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|                                                                                               |                                                                            |                                         |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| <b>A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011</b> |                                                                            | <b>D Employer identification number</b> |
| <b>B</b> Check if applicable                                                                  | <b>C Name of organization</b><br>THE GREAT PHYSICIANS CLINIC               | 20-3959854                              |
| <input type="checkbox"/> Address change                                                       | Number and street (or P O box, if mail is not delivered to street address) | <b>E Telephone number</b>               |
| <input type="checkbox"/> Name change                                                          | 309 EAST MAIN STREET                                                       | (256) 878-2291                          |
| <input type="checkbox"/> Initial return                                                       | Room/suite                                                                 |                                         |
| <input type="checkbox"/> Terminated                                                           | City or town, state or country, and ZIP + 4                                | <b>F Group Exemption Number</b>         |
| <input type="checkbox"/> Amended return                                                       | ALBERTVILLE, AL 35950                                                      |                                         |
| <input type="checkbox"/> Application pending                                                  |                                                                            |                                         |

**G Accounting method** ☐ Cash ☒ Accrual Other (specify)

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

**I Website:**

**J Tax-Exempt status** (check only one) — ☒ 501(c)(3) ☐ 501(c)( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K Check** ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$** 19,291

|               |                                                                                                         |
|---------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I ) |
|---------------|---------------------------------------------------------------------------------------------------------|

Check if the organization used Schedule O to respond to any question in this Part I ☐ ☒

|            |                                                                                            |                                                                                                                                                                                                             |           |         |
|------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Revenue    | <b>1</b>                                                                                   | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                        | <b>1</b>  | 19,291  |
|            | <b>2</b>                                                                                   | Program service revenue including government fees and contracts . . . . .                                                                                                                                   | <b>2</b>  |         |
|            | <b>3</b>                                                                                   | Membership dues and assessments . . . . .                                                                                                                                                                   | <b>3</b>  |         |
|            | <b>4</b>                                                                                   | Investment income . . . . .                                                                                                                                                                                 | <b>4</b>  |         |
|            | <b>5a</b>                                                                                  | Gross amount from sale of assets other than inventory . . . . .                                                                                                                                             | <b>5a</b> |         |
|            | <b>b</b>                                                                                   | Less cost or other basis and sales expenses . . . . .                                                                                                                                                       | <b>5b</b> |         |
|            | <b>c</b>                                                                                   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                                                                                           | <b>5c</b> |         |
|            | <b>6</b>                                                                                   | Gaming and fundraising events                                                                                                                                                                               |           |         |
|            | <b>a</b>                                                                                   | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                       | <b>6a</b> |         |
|            | <b>b</b>                                                                                   | Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> |         |
|            | <b>c</b>                                                                                   | Less direct expenses from gaming and fundraising events . . . . .                                                                                                                                           | <b>6c</b> |         |
|            | <b>d</b>                                                                                   | Net income or (loss) from gaming and fundraising events (Add lines 6 a and 6 b and subtract line 6 c)                                                                                                       | <b>6d</b> |         |
|            | <b>7a</b>                                                                                  | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                             | <b>7a</b> |         |
| <b>b</b>   | Less cost of goods sold . . . . .                                                          | <b>7b</b>                                                                                                                                                                                                   |           |         |
| <b>c</b>   | Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7 a) . . . . . | <b>7c</b>                                                                                                                                                                                                   |           |         |
| <b>8</b>   | Other revenue (describe in Schedule O) . . . . .                                           | <b>8</b>                                                                                                                                                                                                    |           |         |
| <b>9</b>   | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .                    | <b>9</b>                                                                                                                                                                                                    | 19,291    |         |
| Expenses   | <b>10</b>                                                                                  | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                              | <b>10</b> |         |
|            | <b>11</b>                                                                                  | Benefits paid to or for members . . . . .                                                                                                                                                                   | <b>11</b> |         |
|            | <b>12</b>                                                                                  | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                               | <b>12</b> |         |
|            | <b>13</b>                                                                                  | Professional fees and other payments to independent contractors . . . . .                                                                                                                                   | <b>13</b> | 4,500   |
|            | <b>14</b>                                                                                  | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                       | <b>14</b> |         |
|            | <b>15</b>                                                                                  | Printing, publications, postage, and shipping . . . . .                                                                                                                                                     | <b>15</b> |         |
|            | <b>16</b>                                                                                  | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                           | <b>16</b> | 19,693  |
|            | <b>17</b>                                                                                  | <b>Total expenses.</b> Add lines 10 through 16 . . . . .                                                                                                                                                    | <b>17</b> | 24,193  |
| Net Assets | <b>18</b>                                                                                  | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                                   | <b>18</b> | -4,902  |
|            | <b>19</b>                                                                                  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .                                                  | <b>19</b> | 132,175 |
|            | <b>20</b>                                                                                  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                              | <b>20</b> | 1       |
|            | <b>21</b>                                                                                  | Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .                                                                                                                            | <b>21</b> | 127,274 |

