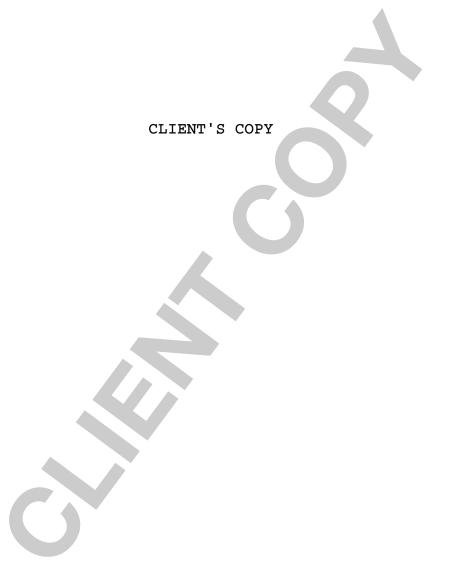
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#### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

## IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending

2022

OMB No. 1545-0047

Department of the Treasury

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer SOUTHWEST FAMILY MINISTRIES, INC. 47-1318039 SHANE SCHLATTER Name and title of officer or person subject to tax EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ **1b** Form 990 check here ...... 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here 4a Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) \_\_\_\_\_\_\_6b Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inclusives and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize ALTA ADVISORS LLC 18039 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* 09/01/23 Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 61427753107 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date

Do Not Submit This Form to the IRS Unless Requested To Do So

**ERO Must Retain This Form - See Instructions** 

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

Form **8879-TE** (2022)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print SOUTHWEST FAMILY MINISTRIES, INC. 47-1318039 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 6501 BETHANY LANE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40272 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) TRIPLE CROWN ACCOUNTING The books are in the care of ► 7110 RIVER ROAD - PROSPECT, KY 40059 Telephone No. ► 502-714-8968 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

223841 04-01-22

LHA

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

# EXTENDED TO NOVEMBER 15, 2023 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 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A	רטו נווי	e 2022 calendar year, or tax year beginning and	a enaing				
В	Check if applicabl	C Name of organization		D Employer identific	cation number		
	Addre	SOUTHWEST FAMILY MINISTRIES, INC.					
	Name chang	Doing business as EXODUS FAMILY MINISTRIES		47-13180	39		
	Initial return Final return		Room/suite	E Telephone numbe 502-614-			
_	termir				718,930.		
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40272		G Gross receipts \$			
H	return Applic tion			H(a) Is this a group re for subordinates			
	Ition pendii	SAME AS C ABOVE			····· — —		
_	<b>T</b>		\ or   E07	H(b) Are all subordinates in			
	Websi		) or 527	H(c) Group exemptio	list. See instructions		
		organization: X Corporation Trust Association Other	I Voor		N State of legal domicile: <b>KY</b>		
	art I	Summary	L Teal	oriorniauon. 2014 N	1 State of legal dominione, IV I		
		Briefly describe the organization's mission or most significant activities: CHAF	TTABLE	ND EDUCAT	TONAT		
Activities & Governance	'	SERVICES	(TIMBE	THIS EDUCATE	1011111		
j.	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net as	ssets.		
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	7		
ه ص	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7		
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<u> </u>	5	1		
ŻΞ	6	Total number of volunteers (estimate if necessary)	.,	6	40		
<b>₹</b>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.		
Revenue				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		265,303.	440,347.		
	9	Program service revenue (Part VIII, line 2g)		29,657.	253,375.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	12,028.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		294,960.	705,750.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)	0.	45,774.		
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10.  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  7,6		0.	0.		
ъ	b	Total fundraising expenses (Part IX, column (D), line 25)	525.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		178,491.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		178,491.	426,593.		
	19	Revenue less expenses. Subtract line 18 from line 12		116,469.	279,157.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
set	20	Total assets (Part X, line 16)		422,741.	702,585.		
A Po	21	Total liabilities (Part X, line 26)		0.	687.		
컐	22	Net assets or fund balances. Subtract line 21 from line 20		422,741.	701,898.		
	art II	Signature Block					
	•	Ilties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is		
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.			
		Signature of officer		l Date			
Sig				Date			
He	re	SHANE SCHLATTER, EXECUTIVE DIRECTOR Type or print name and title					
			П	Date Check	PTIN		
De!	а	Print/Type preparer's name Preparer's signature	if				
Pai		BRIAN MOSS					
	parer	Firm's name ALTA ADVISORS LLC		Firm's EIN 9	2-1380927		
USE	Only	Firm's address 2065 ALTA AVENUE LOUISVILLE, KY 40205		Dk E O	2-435-3107		
_				Phone no. 30			
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No		

