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Form 990

Return of Organization Exempt From Income Tax

OMB № 1545-0047

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

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

Open to Public Inspection

A	For the	2011 cale	endar year, or tax year beginning 10/01/2010 , 2011, and endi	ng 09	9/30	, 20 11		
		neck if applicable C Name of organization Prudential Overall Supply D Employer identification numbers						
		dress change Doing Business As Employee Welfare Benefit Plan 95-6542						
_	Name ch	-	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephon	e number		
	Initial reti	-	P O Box 11210			949-250-4855		
	Terminat		City or town, state or country, and ZIP + 4					
$\overline{}$	Amended		Santa Ana, CA 92711		G Gross re	ceipts \$		
$\overline{}$		on pending	F Name and address of principal officer	H(a) Is this	a group return f	or affiliates? Yes No		
_		, ,				cluded? Yes No		
	Tax-exer	mpt status	☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			list (see instructions)		
	Website			H(c) Group	exemption	number ▶		
K	Form of c	organization	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms			of legal domicile		
	art I	Summ						
			escribe the organization's mission or most significant activities:					
-		,				,,		
ဦ								
Ţ.		••••				•••••		
2Agtiviteka Governance	2	Check th	nis box ▶☐ if the organization discontinued its operations or disposed	of more than	1 25% of	ts net assets.		
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3			
زوج	" 4		of independent voting members of the governing body (Part VI, line 1b		4			
2	5		mber of individuals employed in calendar year 2011 (Part V, line 2a)		5			
, <u>į</u>	6		mber of volunteers (estimate if necessary)		6			
₹	7a		related business revenue from Part VIII, column (C), line 12		7a	707		
	l .		lated business taxable income from Form 990 T-line 34		7b			
Ħ			I NEVETVED -	Prior Y	ear	Current Year		
SCANREED FEB	8	Contribu	tions and grants (Part VIII, line 1h)	4,1	58,290.17	4,807,651 39		
Ž	9							
[8]	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		401 94	0 00		
\$	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	97,781.74	184,347 22		
	12		enue-add lines 8 through 11 (must equal) Part VIII-column (A) line 12)	4,3	56,473.85	4,991,998 61		
	13	Grants a	ind similar amounts paid (Part IX, column (A), lines 1-3)					
97	14		paid to or for members (Part IX, column (A), line 4)	4,5	56,292.53	4,890,988 16		
ςņ	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)					
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)					
ē	b		ndraising expenses (Part IX, column (D), line 25) ▶					
ũ	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	6	48,873 42	737,497 90		
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,2	05,165.95	5,628,486.06		
	19	Revenue	e less expenses. Subtract line 18 from line 12	-8	48,692.10	-636,487 45		
ets or	3			Beginning of C	urrent Year	End of Year		
sets	20	Total ass	sets (Part X, line 16)	-1	03,723 26	-740,210 71		
Net Asse Fund Bala	21		bilities (Part X, line 26)					
ž	22	Net asse	ets or fund balances. Subtract line 21 from line 20					
P	art II	Signa	ture Block					
Ur	nder pena	alties of perj	declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of r	ny knowledge and belief, it is		
tru	ie, correc	ct, and coof	olete Declaration of preparer (other than officer) is based on all information of which prepare	rer nas any know	rieage	<u> </u>		
		11 7	John / Mynn		2-13	-12		
Sig	_	Sigi	nature of officer	D	ate			
He	ere	\ <u>`</u>	JOHN HOMISON YT TINANCE					
			e or print name and title			In the second se		
Pa	aid	Print/T	ype preparer's name Preparer's signature	Date	Check [— 1		
	epare	er 📖		· · · · · · · · · · · · · · · · · · ·	self-em	oloyed		
	se Oni		name •	Fır	m's EIN ▶			
		Firm's	address ▶	Ph	one no			
Ma	y the II	RS discus	ss this return with the preparer shown above? (see instructions)	<u> </u>		🗌 Yes 🗌 No		
Fo	Papen	work Redu	uction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2011)		

