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AMENDED

Form 990

Return of Organization Exempt from Income Tax

OMB No 1545-0047

0405 2003

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning Jun 1, 2003, and ending May 31, 2004

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization: Aaron E. Henry Community Health Services Center, Inc.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: P.O. Box 1216, 510 Hwy. 322
 City, town or country: Clarksdale MS 38644

D Employer Identification Number: 64-0624495

E Telephone number: (662) 624-4292

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify):

G 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? ☐ Yes ☒ No

H (b) If "Yes," enter number of affiliates: ☐ Yes ☐ No

H (c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ No

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number: ☐

M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 9,615,377.

Web site: N/A

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a		
b Indirect public support	1b	191,964.	
c Government contributions (grants)	1c	6,142,791.	
d Total (add lines 1a through 1c) (cash \$ noncash \$)			6,334,755.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,949,851.
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		163.
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		330,608.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		9,615,377.
13 Program services (from line 44, column (B))	13		8,982,830.
14 Management and general (from line 44, column (C))	14		1,826,238.
15 Fundraising (from line 44, column (D))	15		0.
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		10,809,068.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-1,193,691.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,610,232.
20 Other changes in net assets or fund balances (attach explanation)	20		-356,871.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,059,670.

Delinquent Original

NO STATUTE ISSUE

SCANNED SEP 09 2013

UNRECORDED

AUG 29 2013

RECEIVED
AUG 19 2013
INTERNAL REVENUE SERVICE
FIELD SUPPORT TEAM
CINCINNATI SERVICE CENTER

RECEIVED

STATUTE UNIT

AUG 29 2013

ACCOUNTS MANAGER

COHEN

Part II 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.

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
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	5,188,296.	4,476,946.	711,350.	0.
27 Pension plan contributions	27				
28 Other employee benefits	28	921,381.	736,833.	184,548.	0.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	10,799.	0.	10,799.	0.
33 Supplies	33	419,915.	333,636.	86,279.	0.
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	50,417.	0.	50,417.	0.
37 Equipment rental and maintenance	37	20,775.	6,774.	14,001.	0.
38 Printing and publications	38	39,933.	20,709.	19,224.	0.
39 Travel	39	231,088.	181,461.	49,627.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41	73,703.	0.	73,703.	0.
42 Depreciation, depletion, etc (attach schedule)	42	638,113.	336,664.	301,449.	0.
43 Other expenses not covered above (itemize):					
a Pest Control	43a	1,998.	0.	1,998.	0.
b Bank Charges	43b	4,588.	0.	4,588.	0.
c Contractual	43c	2,049,020.	1,966,418.	82,602.	0.
d Fuel Costs	43d	253,813.	243,959.	9,854.	0.
e See Other Expenses Stmt	43e	905,229.	679,430.	225,799.	0.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	10,809,068.	8,982,830.	1,826,238.	0.

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 AccomplishmentsWhat is the organization's primary exempt purpose? **Health Care and Transportation Services**

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others.)

a To provide primary outpatient health care services to the citizens of Clarksdale, MS and surrounding areas.	(Grants and allocations \$ 6,145,911.)	6,145,911.
b To provide transportation services to the residents of North Mississippi.	(Grants and allocations \$ 2,836,919.)	2,836,919.
c	(Grants and allocations \$)	
d	(Grants and allocations \$)	
e Other program services	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		8,982,830.

Part IV Balance Sheets (See 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	
ASSETS	45 Cash — non-interest-bearing	5,911.	45	0.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	1,702,856.			
	b Less: allowance for doubtful accounts		47c	1,702,856.	
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable	648,541.	49	476,473.	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch)	113,674.			
	b Less: allowance for doubtful accounts		51c	113,674.	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	2,786.	53	5,900.	
	54 Investments — securities (attach schedule)	☐ Cost ☐ FMV	54		
	55a Investments — land, buildings, & equipment: basis				
	b Less: accumulated depreciation (attach schedule)		55c		
56 Investments — other (attach schedule)		56			
57a Land, buildings, and equipment: basis	6,651,605.				
b Less: accumulated depreciation (attach schedule) L-57 Stmt	3,371,650.	57c	3,279,955.		
58 Other assets (describe ► DEPOSITS)	21,875.	58	21,875.		
59 Total assets (add lines 45 through 58) (must equal line 74)	6,275,861.	59	5,600,733.		
LIABILITIES	60 Accounts payable and accrued expenses	966,201.	60	1,501,251.	
	61 Grants payable	340,769.	61	370,108.	
	62 Deferred revenue	592,998.	62	661,639.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	1,765,661.	64b	2,008,064.	
	65 Other liabilities (describe ►)		65		
	66 Total liabilities (add lines 60 through 65)	3,665,629.	66	4,541,062.	
	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	328,797.	67	-786,756.	
68 Temporarily restricted	2,281,435.	68	1,846,427.		
69 Permanently restricted		69			
Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds		70			
71 Paid-in or capital surplus, or land, building, and equipment fund		71			
72 Retained earnings, endowment, accumulated income, or other funds		72			
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,610,232.	73	1,059,671.		
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	6,275,861.	74	5,600,733.		