4e

Form 990 (2022)

Total program service expenses

#### 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	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		Х
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		X
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		X
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		X
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		X
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			3,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		х
<b>L</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 114		
-	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		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			177
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del></del>
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		х
	• , , , , , , , , , , , , , , , , , , ,			

	990 (2022) SOUTHWEST FAMILY MINISTRIES, INC. 47-1318	3039	P	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? <i>If</i> "Yes," <i>complete</i>			
		23		X
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	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 or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	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 employee thereof, a grant selection committee member, or to a 35% controlled			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If	200		
Ū	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٦,
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ı	4 <u>7</u>

#### Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	[ 0					
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0					
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			10				

### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х				
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 A	ccounts (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 transa		5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th								
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•							
	to file Form 8282?		7c		X				
d		7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e 7f						
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?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8						
sponsoring organization have excess business holdings at any time during the year?									
9 Sponsoring organizations maintaining donor advised funds.									
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b						
10	Section 501(c)(7) organizations. Enter:		ЭIJ						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
-	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	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							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X				
	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 ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

232005 12-13-22

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.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
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, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
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?	2	X	
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," 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 organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
b	Other officers or key employees of the organization	15b		Х
	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			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed KY			
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	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request  Uther (explain on Schedule O)	-1.6		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the transfer of the transfer o	id tinai	ncial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records TRIPLE CROWN ACCOUNTING - 502-714-8968			
	7110 RIVER ROAD, PROSPECT, KY 40059			
	, v			

# 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.
- 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.

Check this box if neither the organization r (A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	(-1-	Position (do not check more than one					Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week	<u> </u>		nd a d	lirecto	or/trus	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or di	8			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	nstee	trust		ee ee	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	ual tr	tional		yoldr	t con	_	1099-NEC)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization.		
(1) TIM VINCENT	15.00	┢	_		Ť		_					
PRESIDENT		X						0.	0.	(		
(2) JULIE HALBERT	5.00											
TREASURER		Х						0.	0.	(		
3) FREDDIE GEORGE	2.00											
DIRECTOR		X						0.	0.			
(4) DAYRL KOPPEL	5.00											
DIRECTOR		Х						0.	0.	(		
(5) ANNA BYRD	2.00											
DIRECTOR		X						0.	0.	(		
(6) BRUCE BRYANT	2.00											
DIRECTOR		X						0.	0.	C		
(7) WILLIAM VITTITOW	2.00											
DIRECTOR		X						0.	0.	(		
		-										
		-										
		-										
		$\vdash$										
	1	1	1	1	1	1	ı	1				

Section A. Officers,	Directors, Trustees,	Key Empi	oyees	, and	a Hi	gnes	t C	ompensated Employe	es (continuea)				
(A) Name and title	Name and title Avera hours wee				rson i	than o is both or/trust	an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		am	(F) imate ount o	
	(lis ho re orgar b		Individual trustee or director Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	pensat om the anization relate nization	e on ed
					١								
1b Subtotal c Total from continuation sl	neets to Part VII, Sec							0.		0.			0.
d Total (add lines 1b and 1c 2 Total number of individuals								0. eceived more than \$100	0,000 of reportabl	0 <b>.</b>			0.
compensation from the org	anization											Yes	0 <b>N</b> o
3 Did the organization list any line 1a? If "Yes," complete s											3		Х
4 For any individual listed on and related organizations g	line 1a, is the sum of	reportable	comp	ensa	ation	n and	oth	her compensation from			4		Х
5 Did any person listed on lin rendered to the organizatio							elat	ed organization or indiv	idual for services		5		Х
Section B. Independent Contra 1 Complete this table for you		sated inde	epende	ent c	ontr	acto	rs t	hat received more than	\$100,000 of com	npensa	ition fr	om	
the organization. Report co	(A)				vith	or wi	thir	(B)			(C	)	
Nam	ne and business addre	ess <u>l</u>	NON	E			+	Description of s	services	Co	ompen	sation	1
							$\dashv$						
							$\dashv$						
							$\dashv$						
							$\dashv$						
2 Total number of independe	•	-	t limite	d to	_	_	ted	l above) who received n	nore than				
\$100,000 of compensation	from the organization	1				)				F	orm <b>S</b>	90 (2	2022)