Form 99	90 (2011)				Page 2
Part		nent of Program Service A			
				<u> </u>	· · L
1	•	be the organization's mission			
	Employee We	eliare Benefit Plan provides me	dical benefits to covered employees.		
			•••••		
2	Did the orga	nization undertake any signif	cant program services during the ye	ear which were not listed on the	
_					Yes No
	•	cribe these new services on \$			103 []110
3			or make significant changes in h	now it conducts any program	
	services? .		-		Yes 🗌 No
		cribe these changes on Sche			163 - 110
4		_		three largest program services, as	measured b
-				a)(1) trusts are required to report the	
			expenses, and revenue, if any, for ea		io amount o
	granto ano a			active programs out the repetition.	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$	1
70					
					•••••
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

			•••••		

4c	(Code:) (Expenses \$	including grants of \$	\ /Revenue \$	
40	(Code:	/ (Expenses #	Including grants of \$) (Nevende \$	'
					·
		•••••			
				•••••	
4d	Other progra	am services (Describe in Sch	edule O.)		
	(Expenses \$			e\$)	
4e		am service expenses ▶		<u> </u>	-

Part	Checklist of Required Schedules		.	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No ✓
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	ļ 		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓_
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	✓
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17_		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a	<u> </u>	/
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<u> </u>	✓

Part	Checklist of Required Schedules (continued)			3-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,
38	Part VI	37		√
			200	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ا ـ ـ ـ ـ ـ ا
0-	reportable gaming (gambling) winnings to prize winners?	1c		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return [2a]	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			_
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		/
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		/
	If "Yes," indicate the number of Forms 8282 filed during the year	7c		V
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u> </u>
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		ļ	1
120	against amounts due or received from them.)	12a	ļ	1
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	-	┿
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	1
	Note. See the instructions for additional information the organization must report on Schedule O.			Ť
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1	L	\perp
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	<u> </u>
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		165	
b 2	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		1
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
c b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	,	
	describe in Schedule O how this was done	12c	 	√
13	Did the organization have a written whistleblower policy?	13	 	1
14 15	Did the organization have a written document retention and destruction policy?	14		
_		15a		1
a b	The organization's CEO, Executive Director, or top management official	15b	\vdash	\ <u>\</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		†
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	100		
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	✓
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Prudential Overall Supply, 949-250-4855, 1661 Alton Parkway, Irvine, CA 92606	of the	ŧ	

Form	aan	1201	11

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
	(C)									
(A)	(B)			Posi				(D)	(E)	(F)
						than c		ľ	Reportable	Estimated
Name and Title	Average hours per					is both		Reportable compensation	compensation from	amount of
	week	office	ranc		recto	or/trust	<u>_</u>	from	related	other
	(describe	우方	5	오	좋	en F	∑	the	organizations	compensation
	hours for	dre	∄	Officer	۷ _e	ple:	Former	organization	(W-2/1099-MISC)	from the
	related	ct dua	<u> </u>	٦.	遺	st c	=	(W-2/1099-MISC)		organization
	organizations	۲ ۲	<u>a</u>		Key employee	3		[and related
	in Schedule O)	Individual trustee or director	Institutional trustee		8	Pen		Į.		organizations
	, ,	ĕ	tee			Highest compensated employee				
						ed				
(1)										
(2)										
	1							•		
(3)										
	1									
(4)			\vdash				┢			_
(4)	4	İ								
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Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, aı	nd F	lighe	st C	ompensated E	mployees (co	ntinue	d)	_	
	(A) Name and title	(B) Average hours per officer and a directo					is both	n an	(D) Reportable compensation	(E) Reportable compensation fi	rom	(F) Estimated amount of		
		week (describe hours for related organizations in Schedule O)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS		from organ and r	her insation in the ization elated zations	
(15)														
(16)														
(17)														
(18)														•
(19)														•
(20)														
(21)				-				-						
(22)														
(23)					-									
(24)														
(25)				 										
1b c d	Sub-total		n A	·			 	> >						
2	Total number of individuals (including but reportable compensation from the organization)	t not limited					abov	e) w	no received m	ore than \$100	0,000 c	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compen	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re greater th	porta	ble	con	npe	nsatio							
5	Did any person listed on line 1a receive of for services rendered to the organization											4		√
Secti	on B. Independent Contractors	rii res, c	Junpi	Cic	301	100	JIE U		such person	· · · · ·		5		✓
1														
	(A) Name and business add	fress							(B) Description of s	services	C	(C) ompens	ation	
								F						
								\vdash						
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who				