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.

BAA

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

a Total revenue, gains, and other support per audited financial statements	a 9,615,377.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify):	
----- \$	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c 9,615,377.
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):	
----- \$	
Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 9,615,377.

Part V Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements	a 10,809,068.
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):	
----- \$	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c 10,809,068.
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):	
----- \$	
Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e 10,809,068.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see 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	(E) Expense account and other allowances
Larry Haynes Rt. 2 Box 267-E Clarksdale, MS	Chair 4	0.	0.	0.
Robert Grayson P.O. Box 225 Tutwiler MS	Vice Chair 2	0.	0.	0.
Michael Taylor Aaron Henry Community Health Center	Secretary 2	0.	0.	0.
Aurelia Taylor 118 Cypress Lane Clarksdale MS	CEO 40	0.	0.	0.
William Booker 630 Oak Hurst Avenue Clarksdale MS	Medical Director 40	0.	0.	0.
See List of Officers, Etc. Statement		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule — see instructions

☐ Yes

☒ No

Part VII Other Information (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b	If 'Yes,' enter the name of the organization _____ and check whether it is ☐ exempt or ☐ nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
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
82b	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 quid pro quo 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?		
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	X	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
	If 'Yes' was answered to either 85a or 85b, do not 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.	85c	
85d	Section 162(e) lobbying and political expenditures	85d	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
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?		
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	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
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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		
90a	List the states with which a copy of this return is filed	N/A	
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	164
91	The books are in care of <u>Aurelia Jones-Taylor</u> Telephone number <u>(662) 624-4292</u> Located at <u>510 Hwy 322 Clarksdale, MS</u> ZIP + 4 <u>38614</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

Part VII Analysis of Income-Producing Activities (See instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue:					
a Patient Fees					2,553,631.
b Farebox Income					396,220.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					163.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Other Income					330,608.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					3,280,622.
105 Total (add line 104, columns (B), (D), and (E))					3,280,622.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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	Amounts represent charges to patients. Patients are charged based on income level.
93b	Amounts represent charges for transportation services.

See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

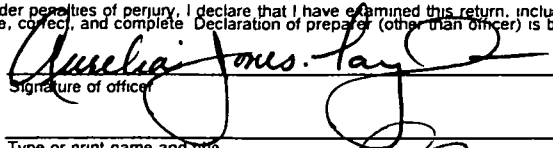
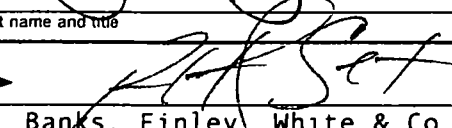
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) N/A

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

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 4/15/05
Paid Preparer's Use Only	Preparer's signature 	Date 04/13/05
	Firm's name (or yours if self-employed) address, and ZIP + 4	Preparer's SSN or PTIN (see General Instruction W)
	Banks, Finley White & Co. 207 West Amite, Suite #503 Jackson MS 39201	EIN
		Phone no

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 Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

OMB No 1545-0047

2003▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Aaron E. Henry Community Health Services Center, Inc.

Employer identification number

64-0624495

Part III 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
Dr. William Booker Clarksdale MS	Medical Director 40	200,385.	0.	0.
Dr. Kenneth B. Kellough Memphis TN	Physician 40	167,932.	0.	0.
Dr. Purvis W. Hill Clarksdale, MS	Physician 40	144,847.	0.	0.
Dr. Deborah Brooks Clarksdale, MS	Physician 40	136,862.	0.	0.
Aurelia Jones Taylor Clarksdale MS	CEO 40	110,000.	0.	0.
Total number of other employees paid over \$50,000 ▶	15			

Part IV 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
Dr. Johnny Cummings Clarksdale, MS	Physician	124,572.
Dr. Erica Balthrop Clarksdale, MS	Physician	68,100.
Rossie Sullivan, R.N./CFS Clarksdale, MS	Reg. Nurse/Cert. Foot Specialist	76,860.
Total number of others receiving over \$50,000 for professional services ▶	None	

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

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See instructions.)

Yes No

- 1** 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 **▶** \$ _____
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 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.

- 2** 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.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3a** Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

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

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 supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,653,134.	8,844,961.	6,630,855.	4,190,384.	27,319,334.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,427,373.	3,222,998.	2,931,525.	2,801,010.	12,382,906.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	179.	596.	1,476.	1,277.	3,528.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	44,864.	52,368.	1,040.	32,853.	131,125.
23 Total of lines 15 through 22	11,125,550.	12,120,923.	9,564,896.	7,025,524.	39,836,893.
24 Line 23 minus line 17	7,698,177.	8,897,925.	6,633,371.	4,224,514.	27,453,987.
25 Enter 1% of line 23	111,256.	121,209.	95,649.	70,255.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 549,080.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 27,453,987.
d Add: Amounts from column (e) for lines:					
18 3,528.		19			
22 131,125.		26b			26d 134,653.
e Public support (line 26c minus line 26d total)					26e 27,319,334.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.51 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines:					
15 17 20		16 21			27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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			

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.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table —		
If the amount on line 40 is —		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is —		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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.)