			2022) SOUTHWEST F.	AMILY 1	INIM	STRIES, I	NC.	47-1318	039 Page <b>9</b>
Pa	rt V	Ш	Statement of Revenue						
			Check if Schedule O contains a respor	nse or note t	o any lin			(C)	
						(A)	(B) Related or exempt		<b>(D)</b> Revenue excluded
						Total revenue	function revenue		from tax under
									sections 512 - 514
nts nts	1 8	а	Federated campaigns 1a						
a lo	ı	b	Membership dues 1b						
S, (	(	С	Fundraising events1c						
la la	(	d	Related organizations 1d						
ini	•	е	Government grants (contributions) 1e	51,	014.				
ti S	1	f	All other contributions, gifts, grants, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f	389,	333.				
d d	9	g	Noncash contributions included in lines 1a-1f 1g \$	224,	782.				
<u>o</u> ₽		h	Total. Add lines 1a-1f	<u></u>		440,347	•		
				Busines					
9	2 8		RESOURCE CENTER	721		156,770	. 156,770.		
e Zi	ı	-	TUTORING	611		76,032 20,573	. 76,032.		
n S	(	С	FOOD PANTRY	721	000	20,573	. 20,573.		
lran 3ev	(	d		_					
Program Service Revenue	•	е		_					
<u>-</u>	1		All other program service revenue			050 055			
			Total. Add lines 2a-2f			253,375	•		
	3		Investment income (including dividends, in	terest, and					
			other similar amounts)						
	4		Income from investment of tax-exempt bor	=			4		
	5		Royalties						
			(i) Real	(ii) Per	sonal				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)	es (ii) O	thor	·			
	/ 6	а	· · · · · · · · · · · · · · · · · · ·	35 (11) 0	uiei				
			assets other than inventory  7a						
<u>o</u>	,		Less: cost or other basis						
evenue			and sales expenses						
Şe v									
er R			Net gain or (loss)						
Other	0 (		· · · · · · · · · · · · · · · · · · ·						
			including \$ of contributions reported on line 1c). See						
				8a 25,	208.				
			Less: direct expenses	8b 13,	180.				
			Net income or (loss) from fundraising event			12,028			12,028.
			Gross income from gaming activities. See			· ·			,
				9a					
	ı		Less: direct expenses	9b					
			Net income or (loss) from gaming activities						
			Gross sales of inventory, less returns						
			•	10a					
	ı	b		10b					
			Net income or (loss) from sales of inventor	y					
S				Busines	s Code				
e e	11 a	а							
and	ı	b							
Miscellaneous Revenue		С		_					
Mis			All other revenue						
	•	е	Total. Add lines 11a-11d				050 055		10 000
	12		Total revenue. See instructions			705,750	. 253,375.	0.	12,028.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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,				
	trustees, and key employees	42,500.	34,000.	6,375.	2,125
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	3,274.		3,274.	
11	Fees for services (nonemployees):	-		·	
	Management	9,470.		9,470.	
b	Legal	2,100.		2,100.	
	Accounting	3,350.		3,350.	
	Lobbying			7,000	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	54,642.	43,642.	5,500.	5,500
12	Advertising and promotion	10,014.	2,391.	7,623.	
13	Office expenses	7,382.	4,383.	2,999.	
13 14	Information technology	3,800.	2,758.	1,042.	
1 <del>5</del>	Royalties				
16		16,485.	16,485.		
17	Occupancy	20,1001	20,1001		
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
:0 !1	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,572.		2,572.	
23		13,037.	11,816.	1,221.	
:3 24	Other expenses. Itemize expenses not covered	10,007.	11,010	-,22-1	
+	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 0.)	200 202	000 000		
а	FOOD AND CLOTHING INVEN	200,200.	200,200.	F 4 0	
b	TRANSPORTATION EXPENSE	19,620.	19,071.	549.	
С	MEALS	16,156.	15,339.	817.	
d	UTILITIES	12,611.	11,793.	818.	
е	All other expenses	9,380.	9,380.	45 540	
25	Total functional expenses. Add lines 1 through 24e	426,593.	371,258.	47,710.	7,625
26	<b>Joint costs</b> . 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)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			115,738.	1	177,248.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,829.	4	61,375
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons	A	5	
	6	Loans and other receivables from other disqu	ersons (as defined				
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			213,900.	7	201,900
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	265,561.			
	b	Less: accumulated depreciation	85,274.	10c	262,062		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	422,741.	16	702,585
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part I\	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer off	icer, director,			
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela		F		24	
	25	Other liabilities (including federal income tax,		7			
		parties, and other liabilities not included on li	nes 17-24	4). Complete Part X	0		607
		of Schedule D			0.	25	687.
	26	Total liabilities. Add lines 17 through 25			0.	26	687.
S		Organizations that follow FASB ASC 958, o	heck he	ere X			
ü		and complete lines 27, 28, 32, and 33.			422,741.		701 000
ala	27	Net assets without donor restrictions			444,741.	27	701,898.
<u>p</u>	28	Net assets with donor restrictions				28	
Fun		Organizations that do not follow FASB ASC	3 958, cr	neck here			
ō		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fun				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			422,741.	31	701,898.
ž	32	Total net assets or fund balances			422,741.	32	701,898.
	33	Total liabilities and net assets/fund balances			444,141.	33	704,303.

