** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OIIID 110. 10 10 00 11
2023
Open to Public
Inspection

ΑF	or the	e 2023 calendar year, or tax year beginning	and	ending			
	heck if	C Name of organization			D Employer ic	lentific	ation number
	Addre						
	Name chang	e Doing business as			86-069	5862	
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone n	umber	
]Final return/	1101 N. CENTRAL AVE		200	602-307-	-5330	
_	termin ated		ZIP or foreign postal code		G Gross receipts \$		13,660,758.
Ļ	☐Amend return ☐Applic	PHOENIX, AZ 65004-1616			H(a) Is this a gr	-	
	tion pendir	F Name and address of principal officer: 0 1331	CA LEACH		for subord		
_		SAME AS C ABOVE	, , , , , , , , , , , , , , , , , , ,		1		cluded? Yes No
		empt status: X 501(c)(3) 501(c)() te: WWW.SWCENTER.ORG	(insert no.) 4947(a)(1)	or 527	⊣		list. See instructions
	Vebsit		sociation Other	I Voor	H(c) Group execute of formation: 199		
		Summary	SOCIATION UNITED	L Year	of formation, 199	<u> </u>	State of legal domicile; AZ
	_	Briefly describe the organization's mission or most	significant activities: TO SER	VE INDIV	IDUALS TOUCHE	D BY	
Se		HIV/AIDS THROUGH PREVENTION, EDUCATION					
Governance	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its r	net ass	ets.
Ver	3	Number of voting members of the governing body	Part VI, line 1a)			3	15
	4	Number of independent voting members of the gov					15
S S	5	Total number of individuals employed in calendar y	ear 2023 (Part V, line 2a)			5	99
Vitie Vitie	6	Total number of volunteers (estimate if necessary)				6	25
Activities &	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····		7b	0.
					Prior Year	011	Current Year
ē	l				3,976,		4,603,578.
Revenue	I			6,913,		8,409,415.	
Ŗ		Investment income (Part VIII, column (A), lines 3, 4,			596,	767.	41.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			11,488,		13,660,758.
_		Total revenue - add lines 8 through 11 (must equal			11,400,	0.	13,000,738.
	I	Grants and similar amounts paid (Part IX, column (A) Benefits paid to or for members (Part IX, column (A)				0.	0.
	45	Salaries, other compensation, employee benefits (F			4,406,		5,650,023.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			, ,	0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line		424.			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,	•		6,498,	781.	7,906,913.
	I	Total expenses. Add lines 13-17 (must equal Part I)			10,905,	161.	13,556,936.
	19	Revenue less expenses. Subtract line 18 from line			582,	945.	103,822.
Net Assets or				В	eginning of Current	Year	End of Year
sets	20	Total assets (Part X, line 16)			7,123,		7,551,066.
t As	21	Total liabilities (Part X, line 26)			520,	_	1,492,629.
		Net assets or fund balances. Subtract line 21 from	line 20		6,602,	457.	6,058,437.
	art II	Signature Block				. ,	
		Ities of perjury, I declare that I have examined this return, it, and complete. Declaration of preparer (other than office				-	knowledge and belief, it is
uue	Correc	i, and complete. Declaration of preparer (other than office	1) IS Daseu on an information of w	ilicii preparei	Thas ally knowledge	; <u>.</u>	
Sig	•	Signature of officer			Date		
Her		JESSYCA LEACH, EXECUTIVE DIRECTOR					
1101	•	Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date c	heck	PTIN
Paid		KRISTEN M. BASS		1	.1/13/24 if	elf-employe	 d P01247587
	arer	Firm's name CBIZ ADVISORS, LLC			Firm's E		34-1884125
Use	Only	Firm's address 4722 N 24TH ST, STE 300					
		PHOENIX, AZ 85016			Phone n	0.602	-264-6835
May	the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No
LH/	For	Paperwork Reduction Act Notice, see the separate	ate instructions. 332001	12-21-23			Form 990 (2023)

