				
	0				
	0				
	0				
	0				
	0				
	0				
Total (Column (b) must equal Form 990, Part X, col (B) line 13 )	0				
Part X Other Assets. See Form 990, Par	t X, line 15				
(a)	Description	(b) Book value			
		0			
		0			
		0			
		0			
		0			
		0			
	<del></del>	0			
		0			
		0			
Total. (Column (b) must equal Form 990, Part X, co		▶   0			
Part X Other Liabilities. See Form 990,		<del></del>			
1. (a) Description of liability	(b) Amount				
Federal income taxes PAYROLL LIABILITIES		0 )24			
TATROLL LIABILITIES	1,0	0			
		0			
		0			
		0			
		0			
		0			
		_0			
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	4.6	<u>U</u>			
2. FIN 48 Footnote In Part XIV, provide the text of the		24			

Sche	dule D (Form 990) 2009		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Fin	nancial Statement	S
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	754,218
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	769,986
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-15,768
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses .	6	
7	Prior period adjustments .	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	C
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-15,768
Pa	Reconciliation of Revenue per Audited Financial Statements With Re	venue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u> </u>	
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	C
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV )		
С	Add lines 4a and 4b	4c	
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pâ	Reconciliation of Expenses per Audited Financial Statements With E	xpenses per Retu	rn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	(
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV )		
С	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	TEXIV Supplemental Information		
and	implete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines part to provide any additional information		
• • • •			

	<ul> <li>Southwest Chemical Dependency</li> </ul>	81-0372136	
Schedule D (Form	990) 2009  Supplemental Information (continued)		Page 5
Part XIV	Supplemental Information (continued)		
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