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:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

BAA

Schedule A (Form 990 or 990-EZ) 2003

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Utilities	60,510.	16,522.	43,988.	0.
Repairs and Maintenance	75,574.	30,388.	45,186.	0.
Insurance	359,283.	352,679.	6,604.	0.
Staff Recruitment	13,077.	6,111.	6,966.	0.
Advertisement	23,436.	17,998.	5,438.	0.
Uniform Rental	17,874.	16,762.	1,112.	0.
Continuing Education	1,876.	1,285.	591.	0.
Communications	153,056.	70,487.	82,569.	0.
Garbage Collections	26,018.	10,160.	15,858.	0.
Board Expenses	2,544.	0.	2,544.	0.
Vehicle Repair	153,867.	153,867.	0.	0.
Other	18,114.	3,171.	14,943.	0.
Total	905,229.	679,430.	225,799.	0.

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	106,572.	0.	106,572.
Land Improvements	5,026.	0.	5,026.
Building and Improvements	3,176,517.	1,685,825.	1,490,692.
Leasehold Improvements	23,227.	0.	23,227.
Furniture/Equipment	1,078,081.	0.	1,078,081.
Vehicles	2,262,182.	1,685,825.	576,357.
Total	6,651,605.	3,371,650.	3,279,955.

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(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	(E) Expense account and other allowances
Robert Beard 106 Crestline #906 Clarksdale MS	CFO 40	0.	0.	0.
Beverly Findley Aaron Henry Community Health Center	Member 2	0.	0.	0.

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(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	(E) Expense account and other allowances
Margie Hendley Aaron Henry Community Health Center	Member 2	0.	0.	0.
Robert Jackson Aaron Henry Community Health Center	Member 2	0.	0.	0.
Teresa Lee Aaron Henry Community Health Center	Member 2	0.	0.	0.
Josephine Rhymes Aaron Henry Community Health Center	Member 2	0.	0.	0.
Monique Sneed Aaron Henry Community Health Center	Member 2	0.	0.	0.
Georgia Tolliver Aaron Henry Community Health Center	Member 2	0.	0.	0.
Raymond Cole Aaron Henry Community Health Center	Member 2	0.	0.	0.

Total

0. 0. 0.

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	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).
103a	Amounts represent insurance payments for vehicles fully damaged in accidents and other income earned to fulfill the organization's exempt purposes

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Disposal of Fixed Assets	-349,643.
Prior period adjustment	-7,228.
Total	<u>-356,871.</u>

RECEIVED FEB 1 2005

112-20000 Aaron E. Henry Community Health Services Center, Inc. 64-0624495

Filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print	Name of Exempt Organization	Employer identification number
	Aaron E. Henry Community Health Services Center, Inc.	64-0624495
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS Use Only
	P.O. Box 1216, 510 Hwy. 322	
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Clarksdale MS 38614	

Check type of return to be filed (file a separate application for each return):

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (Section 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 box ☐ If it is part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until Apr 15, 20 05
5 For calendar year _____, or other tax year beginning Jun 1, 20 03 and ending May 31, 20 04
6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
7 State in detail why you need the extension: THE ORGANIZATION HAS CONTRACTED WITH A CPA FIRM TO PERFORM AN AUDIT FOR FY ENDED 5/31/04. ADDITIONAL TIME IS NEEDED FOR THE CPA'S TO COMPLETE THE AUDIT. THE RETURN IS PREPARED FROM DATA CONTAINED IN THE AUDIT REPORT.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 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 and any amount paid previously with Form 8868 \$ _____

c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature - G. H. B. Title - CPA Date - 1-10-05

Notice to Applicant - To be Completed by the IRS

☒ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other: _____

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	BANKS, FINLEY, WHITE & CO.
	Number and street (include suite, room, or apartment number) or a P.O. box number
	207 WEST AMITE STREET, SUITE 503
	City or town, province or state, and country (including postal or ZIP code)
	JACKSON, MS 39201

EXTENSION APPROVED

JAN 18 2005

FIELD DIRECTOR

SUBMISSION PROCESSING OGDEN

BAA

FIF20502 01/05/04

Form 8868 (Rev 12-2000)

Application for Extension of Time to File an
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note:** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Aaron E. Henry Community Health Services Center, Inc.	64-0624495
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. Box 1216, 510 Hwy. 322	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	Clarksdale	MS 38614

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (Section 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- 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 box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until Jan 18, 20 05 to file the exempt organization return for the organization named above. The extension is for the organization's return for:▶ ☐ calendar year 20 ____ or▶ ☒ tax year beginning Jun 1, 20 03, and ending May 31, 20 04.2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶

Title ▶

Date ▶

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)