Pa	rt 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		05,7				
2	Total expenses (must equal Part IX, column (A), line 25)	2		26,5				
3	Revenue less expenses. Subtract line 2 from line 1	3		79,1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	22,7	41.			
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
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	7	01,8	98.			
Pa	rt 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	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		20	: X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
За	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	1	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>				

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **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.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

SOUTHWEST FAMILY MINISTRIES, INC. 47-1318039 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. f 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	93,435.	75,716.	265,027.	265,303.	218,379.	917,860.
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	93,435.	75,716.	265,027.	265,303.	218,379.	917,860.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						917,860.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	93,435.	75,716.	265,027.	265,303.	218,379.	917,860.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	<b>Total support.</b> Add lines 7 through 10						917,860.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	-			•		
	organization, check this box and stor	here	•				<u></u>
	ction C. Computation of Publ						100.00 %
	Public support percentage for 2022 (I						
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the constant have The averagination shall						
47-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		*	•		· ·	
L	meets the facts-and-circumstances to	•			•		
O	10% -facts-and-circumstances tes						10% UI
	more, and if the organization meets the organization meets the facts-and-circle				-		
12	<b>Private foundation.</b> If the organization						
10	rivate iouituation. Il the organizatio	in ala not check a l	JUA UIT III IE TO, TO	a, 100, 17a, 01 17k	D, CHECK HIIS DUX A		(Form 000) 2022

Schedule A (Form 990) 2022

#### 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	ction A. Public Support	ciow, picase comp	oloto i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` , ,	<u> </u>	` `	, ,	``
	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						
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf			4			
_							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	•						
	Total. Add lines 1 through 5					+	<del> </del>
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inve						
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	
b	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization			•		•	

232023 12-09-22

#### 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		
2		
_		
3a		
3b		
3c		
4a		
<del>4</del> a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ฮม		
9с		
10a		
10b		

Par	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		
Sect	ion 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		
	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		
	ion 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		
Sect	ion 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		
Sect	ion 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 yea(see instruction	s).		
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	instructio	ns).	
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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations				
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 must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(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):						
а	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	Acquisition indebtedness applicable to non-exempt-use assets	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-functionally	y integr	ated Type III supporting orga	anization (see			
	instructions).						

Schedule A (Form 990) 2022

Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.	7		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
<u>e</u>	Excess from 2022			

Schedule A (Form 990) 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

INC.