**Part II**   **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II      ☒

(See the instructions for Part II )

|                                                                                                       | (A) Beginning of year |           | (B) End of year |
|-------------------------------------------------------------------------------------------------------|-----------------------|-----------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .                                                    | 127,753               | <b>22</b> | 124,444         |
| <b>23</b> Land and buildings . . . . .                                                                |                       | <b>23</b> |                 |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                                             | 4,422                 | <b>24</b> | 2,653           |
| <b>25</b> <b>Total assets</b> . . . . .                                                               | 132,175               | <b>25</b> | 127,097         |
| <b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .                                 |                       | <b>26</b> |                 |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . | 132,175               | <b>27</b> | 127,097         |

**Part III**   **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III      ☒

What is the organization's primary exempt purpose?  
THE CLINIC IS ESTABLISHED PURELY FOR THE PURPOSES OF PROVIDING FREE NON EVASIVE HEALTH CARE TO THE INDIGENT PATIENTS OF MARSHALL COUNTY AS PART OF THE SERVICES, CLINIC VOLUNTEERS MINISTER TO THE INDIVIDUALS AWAITING TREATMENT AND AS THEY WAIT IN RECOVERY AREAS(IF RECOVERY IS REQUIRED SUBSEQUENT TO MEDICAL PROCEDUES)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

|                                                                                                                                                                                                                                                      |            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>28</b> PHARMACY AND MEDICAL SUPPLIES NEEDED FOR OPERATION OF THE CLINIC AND DIRECT COSTS RELATED TO DELIVERY OF SERVICES TO THE PATIENT<br>(Grants \$ )      If this amount includes foreign grants, check here . . . . <input type="checkbox"/>  | <b>28a</b> |        |
| <b>29</b> PHARMACY AND MEDICAL SUPPLIES NEEDED FOR OPERATION OF THE CLINIC AND DIRECT COSTS RELATED TO DELIVERY OF SERVICES TO THE PATIENTS<br>(Grants \$ )      If this amount includes foreign grants, check here . . . . <input type="checkbox"/> | <b>29a</b> | 19,102 |
| <b>30</b><br><br>(Grants \$ )      If this amount includes foreign grants, check here . . . . <input type="checkbox"/>                                                                                                                               | <b>30a</b> |        |
| <b>31</b> Other program services (describe in Schedule O) . . . . .<br>(Grants \$ )      If this amount includes foreign grants, check here . . . . <input type="checkbox"/>                                                                         | <b>31a</b> |        |
| <b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .                                                                                                                                                                | <b>32</b>  | 19,102 |

**Part IV**   **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV      ☐

| (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 & deferred compensation | (e) Expense account and other allowances |
|---------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| See Additional Data Table |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |
|                           |                                                          |                                            |                                                                     |                                          |

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                                                                                                                                           | 33  | No |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .                                                                                                                                                                                                    | 34  | No |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .                                                                                                                                                                                                              |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                                                                                                                                                                    | 35a | No |
| b   | If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                                              | 35b |    |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                                                                                                                                              | 35c | No |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                                                                                                                                             | 36  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> <input type="text"/>                                                                                                                                                                                                                                                                                                                   |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                 | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                                                                     | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                                                                                    | 38b |    |
| 39  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                  | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                                         | 39b |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____                                                                                                                                                                                                                            |     |    |
| b   | Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                         | 40b | No |
| c   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____                                                                                                                                                                                                                                                    |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                  |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                                                                                                                                                      | 40e | No |
| 41  | List the states with which a copy of this return is filed <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| 42a | The organization's books are in care of <input type="checkbox"/> CHARLES WOODS Telephone no <input type="checkbox"/> (256) 878-6216<br>407 SUNSET AVE<br>Located at <input type="checkbox"/> ALBERTVILLE, AL ZIP + 4 <input type="checkbox"/> 35950                                                                                                                                                                                                                     |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                    | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b> <input type="text"/>                                                                                                                                                    |     |    |
| 44a | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                                                                                                                                                                     | 44a | No |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                                               | 44b | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                                                  | 44c | No |
| d   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                     | 44d |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                 | 45a | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)                                                                                                                                                                                                                      | 45b |    |

|    |                                                                                                                                                                                            |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                            | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |     | No |