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO SERVE INDIVIDUALS TOUCHED BY HIV/AIDS THROUGH PREVENTION,	
	EDUCATION, CLIENT-CENTERED SERVICES, AND COORDINATED CARE IN	
	COLLABORATION WITH COMMUNITY PARTNERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 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 LX_No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	expenses, and
	revenue, if any, for each program service reported.	0 400 415
4a	(Code:) (Expenses \$	8,409,415.
	EDUCATION, PREVENTION, AND OUTREACH: THIS PROGRAM PROVIDES EDUCATION	
	AND TRAINING ABOUT HIV PREVENTION AND SAFER-SEX IN BOTH URBAN AND RURAL	
	AREAS OF ARIZONA. SPECIALISTS IDENTIFY HIV-POSITIVE INDIVIDUALS & HELP	
	THEM BECOME KNOWLEDGEABLE ABOUT HIV AND AIDS SERVICES, NUTRITION, WELLNESS & BEHAVIORAL HEALTH. TRADITIONAL MEDICAL TREATMENTS,	
	ALTERNATIVE & COMPLIMENTARY THERAPIES AND NURSE PRACTITIONERS ARE	
	AVAILABLE. THERAPIES MAY INCLUDE TRADITIONAL MEDICINE, ACUPUNCTURE,	
	REIKI, MEDICATION, HOMEOPATHY, VITAMIN & HERBAL SUPPLEMENTATION.	
	NUTRITION COUNSELING AND SUPPORT IS CONDUCTED BY A REGISTERED DIETICIAN	
	ON PROPER NUTRITION & FOOD SAFETY.	
4b	(Code:) (Expenses \$ 3 , 445 , 806 including grants of \$) (Revenue \$	612,424.)
	BEHAVIORAL HEALTH AND THE MEDICAL CLINIC PROVIDES ONE-ON-ONE AND GROUP	,
	THERAPY AND MEDICATION MANAGEMENT SERVICES THE FOR LGBTQ+ COMMUNITY.	
	HIV POSITIVE INDIVIDUALS & ADULT FAMILY MEMBERS, AND OTHERS. THE	
	ORGANIZATION HAS RENOVATED A FACILITY TO HOUSE A NEW COMMUNITY HEALTH	
	AND EDUCATION CENTER. THIS COMMUNITY-BASED, COLLABORATIVE HEALTH CENTER	
	IS A ONE-STOP RESOURCE FOR PREVENTION, EDUCATION, MENTAL HEALTH,	
	NUTRITION, HEALTH SERVICES AND WELLNESS, HELPING THOSE WHO AT RISK FOR	
	AND IMPACTED BY HIV/AIDS AS WELL AS THE LGBTQ+ COMMUNITY. THE FACILITY	
	IS ONE OF THE LARGEST HIV/AIDS PRIMARY CARE AND SUPPORT SERVICES	
	FACILITIES IN ARIZONA. THE 340B PROGRAM OFFERS SUPPORT TO THE WELLNESS	
	AND BEHAVIORAL HEALTH CLINIC TO PROVIDE SERVICES TO LOW INCOME	
	PATIENTS.	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 10,490,070.	
		Form 990 (2023)