OMB No. 1545-0047

2022

Name of the organization

SOUTHWEST FAMILY MINISTRIES,

Employer identification number

47-1318039

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

# SOUTHWEST FAMILY MINISTRIES, INC.

47-1318039

500111	WEST FAMILY MINISTRIES, INC.	<u> </u>	-1316039
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOUTHEAST CHRISTIAN CHURCH  920 BLAKENBAKER PARKWAY  LOUISVILLE, KY 40243-2555	\$125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KOPPEL BUILDING & CONSTRUCTION  132 OUTER LOOP  LOUISVILLE, KY 40214	\$ 9,600.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PLEASURE VALLEY LION CLUB  6000 LIONS ARMS DRIVE  LOUISVILLE, KY 40216	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE GHEENS FOUNDATION  401 W MAIN ST UNIT 705  LOUISVILLE, KY 40202	\$ 15,000.	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
		\$	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.)

Name of organization Employer identification number

#### SOUTHWEST FAMILY MINISTRIES, INC.

47-1318039

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
	5-22	I *	Schedule B (Form 990) (20

Name of organization **Employer identification number** 47-1318039 SOUTHWEST FAMILY MINISTRIES, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. 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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (a) No. 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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee

#### **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 FAMILY MINISTRIES, INC.

**Employer identification number** 47-1318039

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Off Offi 930, Factiv, iii	(a) Donor advise	d 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	writing that the assets he	eld in donor advise	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str	1 1 111		2c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea		<u> </u>	
5	Does the organization have a written policy regarding the pe			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year
7	Amount of oversees incorred in monitoring inspecting have	dling of violations, and on	oforoina conconvoti	on accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and er	norcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	ts of section 170/h	N/A//R/ii\
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
5	balance sheet, and include, if applicable, the text of the footi			
	organization's accounting for conservation easements.	note to the organization t	mandar statemen	THE THAT GOODINGS THE
Pai	t III Organizations Maintaining Collections o	f Art, Historical Tre	easures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	-	•	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education	, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	scribes these items	S.
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	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 tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			

232051 09-01-22

Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022 SOUTHWES	T FAMILY	MINIS	TRIES	, INC.		47	-13	1803	9 P	age <b>2</b>
Pai	t III Organizations Maintaining Co	llections of A	rt, Histo	orical Tr	easures, c	or Othe	er Similar .	Asse <sup>-</sup>	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following tha	t make s	significant use	e of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 <u> </u>	oan or exc	hange progra	am					
b	Scholarly research	е	• LJ o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explai	in how the	y further t	he organizati	on's exe	mpt purpose	in Part	XIII.		
5	During the year, did the organization solicit or I	receive donations	of art, his	torical trea	sures, or oth	er similaı	rassets		_		_
	to be sold to raise funds rather than to be main	ntained as part of t	the organi	zation's co	ollection?			. L	Yes		No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	ete if the o	organizatio	n answered '	'Yes" on	Form 990, P	art IV,	line 9, o		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for c	ontribution	ns or other as	sets not	included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	ollowing ta	ble:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on For						ity?	<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	xplanation	has been	provided on	Part XIII					
Pai											
	_	(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back	(d) Three year:	s back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end baland	ce (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		<b>%</b>								
b	Permanent endowment	%									
С	Term endowment %	7 / 7	7								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiz	ation that	are held a	nd administe	red for tl	he				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the co										
Pai	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered		0, Part IV,	line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o			or other		ccumulated		(d) Boo	k valu	e
		basis (investr		. ,	(other)		oreciation	1	• • •		
1a	Land	·		1	2,930.				1	2,9	30.
b	Buildings				1,729.		3,366			<del>8,3</del>	
	Leasehold improvements				-		=			-	
	Equipment										

Schedule D (Form 990) 2022

133.

40,769. 262,062.

e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

40,902.

Schedule D (Form 990) 2022 SOUTHWEST FA	MILY MINISTR		7-1318039 Page
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	escription		(b) Book value
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)	V/		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL TAXES PAYABLE			687
(3)			
(4)			
(5)			I

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2022

687.