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

|     |                                                                                                                                                            |     |    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                            | Yes | No |
| 47  | 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 |     | No |
| 48  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                          |     | No |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                                  |     | No |
| 49b | If "Yes," was the related organization a section 527 organization?                                                                                         |     |    |

| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None " |                                                          |                  |                                                                     |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| (a) Name and address of each employee paid more than \$100,000                                                                                                                                                                                             | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| NONE                                                                                                                                                                                                                                                       |                                                          |                  |                                                                     |                                          |
|                                                                                                                                                                                                                                                            |                                                          |                  |                                                                     |                                          |
|                                                                                                                                                                                                                                                            |                                                          |                  |                                                                     |                                          |
|                                                                                                                                                                                                                                                            |                                                          |                  |                                                                     |                                          |
|                                                                                                                                                                                                                                                            |                                                          |                  |                                                                     |                                          |
| f Total number of other employees paid over \$100,000                                                                                                                                                                                                      |                                                          |                  |                                                                     |                                          |

| 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None " |                     |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| (a) Name and address of each independent contractor paid more than \$100,000                                                                                                                                | (b) Type of service | (c) Compensation |
| NONE                                                                                                                                                                                                        |                     |                  |
|                                                                                                                                                                                                             |                     |                  |
|                                                                                                                                                                                                             |                     |                  |
|                                                                                                                                                                                                             |                     |                  |
|                                                                                                                                                                                                             |                     |                  |

|    |                                                                                                                                                                                                                                               |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| d  | Total number of other independent contractors each receiving over \$100,000                                                                                                                                                                   |
| 52 | Did the organization complete Schedule A? <b>NOTE:</b> All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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.

|                                                                                                                                                     |                                                               |                                                                             |                    |                                                 |                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------|-------------------------------------------------|-----------------------------------------------------------------|
| Sign Here                                                                                                                                           | *****<br>Signature of officer                                 | 2012-07-03<br>Date                                                          |                    |                                                 |                                                                 |
|                                                                                                                                                     | CHARLES WOODS DIRECTOR<br>Type or print name and title        |                                                                             |                    |                                                 |                                                                 |
| Paid Preparer's Use Only                                                                                                                            | Preparer's signature                                          | BARRY KENNEDY                                                               | Date<br>2012-08-10 | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number<br>(See instructions) |
|                                                                                                                                                     | Firm's name (or yours if self-employed), address, and ZIP + 4 | CK BUSINESS SOLUTIONS PC<br>301 SOUTH BROAD STREET<br>ALBARTVILLE, AL 35950 |                    |                                                 | EIN                                                             |
|                                                                                                                                                     |                                                               |                                                                             |                    |                                                 | Phone no (256) 878-6481                                         |
| May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                               |                                                                             |                    |                                                 |                                                                 |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>THE GREAT PHYSICIANS CLINIC | Employer identification number<br>20-3959854 |
|---------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

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 exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
|                                       |             |                                                                                                 | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
| Total                                 |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year                                                                                                                                                                                         | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year                                                                                                                                                           | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 Amounts from line 4                                                                                                                                                   |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                        |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                    |          |          |          |          |          |           |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                                                       |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)                                                                                                                               |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (See instructions )                                                                                                      |          |          |          |          | 12       |           |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                        |  |    |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|--|--|--|--|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                    |  | 14 |  |  |  |  |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                         |  | 15 |  |  |  |  |
| 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                         |  |    |  |  |  |  |
| b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                    |  |    |  |  |  |  |
| 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization    |  |    |  |  |  |  |
| b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization |  |    |  |  |  |  |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                        |  |    |  |  |  |  |

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                             | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                      |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                               |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                 |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                          |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                      |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12.)                                                                                                                         |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |
|-----------------------------------------------------------------------------------------|----|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                             |    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                                                                                                                                                                                            | 18 |  |
| 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         |    |  |
| b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |    |  |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                          |    |  |

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

|             |
|-------------|
| Explanation |
|             |
|             |
|             |
|             |

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
THE GREAT PHYSICIANS CLINIC**Employer identification number**