86-0695862

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	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,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.12		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	''-		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Δ.
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2023) SOUTHWEST CENTER FOR HIV/AI Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5.00 of grants or other assistance to or for domestic individuals on Part IX. Counting Aline 22 if "Yes," complete Schedule / Parts I and 1921 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 A former officers, directors, trustees, key employees, and highest compensated employees?" If "Yes," complete Schedule K II" "No." go to line 25a. 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 II" "No." go to line 25a. 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 27c Did the organization any and that the regards and access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I was a second that the transaction has not been reported on any of the organizations, prior Forms 900 or 900-EZ7 If "Yes," complete Schedule I, Part I was a second to the organization organization and that the transaction has not been reported on any of the organization is prior Forms 900 or 900-EZ7 If "Yes," complete Schedule I, Part II was a second organization and that the transaction has not been reported on any of these persons? If "Yes," complete Schedule I, Part II was a second organization organization and that the transaction has not been reported or any of these persons? If "Yes," complete Schedule I, Part II was a second organization organization review or northology or the prior organization organ		i (continued)		Yes	Na
Part IX. column (A), line 2? If, "Yes," complete Schedule I, Parts and III 20 bit the organization answer "Yes" to Part IVI, 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 I all the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of they see," that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I'm", "go to line 26a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22 Did the organization answer "Yes" to Part VII, Section A, Line 9, 4, or 5, about compensation of the organization surent and former officers, directors, sustees, key employees, and highest compensate employees? If "Yes," complete Schedule J. 24 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 fine 25a b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization marks an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization marks and an an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25c Did the organization marks and the organization and better than a refunding star any time during the year? 25c Did the organization aware that the organization and better than a refunding star any time during the year? 25c Did the organization aware that the organization are calculated person during the year? (""yes," complete Schedule L, Part I. 25c Did the organization aware that the organization organizations prior forms 990 or 990 E27 if "Yes," complete Schedule L, Part II. 25c Did the organization aware that the organization organizations prior forms 990 or 990 E27 if "Yes," complete Schedule L, Part II. 25c Did the organization provide a grant or other assistance to any current or former officier, devotor, tustee, key employee, creator or founder, substantial contributor, or 35% controlled entity rincluding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II. 25c Did the organization provide a grant or other assistance to any current or former officier, develor, tustee, key employee, creator or founder, substantial contributors? If "Yes," complete Sched	22		22		x
and former officers, directors, husbees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002" If "Yes," arrawar lines 28 bit brough 24d and complete Schedule IV 10%" or or in mest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization marks an excrow account other than a retaining secrow at any time during the year to defease any tax exempt bonds? 24c Did the organization arrawar an excrow account other than a retaining secrow at any time during the year? 24d Did to the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did to the organization are access benefit transaction with a disqualified person during the year? 17 year, "complete Schedule I, Part I 25a Section \$01(x)3), \$01(x)40, and \$01(x)29) organizations. Did the organization engage 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 sprior Forms 990 or 99-E27 If "Yea," complete Schedule IV, Part II 25b Did the organization provide a grant or orther assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% or or ordinary substantial contributor or employee threeof, a grant selection committee member, or to a 35% controlled entity or facility and person during the year or the assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV II 27b Did the organization provide a grant or orther assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributors or applicable filing thresholds, conditions, and exceptions?	23				
Schedule / 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? ### /					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yea," answer lines 24b through 24d and complete Schedule K, If "No," to to line 25s. 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b 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 Did the organization acts as n'on behalf of issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yea," complete Schedule L, Part I Dis the organization and that the transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization sphore forms 900 er90.EZZ If "Yea," complete Schedule L, Part I Did be organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee thereof or family embeds of any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee thereof or family embeds or any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yea," complete Schedule L, Part IV instructions for appliciable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yea," complete Schedule L, Part IV instructions or appliciable filing thresholds, conditions, and exceptions; a A 25% controlled entity of on		\cdot	23	Х	
is at 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 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to delease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d	24a				
Schedule K. If "No.", go to lime 25a bill the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization provide person during the year? If "Yes," complete Schedule L, Part I b is the organization provide person during the year? If "Yes," complete Schedule L, Part I b is the organization provide a grant or other assistance to any current or former officer, director, furtices, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity forleung an employee thereof or a grant selection committee member, or to a 35% controlled entity forleung an employee thereof, a grant selection committee member, or to a 35% controlled entity forleung an employee thereof or a family member of any individual described in line 28a° if "Yes," complete Schedule L, Part II 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part II 28 A Carrent or former officer, director, furtices, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part II 28 A Carrent or former officer, director, furtices, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part II 29 Did the organization receive more than \$25,000 in non					
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 246 Child the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(5), 501(6), 40, 406(6), 400 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Section 501(5), 501(6), 406(6), 400 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b International the transaction in the sequence of the properties of the theory of the organization engage in an excess benefit transaction with a disqualified person during the year? 25c International the transaction in the sequential of the properties of the organization engage 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 I., Part II 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator			24a		х
any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c/3), 501(c/14), and 501(c/129) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Sis the organization wave that it engaged in an excess benefit attrassaction 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-E27 If 'Yes,' complete Schedule L, Part I Schedule L, Part I Post of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of multiple member of any of these persons? If 'Yes,' complete Schedule L, Part II Post of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV Post of the following parties? (See the Schedule L, Part IV Post of family instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV Post of the following parties? (See the Schedule L, Part IV Post of family instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV Post of the organization receive more than \$25,000 in nonc	b		24b		
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transaction with a disqualified person during the year? If 'Yes," complete Schedule L, Part I 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 report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes, 'complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity finduling an employee thereof) or family member of any of these persons? If 'Yes, 'complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28a A six of the substantial contribution or applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28a A six of the substantial contribution? If 'Yes,' complete Schedule L, Part IV 28b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If 'Yes,' complete Schedule M 29 Did the organization sell, exchange, dispose of, or transfer more than 29% of its net assetts? If 'Yes,' complete Schedule M 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regu	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Test the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	31				х
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Check if Schedule O contains a response or note to any line in this Part V Yes I La Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Between the number of Forms W-2G included on line 1a. Enter -0- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? La V Yes I A D The A	_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
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1a 30 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		1 1		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	1a	Enter the number reported in box 6 of 1 of in 1000. Enter 6 in not applicable	4		
(gambling) winnings to prize winners?		Little the number of Forms w-2d included of line 1a. Little 10- if not applicable			
	С				
332004 12-21-23 Form 990 (20					(0.5.5.)

 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 	3a	Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	2b	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	2b	х	
 Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 	3a		
 b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 			x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		
			
	4a		x
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>		Х
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
were not tax deductible?	6b		Ь
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	r? 7a		Х
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		—
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year			ļ ,,
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	·		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			^
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 	? 7h		
	8		
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.	. •		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
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 members or shareholders			
b Gross income from other sources. (Do not net amounts due or paid to other sources against			
amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	1	_
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	. 13a	1	
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the			
organization is licensed to issue qualified health plans 13b	-		
c Enter the amount of reserves on hand	14a		х
0 717 0 0 7			
b If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14k	+	
excess parachute payment(s) during the year?	15		x
If "Yes," see the instructions and file Form 4720, Schedule N.	- 13		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		
If "Yes," complete Form 6069.			

Form **990** (2023) 332005 12-21-23

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 on Schedule O. See instructions.

