

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C SANTA BARBARA NEIGHBORHOOD CLINICS 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117

D Employer Identification Number 77-0496382 E Telephone number (805) 968-1511 F Accounting method: Cash, Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: WWW.SBCLINICS.COM

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

I Group Exemption Number M Check if the organization is not required to attach Schedule B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 7,989,947.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes sections for Revenue (lines 1-12) and Expenses (lines 13-17), and a final summary section (lines 18-21).

copy

**Part I Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
<b>23</b> Specific assistance to individuals (attach schedule).....	23				
<b>24</b> Benefits paid to or for members (attach schedule).....	24				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	168,917.	0.	168,917.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c.....	26	3,683,185.	3,170,628.	401,105.	111,452.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c.....	27				
<b>28</b> Employee benefits not included on lines 25a - 27.....	28	269,645.	229,814.	31,753.	8,078.
<b>29</b> Payroll taxes.....	29	304,242.	251,000.	44,419.	8,823.
<b>30</b> Professional fundraising fees.....	30				
<b>31</b> Accounting fees.....	31				
<b>32</b> Legal fees.....	32				
<b>33</b> Supplies.....	33				
<b>34</b> Telephone.....	34				
<b>35</b> Postage and shipping.....	35				
<b>36</b> Occupancy.....	36	225,214.	185,802.	32,881.	6,531.
<b>37</b> Equipment rental and maintenance.....	37				
<b>38</b> Printing and publications.....	38				
<b>39</b> Travel.....	39				
<b>40</b> Conferences, conventions, and meetings.....	40				
<b>41</b> Interest.....	41				
<b>42</b> Depreciation, depletion, etc (attach schedule).....	42	201,563.	166,290.	29,428.	5,845.
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> SEE STATEMENT 4	43a	1,316,934.	977,277.	305,303.	34,354.
<b>b</b> -----	43b				
<b>c</b> -----	43c				
<b>d</b> -----	43d				
<b>e</b> -----	43e				
<b>f</b> -----	43f				
<b>g</b> -----	43g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	6,169,700.	4,980,811.	1,013,806.	175,083.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>TO PROVIDE QUALITY LOW COST HEALTH CARE ON A SLIDING FEE SCALE PRIMARILY TO LOW INCOME INDIVIDUALS.</u> _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	4,980,811.
b _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	<b>4,980,811.</b>

BAA Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing .....		<b>45</b>	
	<b>46</b> Savings and temporary cash investments.....	305,193.	<b>46</b>	2,336,062.
	<b>47a</b> Accounts receivable.....	<b>47a</b> 224,536.		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>	450,977.	<b>47c</b> 224,536.
	<b>48a</b> Pledges receivable.....	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>	30,000.	<b>48c</b>
	<b>49</b> Grants receivable.....		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) .....	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use .....	94,179.	<b>52</b>	268,985.
	<b>53</b> Prepaid expenses and deferred charges .....	12,061.	<b>53</b>	10,583.
	<b>54a</b> Investments — publicly-traded securities.....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54a</b>	
<b>b</b> Investments — other securities (attach sch).....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54b</b>		
<b>55a</b> Investments — land, buildings, & equipment: basis .....	<b>55a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments — other (attach schedule) .....		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis.....	<b>57a</b> 4,866,561.			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57b</b> 1,529,001.	4,559,772.	<b>57c</b> 3,337,560.	
<b>58</b> Other assets, including program-related investments (describe ► <u>SEE STATEMENT 7</u> ) .....		757,783.	<b>58</b> 571,677.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....		6,209,965.	<b>59</b> 6,749,403.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	403,282.	<b>60</b>	431,560.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule).....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule).....	SEE STATEMENT 8.	448,629.	<b>64b</b> 292,229.
	<b>65</b> Other liabilities (describe ► .....		137,029.	<b>65</b>
<b>66 Total liabilities.</b> Add lines 60 through 65.....		988,940.	<b>66</b> 723,789.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	4,416,175.	<b>67</b>	5,229,937.
	<b>68</b> Temporarily restricted .....	754,850.	<b>68</b>	571,677.
	<b>69</b> Permanently restricted .....	50,000.	<b>69</b>	224,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		5,221,025.	<b>73</b> 6,025,614.
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		6,209,965.	<b>74</b> 6,749,403.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	6,862,725.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	6,862,725.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	6,862,725.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	6,169,700.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	6,169,700.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	6,169,700.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		160,000.	8,917.	0.



Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		N/A
If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	Dues, assessments, and similar amounts from members. ....		N/A
85d	Section 162(e) lobbying and political expenditures. ....		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. ....		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e). ....		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12. ....		N/A
86a			N/A
86b	Gross receipts, included on line 12, for public use of club facilities .....		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders .....		N/A
87a			N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX. ....		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI. ....		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. ....		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction. ....		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. .... ▶ 0. ....		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		0.
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ....		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		X
90a	List the states with which a copy of this return is filed ▶ CA .....		
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) .....		94
91a	The books are in care of ▶ CONTROLLER Telephone number ▶ (805) 968-1511 Located at ▶ 970 EMBARCADERO DEL MAR ISLA VISTA CA ZIP + 4 ▶ 93117 .....		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
If 'Yes,' enter the name of the foreign country ▶ .....			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91** c  Yes  No  
 If 'Yes,' enter the name of the foreign country \_\_\_\_\_  
**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A   
 and enter the amount of tax-exempt interest received or accrued during the tax year. **92** N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> PATIENT SERVICES					4,357,970.
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts			14	17,909.	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop.					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					1,414,748.
<b>101</b> Net income or (loss) from special events			1	85,596.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				103,505.	5,772,718.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					5,876,223.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	REVENUES ARE DERIVED FROM PROVIDING LOW COST HEALTH CARE TO LOW INCOME PATIENTS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

**a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
**b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	<b>Yes</b>	<b>No</b>
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

	<b>Yes</b>	<b>No</b>
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

	<b>Yes</b>	<b>No</b>
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_  
Signature of officer

\_\_\_\_\_ Date

▶ \_\_\_\_\_  
Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ STOLTEY & ASSOCIATES PO BOX 57 LOS OLIVOS, CA 93441	EIN ▶ N/A	Phone no. ▶ (805) 693-1127	

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

**2007**

Name of the organization: **SANTA BARBARA NEIGHBORHOOD CLINICS**  
Employer identification number: **77-0496382**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 10		608,408.	0.	0.
Total number of other employees paid over \$50,000	▶ 10			

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

**Part III Statements About Activities** (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .		X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g. . . . .		X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .		N/A
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		N/A
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶		0
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.**(See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					<b>0.</b>

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)



**Part V Private School Questionnaire** (See instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
	b Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

OTHER ASSETS

DESCRIPTION:	FIXED ASSETS		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:	COUNTY OF SANTA BARBARA		
GROSS SALES PRICE:	2,512,561.		
COST OR OTHER BASIS:	1,097,813.		
BASIS METHOD:	COST		
		GAIN (LOSS)	1,414,748.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 1,414,748.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 1,414,748.

**STATEMENT 2**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI-BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
HEALTHCARE HEROES DINNER	115,005.	0.	115,005.	29,409.	85,596.
TOTAL	<u>\$ 115,005.</u>	<u>\$ 0.</u>	<u>\$ 115,005.</u>	<u>\$ 29,409.</u>	<u>\$ 85,596.</u>

**STATEMENT 3**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

PRIOR PERIOD ADJUSTMENT.....	\$ 111,564.
TOTAL	<u>\$ 111,564.</u>

**STATEMENT 4**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT EXPENSE	132,353.		132,353.	
CONTRACT LABOR	30,945.	25,530.	4,518.	897.
EMPLOYEE DEVELOPMENT	17,441.	14,389.	2,546.	506.
INSURANCE	44,609.	36,802.	6,513.	1,294.
MISCELLANEOUS	44,101.	36,381.	6,440.	1,280.
OPERATING EXPENSES	904,642.	746,329.	132,078.	26,235.