Part	VIII	Statement of Revenue	_			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ıts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	1			
P, G	С	Fundraising events 1c	1			ĺ
ar /	d	Related organizations 1d	1			!
s, C	е	Government grants (contributions) 1e	1			
ion Si	f	All other contributions, gifts, grants,	1 i			
but		and similar amounts not included above 1f				
T O	g	Noncash contributions included in lines 1a-1f \$	1 l			
a Co	h	Total. Add lines 1a–1f ▶				
		Business Code				
ven	2a	Contribution from Employer				
Re	b	and Participants 4,807,651.39				4,807,651 39
ice	С					
Sen	d					
Ē	е					
Program Service Revenue	f	All other program service revenue . 184,347 22				184,347 22
<u> </u>	g	Total. Add lines 2a–2f ▶	4,991,998.61			
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	0 00			0 00
	4	Income from investment of tax-exempt bond proceeds ►				
	5	Royalties				
		(i) Real (ii) Personal	<u> </u>			
l	6a	Gross rents				
	b	Less: rental expenses	-			
	С	Rental income or (loss)	<u> </u>			
	_d	Net rental income or (loss)	ļ			
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory	-			
	ь	Less cost or other basis	-			
		and sales expenses .				
	С	Gain or (loss)	1			
	d	Net gain or (loss)				
<u>o</u>	0-	Over a leasure from front desiries				
Revenue	8a	Gross income from fundraising events (not including \$			•	
ě		of contributions reported on line 1c).				
		See Part IV, line 18 a				
Other	ь	Less: direct expenses b	┥			
O		Net income or (loss) from fundraising events . ▶				
		Gross income from gaming activities.				!
		See Part IV, line 19 a				
	b	Less: direct expenses b	7. !			
	С	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b	<u> </u>			
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11a					
	b		1			
	С					
	d	All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	4.991.998 61		1	4 991 998 61

Fart IX	Statement of	Functional	Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	

	Check if Schedule O contains a respon-	se to any question	in this Part IX	<u></u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,890,988 16	4,890,988 16		1
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				1
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	_			
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				<u>-</u>
12	Advertising and promotion				
13 14	Office expenses				
15	Royalties				
16	Occupancy	-			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates			·	
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	HHC Life Insurance	606,190.45	606,190.45		
b	First Health Network	116,622 05	116,622 05		
C	HealthSmart	6,943.00	6,943 00		
d					
е	All other expenses MISC	3,829.75	3,829.75		
25	Total functional expenses. Add lines 1 through 24e	733,585.25	733,585 25		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	5,624,573.41	5,624,573.41		

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	-104,432.94	1	-740,210.71-
	2	Savings and temporary cash investments	710.00	2	709 68
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			•
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	11	15	
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	-103,723 26	16 17	-740,210.71
	18	Accounts payable and accrued expenses		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
S	22	Payables to current and former officers, directors, trustees, key			
ilitie		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	····	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-103,723 26	_	-740,210.71
_	-	Organizations that follow SFAS 117, check here ▶ ☐ and complete			
Net Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	-103,723.26	30	-740,210.71
	31	Paid-in or capital surplus, or land, building, or equipment fund	-103,723.20	31	-/40,210./1
	32	Retained earnings, endowment, accumulated income, or other funds.		32	
	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	-103,723.26	34	-740,210 71
				للنتب	- 000

orm 99	90 (2011)			Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Other changes in net assets or fund balances (explain in Schedule O)				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6			
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b	✓_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?				✓_
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				1
	issued on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			 	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	e Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	•	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2011)