1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body depended to a sufficiency to the control of the poverning body depended to an additionally to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 1b 15 2 Did any officer, cirector, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization bacome aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization and the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 1 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addressesse on Schedule O 10a Did the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 10b Her organization have a written conflict of interest policy? If "No," go to line 13 10d the organization have a written conflict of interest policy? If "No," go to line 13 1	Yes No		Sec
It there are material differences in voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent District of the committee or wind or the properties of the governing body and schedule 0. b Enter the number of voting members included on line 1a, above, who are independent District of the committee or key employee and a management of the governing body or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the o	Yes No	_	
It there are material differences in voting rights among members of the governing body, or if the governing body, delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent			
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b Enter the number of voting members included on line 1a, above, who are independent 15 15 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 1 2 16 the organization become aware during the year of a significant diversion of the organization's assets? 5 1 16 16 the organization have members or stockholders? 6 16 16 the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 2 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 2 15a 2 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			b
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	6a X		юа
	ba A		
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			D
exempt status with respect to such arrangements? 16b	6b		<u> </u>
Section C. Disclosure			Sec
List the states with which a copy of this Form 990 is required to be filedNONE			17
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available.	ıly) available	501(c)(3)s	18
for public inspection. Indicate how you made these available. Check all that apply.			
X Own website Another's website X Upon request Other (explain on Schedule O)			
(-1,7-1	nancial	olicy, and	19
(-			20
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average		not c	Pos heck		than o		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		, unle: cer ar					compensation from	compensation	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JESSYCA LEACH	40.00	=	=	0	~	工画	Œ			
EXECUTIVE DIRECTOR				х				167,424.	0.	33,264.
(2) CASEY SIMON	40.00							,		,
SR. DIR. CLINIC OPERATIONS						x		154,747.	0.	19,468.
(3) ROSALIE JOHNSON	40.00									
CFO				х				146,395.	0.	19,154.
(4) TAYLOR PIONTEK	40.00									
DIR. OF CLINICAL SERVICES						х		136,504.	0.	10,850.
(5) LEANNE MUNIZ	40.00									
LEAD FAMILY NURSE PRACTITIONER						Х		111,167.	0.	29,621.
(6) MILLICENT LARA	40.00									
DIRECTOR OF FACILITIES						Х		111,774.	0.	16,548.
(7) IRIS AVILA	40.00									
DIRECTOR OF MARKETING						Х		103,412.	0.	4,280.
(8) PAMELA SCHEMBS	2.00									
CHAIR		Х		Х				0.	0.	0.
(9) JEFF RYEL	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) MARA DE LUCA FUNKE, MPH	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) GEORGE CHILDS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(12) BARB HUGHETT	2.00	١							_	
DIRECTOR (13) JERRY DIAZ	2.00	Х						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	_
(14) JAMES MARTINEZ	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(15) RJ SHANNON	2.00	Λ						0.	0.	<u> </u>
DIRECTOR	2.00	x						0.	0.	0.
(16) ASHLEY OLSON	2.00	+							· · ·	<u> </u>
DIRECTOR		x						0.	0.	0.
(17) ABRAN VILLEGAS	2.00	Ť						1		-
DIRECTOR		х						0.	0.	0.
		-		-	-			1		- OOO (2222)

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Part VII Section A. Officers, Directors, Trus		oloy	ees,			gnes	st C					/ [`	
(A)	(B) Average			Pos	C) sitior	1		(D)	(E)			(F)	ام م
Name and title	hours per		not c	heck	more	than is both		Reportable compensation	Reportable compensation	n	l	stimate nount	
	week					or/trus		from	from related	•	"	other	
	(list any	director						the	organizations	.	com	pensa	tion
	hours for	or dir	9			ated		organization	(W-2/1099-MIS	C/	l	rom th	
	related organizations	ustee	truste		90	bens		(W-2/1099-MISC/	1099-NEC)		_ ~	janizat	
	below	lual tr	tional		ploye	st con	_	1099-NEC)			l	d relat anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	zi iizati	0110
(18) MIKE MADDEN	2.00		_	Ť	1	"							
DIRECTOR		х						0.		0.			0.
(19) TABITHA FISCHER	2.00												
DIRECTOR		Х						0.		0.			0.
(20) TRUDIE JACKSON	2.00	1											
DIRECTOR		Х			_	_		0.		0.			0.
(21) DANIEL PACKARD	2.00	4								_			_
DIRECTOR		Х			<u> </u>	├		0.		0.			0.
(22) JUAN MANUEL PERDROZA REYES	2.00	١,,								0			0
DIRECTOR		Х						0.		0.			0.
		1											
						\vdash							
		1											
		1											
1b Subtotal								931,423.		0.		133,	185.
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								931,423.		0.		133,	185.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	,000 of reportable				
compensation from the organization													11
												Yes	No
3 Did the organization list any former officer											_		
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the si												Х	
and related organizations greater than \$15											4	^	
5 Did any person listed on line 1a receive or					•			•			5		х
rendered to the organization? f "Yes," con	<u>ipiete Scrieduli</u>	e J T	or st	icn į	oers	on							
Complete this table for your five highest co	mpensated inc	lene	nde	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of comp	ensa	tion fro		
the organization. Report compensation for	•	•							•				
(A)	,							(B)			((C)	
Name and business	address	NO	NE					Description of s	services	C		nsatio	n
							_						
							\dashv						
							- 1						