(6) (7) (8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ements With	Revenue per F	Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b		red services and use of facilities				
С		veries of prior year grants				
d		(Describe in Part XIII.)				
е		nes <b>2a</b> through <b>2d</b>			2e	
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:		A		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>			4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial State	tements With	Expenses per	r Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line				
1		expenses and losses per audited financial statements			1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a			
b	Prior y	/ear adjustments	2b			
С		losses				
d		(Describe in Part XIII.)	2d			
е		nes 2a through 2d			2e	
3		act line <b>2e</b> from line <b>1</b>			3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)	4b			
_		nes <b>4a</b> and <b>4b</b>			4c	
<u>5</u>		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
		Supplemental Information.	D 10/11 41	101 D 114 E	4.5.17.1	0.0.1.1//
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			e 4; Part X, Ilne	e 2; Part XI,
ines	20 and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	iation.		

Schedule D (Form 990) 2022

#### **SCHEDULE G** (Form 990)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Schedule G (Form 990) 2022

Employer identification number Name of the organization SOUTHWEST FAMILY MINISTRIES, 47-1318039 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

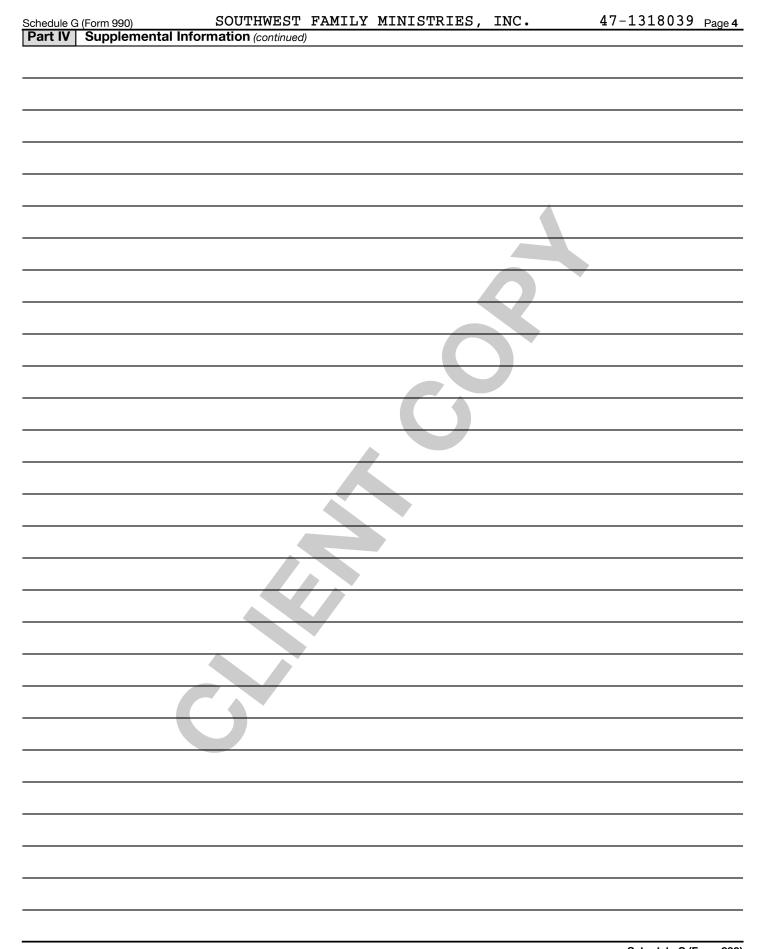
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr				ots greater than \$5,000.						
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events						
Revenue			HANDS UP		1	(add col. (a) through col. (c))						
			(event type)	(event type)	(total number)	Coi. (C))						
	1	Gross receipts	25,208.			25,208.						
	2	Less: Contributions										
	3	Gross income (line 1 minus line 2)	25,208.			25,208.						
	4	Cash prizes		A								
S	5	Noncash prizes										
Direct Expenses	6	Rent/facility costs										
Exp		,										
rect	7	Food and beverages										
Ϊ		Entertainment										
	8	Entertainment Other direct expenses	13,180.			13,180.						
	10	Direct expense summary. Add lines 4 through				13,180.						
	11	Net income summary. Subtract line 10 from li				12,028.						
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than												
		\$15,000 on Form 990-EZ, line 6a.										
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))						
Rev	1	Gross revenue										
ses	2	Cash prizes										
Direct Expenses	3	Noncash prizes										
Jirect	4	Rent/facility costs										
	_	Other divert over an										
	5	Other direct expenses	Yes %	Yes %	Yes %							
	6	Volunteer labor	No No	No No	No No							
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)									
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)									
	0	Net garning income summary. Subtract line 7	from line 1, column (u)									
9	En	ter the state(s) in which the organization condu	ucts gaming activities:									
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No						
b	If "	No," explain:										
40	<u></u>											
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes  o If "Yes," explain:											
		100, OAPIGITI.										
	_											