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**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
OUTSIDE SERVICES	142,843.	117,846.	20,855.	4,142.
TOTAL	<u>\$ 1,316,934.</u>	<u>\$ 977,277.</u>	<u>\$ 305,303.</u>	<u>\$ 34,354.</u>

**STATEMENT 5**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

HEALTH CARE SERVICES TO LOW INCOME PATIENTS

**STATEMENT 6**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 1,180,125.	\$ 0.	\$ 1,180,125.
BUILDINGS	2,409,894.	0.	2,409,894.
LAND	1,276,542.		1,276,542.
MISCELLANEOUS	0.	1,529,001.	-1,529,001.
TOTAL	<u>\$ 4,866,561.</u>	<u>\$ 1,529,001.</u>	<u>\$ 3,337,560.</u>

**STATEMENT 7**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

CONTRIBUTION REC UNDER CRT.....	\$ 571,677.
TOTAL	<u>\$ 571,677.</u>

**STATEMENT 8**  
**FORM 990, PART IV, LINE 64B**  
**MORTGAGES AND OTHER NOTES PAYABLE**

MORTGAGES PAYABLE _____	BALANCE DUE
CALIFORNIA HEALTH FINANCING AU	\$ 267,229.
TOTAL MORTGAGES	<u>\$ 267,229.</u>

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**STATEMENT 8 (CONTINUED)**  
**FORM 990, PART IV, LINE 64B**  
**MORTGAGES AND OTHER NOTES PAYABLE**

OTHER NOTES PAYABLE

LENDER'S NAME:	LINDA LORENZEN		
INTEREST RATE:	6.00%		
ORIGINAL AMOUNT:	25,000.		
BALANCE DUE:		\$	25,000.

TOTAL OTHER NOTES PAYABLE \$ 25,000.

TOTAL \$ 292,229.

**STATEMENT 9**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
BRENT E. LEVINE, ESQ.	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
DAVID CHERNOF 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	CHAIRMAN 3.00	0.	0.	0.
KEITH COFFMAN-GREY 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 3.00	0.	0.	0.
MAHIL SENATHIRAJAH 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.
LUIS PELAYO 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	TREASURER 1.00	0.	0.	0.
ROGER HEROUX, 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	VICE CHAIR 1.00	0.	0.	0.
ROBERT KNIGHT 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.
KIMBERLY SCHIZAS 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.

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**STATEMENT 9 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LISA MOORE 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
DR. RICHARD STECKEL 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.
ALANA TILLIM 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.
MICHAEL O'KELLEY, CPA CFE 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.
BARBARA TILLOTSON 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.
EILEEN BUNNING, RN, BS, MA 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.
PAUL JACONETTE 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.
CHERI E. JASINSKI 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DIRECTOR 1.00	0.	0.	0.
CYNDER SINCLAIR, D.M. 970 EMBARCADERO DEL MAR GOLETA, CA 93117	EXECUTIVE DIREC 40.00	160,000.	8,917.	0.
NEIL SULLIVAN, M.D. 970 EMBARCADERO DEL MAR GOLETA, CA 93117	DIRECTOR 1.00	0.	0.	0.
BONNIE CAMPBELL 970 EMBARCADERO DEL MAR GOLETA, CA 93117	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 160,000.	\$ 8,917.	\$ 0.

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**STATEMENT 10  
SCHEDULE A, PART I  
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE &amp; AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUT. EBP &amp; DC</u>	<u>EXPENSE ACCOUNT</u>
NEIL SULLIVAN 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	MEDICAL DIRECTO 40.00	137,483.	0.	0.
QUYNH NGUYEN 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	DENTAL DIRECTOR 40.00	115,764.	0.	0.
DOROTHY HOLMES 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	PHYSICIAN 40.00	109,274.	0.	0.
ANUPAMA SHARMA 970 EMBARCADERO DEL MAR ISLA VISTA, CA 93117	PHYSICIAN 40.00	131,740.	0.	0.
DOUGLAS DUNCAN 970 EMBARCADERO DEL MAR ISLA VISA, CA 93117	PHYSICIAN 40.00	114,147.	0.	0.
TOTAL		\$ 608,408.	\$ 0.	\$ 0.

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