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Total number of independent contractors (including but not limited to those listed above) who received more than

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Form 990 (2023) SOUTHWEST OF Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c					
ffs,		I Related organizations 1d					
ig je		Government grants (contributions)	4,164,263.				
Sir			4,104,203.				
utio	T	All other contributions, gifts, grants, and	439,315.				
ë	_	similar amounts not included above 1f	435,313.				
out	_	Noncash contributions included in lines 1a-1f		4 602 570			
Og	h	Total. Add lines 1a-1f		4,603,578.			
			Business Code	0 400 445	0 400 445		
e S	2 a	PROGRAM FEES	621110	8,409,415.	8,409,415.		
e ≧	b						
Score	С						
ev ev	d	·					
Program Service Revenue	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f		8,409,415.			
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)		41.			41.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 602,776					
		Less: rental expenses 6b 0					
		Rental income or (loss) 6c 602,776					
		Net rental income or (loss)		602,776.	602,776.		
		Gross amount from sales of (i) Securities	(ii) Other	,	,		
	<i>,</i> u	assets other than inventory 7a	()				
	h	Less: cost or other basis					
ø	b	and sales expenses 7b					
ther Revenue	_	Gain or (loss)					
eve		, ,					
ت ح		Net gain or (loss)					
‡	8 a	Gross income from fundraising events (not including \$ of					
0							
		contributions reported on line 1c). See					
		Part IV, line 18					
			b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199					
		Less: direct expenses	b				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances <u>10</u>)a				
	b	Less: cost of goods sold10)b				
$\perp \downarrow$	С	Net income or (loss) from sales of inventory					
_ω			Business Code				
o a		MISCELLANEOUS INCOME	624100	19,160.			19,160.
Miscellaneous Revenue	b	INSURANCE RECOVERIES	900099	16,140.			16,140.
eve	С	NUTRITION PROGRAM	624100	9,648.	9,648.		
Λisc B	d	All other revenue					
2		Total. Add lines 11a-11d		44,948.			
	12	Total revenue. See instructions		13,660,758.	9,021,839.	0.	35,341.

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D-	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	266 027	050 504	0.7. 0.7.	0.5.05
	trustees, and key employees	366,237.	252,594.	87,375.	26,268
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 200 004	2 007 042	1 045 005	214 704
7	Other salaries and wages	4,388,924.	3,027,043.	1,047,095.	314,786
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	FAC 4C4	412 700	100 104	24 500
9	Other employee benefits	546,464.	413,780.	108,184.	24,500
10	Payroll taxes	348,398.	253,606.	69,521.	25,271
11	Fees for services (nonemployees):				
а	Management	39,530.		39,530.	
b	Legal	55,220.		55,220.	
С	Accounting	33,220.		55,220.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	489,098.	246,133.	154,126.	88,839
40	column (A), amount, list line 11g expenses on Sch 0.)	89,776.	89,776.	134,120.	00,032
12	Advertising and promotion	48,638.	41,829.	6,323.	486
13	Office expenses	199,270.	171,372.	25,905.	1,993
14 15	Information technology	255,275	2/2,0/2.	20,200.	=,55
15 16	Royalties	365,130.	314,012.	47,467.	3,651
10 17	Occupancy	47,166.	31,123.	9,139.	6,904
	Payments of travel or entertainment expenses	,	,	-,	-,
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,754.	5,808.	878.	68
20	Interest	. ,	,,,,,,,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	308,534.	265,340.	40,109.	3,085
23	Insurance	109,095.	94,913.	14,182.	,
24	Other expenses. Itemize expenses not covered	,	,	,	
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MATERIALS AND SUPPLIES	5,483,692.	4,715,975.	712,880.	54,837
b	FOOD SUPPLEMENT/VITAMIN	375,801.	375,801.	·	•
c	EVENT EXPENSE	81,877.	70,414.	10,644.	819
d	POSTAGE/PRINTING	55,135.	47,416.	7,168.	551
е	All other expenses	152,197.	73,135.	71,696.	7,366
25	Total functional expenses. Add lines 1 through 24e	13,556,936.	10,490,070.	2,507,442.	559,424
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			133,467.	1	352,599
	2	Savings and temporary cash investments			126,330.	2	(
	3	Pledges and grants receivable, net			517,000.	3	1,524,540
	4	Accounts receivable, net			1,428,040.	4	835,145
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	onsL		5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describ		6			
ပ္သ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			46,098.	8	22,628
₹	9	Description of the second seco			80,913.	9	43,99
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	7,492,161.			
	b	Less: accumulated depreciation	. 10b	2,749,409.	4,746,066.	10c	4,742,75
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	45,188.	15	29,40		
	16	Total assets. Add lines 1 through 15 (must ed	7,123,102.	16	7,551,06		
	17	Accounts payable and accrued expenses		467,590.	17	782,93	
	18	Grants payable		18			
	19	Deferred revenue		0.	19	101,84	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet		21			
ړ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
1116		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
ڏ	23	Secured mortgages and notes payable to unre	elated thir		0.	23	575,000
	24	Unsecured notes and loans payable to unrelate	ed third p	oarties		24	
	25	Other liabilities (including federal income tax,	oayables [·]	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			53,055.	25	32,850
	26	Total liabilities. Add lines 17 through 25			520,645.	26	1,492,62
		Organizations that follow FASB ASC 958, c	heck her	e X			
es		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			6,171,122.	27	5,446,10
ра	28	Net assets with donor restrictions			431,335.	28	612,330
<u> </u>		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,602,457.	32	6,058,437
_	33	Total liabilities and net assets/fund balances			7,123,102.	33	7,551,066