232082 10-27-22 Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 SOUTHWEST FAMILY MINISTRIES, INC. 47	-1318039 Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	•••
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	<b>13a</b>   %
a The organization's facility	
b An outside facility	[130] %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
<b>16</b> Gaming manager information:	
To darning manager information.	
Name	
TVallie	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	)
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	



#### **SCHEDULE M** (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

SOUTHWEST FAMILY MINISTRIES, INC. 47-1318039 Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art Art - Historical treasures Art - Fractional interests ..... 3 Books and publications 4 X 77,200.\$35 PER BAG 5 Clothing and household goods X 2,000.PVA VALUE Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles X 120,000.\$1.70 PER POUND OF 70,588 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 10,750.FMV OF EACH ITEM ( AUCTION ITEMS 25 Other BUILDING SUPPLI) X 6,650.ACTUAL COST 0 26 Other (FURNITURE AND S) X 0 4,500.FMV OF EACH ITEM 27 Other X 0 682. ACTUAL COST OFFICE 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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
2022
Open to Public Inspection

Name of the organization **Employer identification number** 47-1318039 SOUTHWEST FAMILY MINISTRIES, INC. FORM 990, PART VI, SECTION A, LINE 2: THE TREASURER IS A CONSULTANT TO VARIOUS BUSINESSES OWNED BY THE PRESIDENT. FORM 990, PART VI, SECTION B, LINE 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AT THEIR MONTHLY MEETING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ENGAGES ENTITIES FOR VARIOUS SERVICES WHO ARE INDEPENDENT FROM THE ORGANIZATION AND ITS OFFICERS AND DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS INTERVIEWED AND HIRED AN EXECUTIVE DIRECTOR BASED ON EXPERIENCE AND OTHER QUALIFICATIONS. THE COMPENSATION WAS BASED ON SIMILIAR ORGANIZATIONS OF OUR SIZE. FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART IX, LINE 11G, OTHER FEES: GRANTWRITING: PROGRAM SERVICE EXPENSES 0. 5,500. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 5,500. TOTAL EXPENSES 11,000.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  SOUTHWEST FAMILY MINISTRIES, INC.	Employer identification number 47-1318039
CONTRACT TEACHERS:	
PROGRAM SERVICE EXPENSES	38,142.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,142.
CONTRACTORS:	
PROGRAM SERVICE EXPENSES	5,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	54,642.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS SELECTS THE ACCOUNTING FIRM BASED	ON
RECOMMENDATIONS FROM THE TREASURER. THE FIRM SELECTION WA	S BASED ON
EXPERIENCE AND OTHER QUALIFICATIONS DEEMED NECESSARY TO E	ROVIDE
ACCURATE FINANCIAL STATEMENTS AND TAX RETURN.	

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	6501 BETHANY LANE - BUILDING	07/01/21	SL	39.50		16	73,271.				73,271.	927.		1,855.	2,782.
2	6501 BETHANY LANE - LAND	07/01/21	L				12,930.				12,930.			0.	
3	VAN	12/29/22	SL	5.00		16	38,902.				38,902.			0.	
4	LEASEHOLD IMPROVEMENTS	11/01/22	SL	39.50		16	138,458.				138,458.			584.	584.
5	VAN	09/01/22	SL	5.00		16	2,000.				2,000.			133.	133.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						265,561.				265,561.	927.		2,572.	3,499.
	* GRAND TOTAL 990 PAGE 10 DEPR						265,561.	L,			265,561.	927.		2,572.	3,499.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						86,201.			0.	86,201.	927.			2,782.
	ACQUISITIONS						179,360.			0.	179,360.	0.			717.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						265,561.			0.	265,561.	927.			3,499.
	ENDING ACCUM DEPR											3,499.			
	ENDING BOOK VALUE											262,062.			

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone