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AMENDED

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

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

For the 2005 calendar year, or tax year beginning Jun 1, 2005, and ending May 31, 2006

Check applicable

Address change

Name change

Initial return

Final return

Amended return

Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

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 addr) Room/suite

P.O. Box 1216, 510 Hwy. 322

City, town or country

Clarksdale

MS 38614

D Employer Identification Number

64-0624495

E Telephone number

(662) 624-4292

F Accounting method:

Cash

Accrual

Other (specify)

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

H (c) Are all affiliates included? Yes No

(If 'No,' attach a list. See instructions.)

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).

G Web site: N/A

J Organization type (check only one)

501(c) 3 (insert no) 4947(a)(1) or 527

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 7,716,701.

Part III 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

213,138.

c Government contributions (grants)

1c

4,719,064.

d Total (add lines 1a through 1c) (cash \$ noncash \$)

1d

4,932,202.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

2,644,072.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

80.

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

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

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)

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

140,347.

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12

7,716,701.

13 Program services (from line 44, column (B))

13

6,516,200.

14 Management and general (from line 44, column (C))

14

1,519,917.

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

8,036,117.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18

-319,416.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

1,482,801.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21

1,163,385.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 02/03/06

Form 990 (2005)

61

Delinquent Original

SCANNED SEP 09 2013

RECEIVED
SEP 05 2013RECEIVED
SEP 19 2013
INTERNAL REVENUE SERVICE
FILED SUPPORT TEAM 205
960 INNATI SERVICE CENTERSTATUTE UNIT
RECEIVED

AUG 29 2013

ACCOUNTS MANAGEMENT
RECEIVED

Part III 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 \$ _____) If this amount includes foreign grants, check here ☐				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages	4,311,803.	3,558,570.	753,233.	0.
27	Pension plan contributions				
28	Other employee benefits	731,832.	596,644.	135,188.	0.
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	73,982.	13,266.	60,716.	0.
33	Supplies	182,597.	168,379.	14,218.	0.
34	Telephone				
35	Postage and shipping				
36	Occupancy	55,000.	18,333.	36,667.	0.
37	Equipment rental and maintenance	24,195.	19,595.	4,600.	0.
38	Printing and publications	7,596.	1,692.	5,904.	0.
39	Travel	116,183.	90,651.	25,532.	0.
40	Conferences, conventions, and meetings				
41	Interest	67,090.	0.	67,090.	0.
42	Depreciation, depletion, etc (attach schedule)	425,817.	225,902.	199,915.	0.
43	Other expenses not covered above (itemize).				
a	Pest Control	2,926.	0.	2,926.	0.
b	Bank Charges	3,864.	431.	3,433.	0.
c	Contractual	1,032,343.	994,862.	37,481.	0.
d	Fuel Costs	212,483.	210,753.	1,730.	0.
e	Utilities	71,639.	43,399.	28,240.	0.
f	Repairs and Maintenance	78,833.	54,268.	24,565.	0.
g	See Other Expenses Stmt	637,934.	519,455.	118,479.	0.
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	8,036,117.	6,516,200.	1,519,917.	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 \$ _____

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Part III Statement of Program Service Accomplishments

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? ▶ **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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and 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 \$ 0.) If this amount includes foreign grants, check here ▶ ☐

4,901,568.

b To provide transportation services to the residents of North Mississippi.

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ ☐

1,614,632.

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

6,516,200.

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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		45
	46 Savings and temporary cash investments		46
	47a Accounts receivable	47a 2,046,189.	
	b Less allowance for doubtful accounts	47b 735,207.	47c 1,310,982.
	48a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	209,319.	49 186,034.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes & loans receivable (attach sch)	51a 67,087.	
	b Less allowance for doubtful accounts	51b 0.	51c 67,087.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	6,212.	53 6,825.
	54 Investments — securities (attach schedule)	☐ Cost ☐ FMV	54
	55a Investments — land, buildings, & equipment basis	55a	
	b Less accumulated depreciation (attach schedule)	55b	55c
56 Investments — other (attach schedule)		56	
57a Land, buildings, and equipment basis	57a 7,063,331.		
b Less: accumulated depreciation (attach schedule)	57b 3,769,853.	57c 3,293,478.	
58 Other assets (describe ► See Line 58 Stmt)	21,875.	58 21,875.	
59 Total assets (must equal line 74) Add lines 45 through 58	5,902,143.	59 4,886,281.	
LIABILITIES	60 Accounts payable and accrued expenses	968,630.	60 1,004,360.
	61 Grants payable	285,391.	61 280,933.
	62 Deferred revenue	941,650.	62 433,687.
	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)	2,130,395.	64b 1,913,823.
	65 Other liabilities (describe ► See Line 65 Stmt)	93,276.	65 90,093.
	66 Total liabilities. Add lines 60 through 65	4,419,342.	66 3,722,896.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► ☒ and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	-920,418.	67 -905,805.
	68 Temporarily restricted	2,403,219.	68 2,069,190.
	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)	1,482,801.	73 1,163,385.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,902,143.	74 4,886,281.