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,	660,	758.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,	556,	936.
3	Revenue less expenses. Subtract line 2 from line 1	3		103,	822.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,	602,	457.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-	647,	842.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,	058,	437.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		Х
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SOUTHWEST CENTER FOR HIV/AIDS INC 86-0695862 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,507,392.	2,282,057.	4,447,499.	3,976,811.	4,603,578.	17,817,337.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,507,392.	2,282,057.	4,447,499.	3,976,811.	4,603,578.	17,817,337.
5	The portion of total contributions	, ,	, ,	, ,	, ,	, ,	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6							17,817,337.
	Public support. Subtract line 5 from line 4.						17,017,337.
		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	ndar year (or fiscal year beginning in)	2,507,392.	2,282,057.	4,447,499.	3,976,811.	4,603,578.	(f) Total 17,817,337.
	Amounts from line 4	2,307,332.	2,202,037.	1,117,133.	3,3,0,011.	1,000,070.	17,017,007.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	22 115	217		767	41	22 240
	and income from similar sources	22,115.	317.		767.	41.	23,240.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	17,509.	2,374.	3,725.	24,687.	35,300.	83,595.
11	Total support. Add lines 7 through 10						17,924,172.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	26,172,754.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi				-		
	Public support percentage for 2023 (li					14	99.40 %
	Public support percentage from 2022					15	94.66 %
16a	33 1/3% support test - 2023. If the o	-			4 is 33 1/3% or mo	ore, check this box	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part \	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and sto	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	
_			·		·	Schedule A	(Form 990) 2023

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

Т.,

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	0		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	90		
	9c		
	10a		
	10b		
_	100	~ 000	

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations	. aga a		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu		•			
Sect	(B) Current Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2		2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function		d Type III supporting orga	nization (see		
	instructions).			· 		

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	1					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	3					
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
_6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
<u>a</u>	From 2018						
<u>b</u>	From 2019						
c	From 2020						
d	From 2021						
<u>e</u>	From 2022						
<u>f</u>	Total of lines 3a through 3e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2023 distributable amount						
<u>_i</u>	Carryover from 2018 not applied (see instructions)						
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2023 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
<u>a</u>	Excess from 2022 Excess from 2023						

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 SOUTHWEST CENTER FOR HIV/AIDS INC	86-0695862	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2019 AMOUNT: \$ 17,509.		
2020 AMOUNT: \$ 2,374.		
2021 AMOUNT: \$ 3,725.		
2022 AMOUNT: \$ 5,129.		
2023 AMOUNT: \$ 19,160.		
INSURANCE RECOVERIES		
2022 AMOUNT: \$ 19,558.		
2023 AMOUNT: \$ 16,140.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

S	DUTHWEST CENTER FOR HIV/AIDS INC	86-0695862
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1 contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar 10 the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (a) instead of the contributor name and address), II, and III.	cientific,
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled me here the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it pole, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	
For Paperwork Reduction A	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

SOUTHWEST CENTER FOR HIV/AIDS INC

86-0695862

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIF + 4	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4		Person X Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	1	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Training and body direction 1	\$	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 6	Name, address, and ZIP + 4	\$\$(Person X Payroll Noncash Complete Part II for

Schedule B (Form 990) (2023) Page **2**

Name of organization	Employer identification number
SOUTHWEST CENTER FOR HIV/AIDS INC	86-0695862

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Hame, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Haine, audiess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

SOUTHWEST CENTER FOR HIV/AIDS INC

86-0695862

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						

Schedule B (Form 990) (2023)

Name of or	rganization			Employer identification number					
	T CENTER FOR HIV/AIDS INC			86-0695862					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,0	100 or less for the	year. (Enter this info. once.) \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed. I							
from	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held					
Part I									
			_						
		(e) Transfer	of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	ationship of transferor to transferee					
		-							
(a) No.	4.5	, , , ,							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
		() = .							
	(e) Transfer of gift								
	Transferee's name, address, a	Rei	ationship of transferor to transferee						
İ	Transferee & Hame, address, a	14	110	autoriority of transfer of to transfer co					
(-) N -		l l							
(a) No. from	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held					
Part I									
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Re	ationship of transferor to transferee					
		-							
		-							
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	i	(d) Description of how gift is held					
		–	6 10:						
		(e) Transfer	of gift						
	Transferee's name, address, a	nd 7 IP ± 4	Dal	ationship of transferor to transferee					
}	n ansieree s name, address, a	114 4 17 † †	He.	auonamp or แลกลเยางา เง แลกรายายย					

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

SOUTHWEST CENTER FOR HIV/AIDS INC

Employer identification number 86 - 0695862

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
	organization disenses to our our coo, raintry, mis	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acquir		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in t	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, 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 fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB AS		
а		·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

	t III Organizations Maintaining Co	ollections of Ar			asures, or	Other	Similar	Assets	Continu	rage z
3	Using the organization's acquisition, accession								COILLIIL	ieu)
J	collection items (check all that apply).	ori, and other records	s, criccit	arry or tric i	ollowing that	make sig	illioant d	30 01 113		
а	Public exhibition	d		oan or eyo	hange prograi	m				
b	Scholarly research	e								
c	Preservation for future generations	•								
4	Provide a description of the organization's co	Illections and explain	how the	v further th	e organization	n'e avamı	nt nurnos	a in Dart	ΥIII	
5	During the year, did the organization solicit or							e III Fait	AIII.	
3	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arrang									140
	reported an amount on Form 990, Par		ic ii tiic c	ngariizatioi	i answered i	C3 OIII V	51111 550, 1	i aitiv, iii	10 0, 01	
	Is the organization an agent, trustee, custodia		liary for c	ontribution	s or other ass	ets not in	ncluded			
	on Form 990, Part X?								Yes	No
h	If "Yes," explain the arrangement in Part XIII a] 100	
	ii 100, Oxplain the arrangement iiii are xiii e	and complete the for	iowing to	DIO.					Amount	
c	Beginning balance						1c			
	Additions during the year									
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.								_	
	t V Endowment Funds Complete if									
		(a) Current year		ior year			d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance	, ,			, ,					<u> </u>
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
ŭ	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curre		line 1a	column (a)) pelq as.	I				
a	Board designated or quasi-endowment	•	% (iiiic 19,	column (a)	y ricid as.					
b		%	_′°							
C	The percentages on lines 2a, 2b, and 2c shou	· =								
30	Are there endowment funds not in the posses	•	tion that	are hold ar	nd administors	nd for the				
Ja	organization by:	ssion of the organiza	illori triat	are rielu ai	id administere	od for title			[·	Yes No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the								CD	
Pai	t VI Land, Buildings, and Equipme		WITICITE TO	iius.						
	Complete if the organization answered		, Part IV,	line 11a. S	ee Form 990,	Part X, li	ne 10.			
	Description of property	(a) Cost or o			or other		cumulated	а Т	(d) Book	value
	bescription of property	basis (investn			(other)		reciation	-	(a) Book	valuo
12	Land	- ` ` 			` '					
	Buildings									
	Leasehold improvements			6	,766,404.		2,257,5	40.	4 5	508,864.
					725,757.		491,8			233,888.
	Equipment Other				,		,0			,,,,,,,,
	I. Add lines 1a through 1e. (Column (d) must ed		V line 10	0 001:	/D))				4 7	742,752.
1014	ii / laa iii loo Ta tii loogit Te. (Columii (q) Must et	<u> </u>	<u>^, </u>	c. coluitin	(<u>D))</u>					990) 2023

Schedule D (Form 990) 2023 SOUTHWEST CENTER	FOR HIV/AIDS INC		86-0695862	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" of				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market	value
(1)			·	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets				
	on Form 000 Port IV line	11d Soc Form 000 Part V line 15		
Complete if the organization answered "Yes" (Trd. See Form 990, Part A, line 15.	(h) Dools	volus.
	Description		(b) Book v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))			
Part X Other Liabilities				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.	
1. (a) Description of liability			(b) Book v	value
(1) Federal income taxes				
(2) TENANT SECURITY DEPOSIT				4,165.
(3) RIGHT OF USE OPERATING LEASE LIABILITI	ES			28,685.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Calumn /h) must asked Farm 2000 Part V line 25 and	(D))			32 850.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

86-0695862

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part I'	V, line 12a.		
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:			
а	Net unrealized gains (losses) on investments	2a		
b	- · · · · · · · · · · · · · · · · · · ·			
С				
d	O. (5)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	2 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial		es per Return	
	Complete if the organization answered "Yes" on Form 990, Part I		<u> </u>	
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:	1 - 1		
а				
b	, , ,			
С	Other losses			
d	Other (Describe in Part XIII.)	•		
e	J			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1		
a	1			
b	,		40	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pa	rt XIII Supplemental Information	<u>ie 16.)</u>	3	
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4: Part IV lines 1b and 2b: Pa	t V line 4: Part X line 2: Part X	
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		t v, 1110 1, 1 alt X, 1110 2, 1 alt X	,

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

QUQ5
Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

SOUTHWEST CENTER FOR HIV/AIDS INC

Employer identification number 86-0695862

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only anation 504(2)(0) 504(2)(4) and 504(2)(00) annotinations must assume to 5.00			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of: The organization?	5a		х
a h		5b		x
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	35		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а	The organization?	6a		х
		6b		х
.,	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JESSYCA LEACH	(i)	167,424.	0.	0.	1,786.	31,478.	200,688.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) CASEY SIMON	(i)	154,747.	0.	0.	1,581.	17,887.	174,215.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROSALIE JOHNSON	(i)	146,395.	0.	0.	1,497.	17,657.	165,549.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
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	(i)							
	ii)							
	(i)							
	ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number**

86-0695862 SOUTHWEST CENTER FOR HIV/AIDS INC PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: COORDINATED CARE IN COLLABORATION WITH COMMUNITY PARTNERS FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND WAS REVIEWED BY THE EXECUTIVE DIRECTOR, FINANCE COMMITTEE AND THE BOARD PRIOR TO BEING FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: TO ENSURE THAT MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS AND SENIOR LEADERSHIP AVOID CONFLICTS OF INTEREST IN THE PERFORMANCE OF THEIR DUTIES THE AFFAIRS OF THE ORGANIZATION ARE CONDUCTED IN ACCORDANCE WITH THE HIGHEST STANDARDS OF INTEGRITY. THERE IS NO DEVIATION FROM ETHICAL AND FISCAL HONESTY IN ANY OF THE ORGANIZATION'S TRANSACTIONS. THE ORGANIZATION IS ENTITLED TO RECEIVE FROM ITS BOARD OF DIRECTORS AND SENIOR LEADERSHIP THEIR COMPLETE AND UNDIVIDED LOYALTY TO ITS INTERESTS. CONFLICT OF INTEREST IS DEFINED AS AN ACTIVITY OR INTEREST WHICH IS INCONSISTENT WITH, OR OPPOSED TO, THE BEST INTERESTS OF THE ORGANIZATION. MEMBERS OF THE BOARD OF DIRECTORS AND SENIOR LEADERSHIP MUST ACT, IN THE COURSE OF THEIR DUTIES SOLELY IN THE BEST INTERESTS OF THE ORGANIZATION WITHOUT CONSIDERATION TO THE INTERESTS OF ANY OTHER AGENCY, ORGANIZATION OR ASSOCIATION WITH WHICH THEY ARE ASSOCIATED AND REFRAIN FROM TAKING PART IN ANY TRANSACTION WHERE SUCH PERSON(S) DO NOT BELIEVE IN GOOD FAITH THAT THEY CAN ACT WITH UNDIVIDED LOYALTY WITH THE ORGANIZATION. AND DISCLOSE ANY REAL OR POTENTIAL GAIN OBTAINED THROUGH INTEREST HELD IN ANOTHER ENTITY. EVENT THAT THE ORGANIZATION CONDUCTS BUSINESS WITH SUCH AN ENTITY, PRIOR

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization SOUTHWEST CENTER FOR HIV/AIDS INC	Employer identification number 86-0695862
BOARD OF DIRECTOR APPROVAL IS REQUIRED. CONFLICTS OF INTEREST ARE	
DISCUSSED AND DISCLOSED AT THE FIRST BOARD MEETING OF EACH CALENDAR YEAR.	
ALL BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT	
ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
SALARY FOR EXECUTIVE DIRECTOR AND OTHER OFFICERS IS REVIEWED BY THE BOARD	
AND DETERMINED USING SALARY DATA COMPARISONS FROM LOCAL/NATIONAL SOURCES	
FOR SIMILAR ORGANIZATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF	
DIRECOTRS APPROVES COMPENSATION AFTER THE ANNUAL EMPLOYEE REVIEW.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, BY-LAWS	
AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. COPIES OF THE	
AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE ALSO AVAILABLE ON THE	
ORGANIZATION'S WEBSITE.	
FORM 990, PART XII, LINE 3B:	
THE ORGANIZATION IS IN THE PROCESS OF COMPLETING THE REQUIRED AUDIT AS	
SET FORTH IN THE UNIFORM GUIDANCE, 2 C.F.R. PART 200, SUBPART F. AS OF	
THE FILING DATE OF THE FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2023, A	
SINGLE AUDIT HAS NOT BEEN COMPLETED.	