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Part IV-A 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	7,716,701.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	7,716,701.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	7,716,701.

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

a	Total expenses and losses per audited financial statements	a	8,036,117.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	8,036,117.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	8,036,117.

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
Larry Haynes 10550 Hwy 322 E. Belleview Rd. Clarksdale, MS 38614	Chair 4	0.	0.	0.
Robert Grayson P.O. Box 225 Tutwiler, MS 38963	Vice Chair 2	0.	0.	0.
Michael Taylor P.O. Box 404 Tutwiler, MS 38963	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				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings **▶ 10**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

Note. Related organizations include section 509(a)(3) supporting organizations

If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?

Part V.B: Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

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.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b 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

80 a 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?

b If 'Yes,' enter the name of the organization ►

and check whether it is ☐ exempt or ☐ nonexempt

81 a Enter direct and indirect political expenditures (See line 81 instructions)

81 a

b Did the organization file **Form 1120-POL** for this year?

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Part VII Other Information (continued)

		Yes	No
82 a	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
82 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.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	X	
85 b	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		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
85 h	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?		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86 a			
86 b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
87 a			
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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
89 a	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>		
89 b	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
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>N/A</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		164
91 a	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>		
91 b	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)? If 'Yes,' enter the name of the foreign country <u></u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country <u></u>		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <u></u> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

BAA

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Part VII Analysis of Income-Producing Activities (See the 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					2,350,609.
b Farebox Income					293,463.
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			14	80.	
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					140,347.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				80.	2,784,419.
105 Total (add line 104, columns (B), (D), and (E))					2,784,499.

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 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	Amounts represent charges to patients. Patients are charged based on income level.
93b	Amounts represent charges for transportation services for low-income individuals within the Agency's service area.
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

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: Aurelia Jones-Taylor

Date: 3-26-07

Type or print name and title: Aurelia Jones-Taylor, CEO

Paid Preparer's Use Only

Preparer's signature: Lelandia Plummer	Date: 03/19/07	Check if self-employed: ☐	Preparer's SSN or PTIN (See General Instruction W)
Firm's name (or yours if self-employed), address, and ZIP + 4: Banks, Finley, White & Co. 308 Highland Park Cove Ridgeland MS 39157	EIN: (601) 353-5423	Phone no: (601) 353-5423	

BAA

TEEA0108 10/18/05 Form 990 (2005)

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

2005

Name of the organization

Aaron E. Henry Community Health Services Center, Inc.

Employer identification number

64-0624495**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
<u>Dr. William Booker</u> <u>Clarksdale MS</u>	<u>Medical Director</u> 40	207,635.	0.	0.
<u>Dr. Andres Ramgoolam</u> <u>Clarksdale, MS</u>	<u>Physician</u> 40	146,423.	0.	0.
<u>Dr. Renee Jones</u> <u>Memphis TN</u>	<u>Physician</u> 40	139,413.	0.	0.
<u>Aurelia Jones-Taylor</u> <u>Clarksdale, MS</u>	<u>Executive Dir</u> 40	117,192.	0.	0.
<u>Dr. Purvis W. Hill</u> <u>Clarksdale MS</u>	<u>Physician</u> 40	157,587.	0.	0.
Total number of other employees paid over \$50,000 ▶	18			

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
<u>Dr. Johnnie E. Cummings</u> <u>216 Hwy 51 North, Batesville, MS 38606</u>	<u>Physician</u>	127,850.
<u>Rossie H. Sullivan</u> <u>22576 Hwy 46, Mantee, MS 39751</u>	<u>Foot Specialist</u>	66,300.
Total number of others receiving over \$50,000 for professional services ▶	None	

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
<u>N/A</u>		
Total number of other contractors receiving over \$50,000 for other services ▶	None	

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

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

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

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b 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). Check the box that describes the type of supporting organization **►** ☐ Type 1 ☐ Type 2 ☐ Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,433,008.	6,142,791.	7,653,134.	8,844,961.	27,073,894.
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	3,673,853.	3,141,815.	3,427,373.	3,222,998.	13,466,039.
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	93.	163.	179.	596.	1,031.
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	184,926.	330,608.	44,864.	52,368.	612,766.
23 Total of lines 15 through 22	8,291,880.	9,615,377.	11,125,550.	12,120,923.	41,153,730.
24 Line 23 minus line 17	4,618,027.	6,473,562.	7,698,177.	8,897,925.	27,687,691.
25 Enter 1% of line 23	82,919.	96,154.	111,256.	121,209.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add. Amounts from column (e) for lines	18	1,031.	19		
	22	612,766.	26b		
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2004)	(2003)	(2002)	(2001)		
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 11b, 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					
(2004)	(2003)	(2002)	(2001)		
c Add. Amounts from column (e) for lines	15	16			
	17	20	21		
d Add. Line 27a total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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					

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		

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 —	The lobbying nontaxable amount is —		
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		
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		
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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) 2005

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Insurance	386,081.	371,017.	15,064.	0.
Staff Recruitment	12,436.	0.	12,436.	0.
Advertisement	12,452.	5,382.	7,070.	0.
Uniform Rental	12,405.	11,435.	970.	0.
Communications	99,195.	62,654.	36,541.	0.
Garbage Collections	35,834.	17,354.	18,480.	0.
Board Expenses	1,488.	0.	1,488.	0.
Vehicle Repair	48,997.	44,044.	4,953.	0.
Other	28,740.	7,263.	21,477.	0.
Equipment	306.	306.	0.	0.
Total	<u>637,934.</u>	<u>519,455.</u>	<u>118,479.</u>	<u>0.</u>

Form 990, Page 5, Part V-A

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
LaQuita Green 510 Hwy 322 Clarksdale MS 38614	CFO 40	0.	0.	0.
Shirley Fair 340 Quincy Ave Clarksdale, MS 38614	Asst. Secr 2	0.	0.	0.
Raymond Cole 902 School Street Clarksdale, MS 38614	Treasurer 2	0.	0.	0.
Robert Jackson P.O. Box 386 Marks, MS 38646	Member 2	0.	0.	0.
Zannie Leland P.O. Box 523 Batesville, MS 38606	Member 2	0.	0.	0.
Josephine Rhymes 151 Cherry St., Apt 6-C Clarksdale, MS 38614	Member 2	0.	0.	0.
Jackie Cotton 8110 Hwy 315 W. Sledge, MS 38670	Member 2	0.	0.	0.
Georgia Tolliver P.O. Box 523 Tunica, MS 38676	Member 2	0.	0.	0.
Richard Sheriff 510 Hwy 322 Clarksdale, MS 38614	COO 40	0.	0.	0.

Form 990, Page 8, 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)
103b	<u>Amount represents insurance refund payment for damage to transportation program bus.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
<u>Deposits</u>	<u>21,875.</u>	<u>21,875.</u>
Total	<u>21,875.</u>	<u>21,875.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
<u>Other liabilities</u>	<u>0.</u>	<u>11,667.</u>
<u>Other payroll deductions</u>	<u>31,968.</u>	<u>17,439.</u>
<u>Bank overdraft</u>	<u>61,308.</u>	<u>60,987.</u>
Total	<u>93,276.</u>	<u>90,093.</u>

Supporting Statement of:

Form 990 p 4/Line 60, column (A)

Description	Amount
Accounts payable	620,355.
Salaries payable	153,762.
Accrued annual leave	194,513.
Total	<u>968,630.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (A)

Description	Amount
Notes payable	440,000.
LT notes payable	296,007.
LT mortgage payable	1,238,264.
ST mortgage and notes payable	156,124.
Total	<u>2,130,395.</u>

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)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)**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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

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		state	ZIP code
	City, town or post office. For a foreign address, see instructions.		MS	38614
	Clarksdale			

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

- The books are in the care of ► Aurelia Jones-Taylor

Telephone No ► (662) 624-4292 FAX No ► _____

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this 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-months for a **Form 990-T corporation**) extension of time until January 16, 2007 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, 2005, and ending May 31, 2006

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

\$ _____ 0.

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.

\$ _____ 0.

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.

\$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev 12-2004)

- If you are 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 File by the extended due date for filing the 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	For IRS use only
	P.O. Box 1216, 510 Hwy. 322	
	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-T (section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-BL | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-EZ | ☐ Form 1041-A | ☐ Form 8870 |
| ☐ Form 990-PF | ☐ Form 4720 | |

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

- The books are in care of Aurelia Jones-Taylor

Telephone No (662) 624-4292

FAX No _____

- If the organization does **not** have an office or place of business in the United States, check this box ☐

- If this is for a **Group Return**, enter the organizations 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 16, 20 07
- 5 For calendar year _____, or other tax year beginning Jun 1, 20 05, and ending May 31, 20 06.
- 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 THE FISCAL YEAR ENDING MAY 31, 2006. 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 \$ 0.
- 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 \$ 0.
- 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 \$ 0.

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 [Signature] Title CPA Date 1-12-07

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 extended 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
	Kaiser R. Brown
	Number and street (include suite, room, or apartment number) or a P.O. box number
	308 Highland Park Cove
	City or town, province or state, and country (including postal or ZIP code)
	Ridgeland MS 39157