20-3959854

| Identifier                                   | Return Reference                  | Explanation                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER EXPENSES                               | FORM 990-EZ,<br>PART I, LINE 16   | EXPENSES OFFICE SUPPLIES AND EXPENSE 591 CONTRACT LABOR 7,778 MEDICAL SUPPLIES 8,632 PHARMACY SUPPLIES 922 NON-INVESTMENT DEPRECIATION 1,770 TOTAL 19,693                                                                                                                                                                     |
| OTHER CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990-EZ,<br>PART I, LINE 20   | BOOK / TAX DEPRECIATION DIFFERENCE 1                                                                                                                                                                                                                                                                                          |
| OTHER ASSETS                                 | FORM 990-EZ,<br>PART II, LINE 24  | 16,075 16,075 LESS ACCUMULATED DEPRECIATION 11,653 13,422 TOTAL 4,422 2,653                                                                                                                                                                                                                                                   |
| PRIMARY EXEMPT PURPOSE                       | FORM 990-EZ,<br>PART III          | THE CLINIC IS ESTABLISHED PURELY FOR THE PURPOSES OF PROVIDING FREE NON EVASIVE HEALTH CARE TO THE INDIGENT PATIENTS OF MARSHALL COUNTY AS PART OF THE SERVICES, CLINIC VOLUNTEERS MINISTER TO THE INDIVIDUALS AWAITING TREATMENT AND AS THEY WAIT IN RECOVERY AREAS(IF RECOVERY IS REQUIRED SUBSEQUENT TO MEDICAL PROCEDUES) |
| ALL OTHER ACCOMPLISHMENT                     | FORM 990-EZ,<br>PART III, LINE 31 | PHARMACY AND MEDICAL SUPPLIES NEEDED FOR OPERATION OF THE CLINIC AND DIRECT COSTS RELATED TO DELIVERY OF SERVICES TO THE PATIENTS                                                                                                                                                                                             |

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

|                                                        |                                                                          |                                  |
|--------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|
| Name(s) shown on return<br>THE GREAT PHYSICIANS CLINIC | Business or activity to which this form relates<br>INDIRECT DEPRECIATION | Identifying number<br>20-3959854 |
|--------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

|                                                                                                                                        |   |           |
|----------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 Maximum amount (see instructions)                                                                                                    | 1 | 500,000   |
| 2 Total cost of section 179 property placed in service (see instructions)                                                              | 2 |           |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)                                             | 3 | 2,000,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-                                                       | 4 |           |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 |           |

|                                                                                                                      |                              |                  |  |
|----------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|--|
| 6 (a) Description of property                                                                                        | (b) Cost (business use only) | (c) Elected cost |  |
|                                                                                                                      |                              |                  |  |
|                                                                                                                      |                              |                  |  |
| 7 Listed property Enter the amount from line 29                                                                      | 7                            |                  |  |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7                                | 8                            |                  |  |
| 9 Tentative deduction Enter the smaller of line 5 or line 8                                                          | 9                            |                  |  |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562                                             | 10                           |                  |  |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11                           |                  |  |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11                              | 12                           |                  |  |
| 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12                                        | 13                           |                  |  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

|                                                                                                                                                |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 Property subject to section 168(f)(1) election                                                                                              | 15 |  |
| 16 Other depreciation (including ACRS)                                                                                                         | 16 |  |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

|                                                                                                                                      |    |       |
|--------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| Section A                                                                                                                            |    |       |
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011                                                  | 17 | 1,770 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |       |

|                                                                                               |                                      |                                                                            |                     |                |            |                            |
|-----------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System |                                      |                                                                            |                     |                |            |                            |
| (a) Classification of property                                                                | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a 3-year property                                                                           |                                      |                                                                            |                     |                |            |                            |
| b 5-year property                                                                             |                                      |                                                                            |                     |                |            |                            |
| c 7-year property                                                                             |                                      |                                                                            |                     |                |            |                            |
| d 10-year property                                                                            |                                      |                                                                            |                     |                |            |                            |
| e 15-year property                                                                            |                                      |                                                                            |                     |                |            |                            |
| f 20-year property                                                                            |                                      |                                                                            |                     |                |            |                            |
| g 25-year property                                                                            |                                      |                                                                            | 25 yrs              |                | S/L        |                            |
| h Residential rental property                                                                 |                                      |                                                                            | 27 5 yrs            | MM             | S/L        |                            |
|                                                                                               |                                      |                                                                            | 27 5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property                                                                |                                      |                                                                            | 39 yrs              | MM             | S/L        |                            |
|                                                                                               |                                      |                                                                            |                     | MM             | S/L        |                            |

|                                                                                                   |  |  |        |     |     |
|---------------------------------------------------------------------------------------------------|--|--|--------|-----|-----|
| Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System |  |  |        |     |     |
| 20a Class life                                                                                    |  |  |        | S/L |     |
| b 12-year                                                                                         |  |  | 12 yrs | S/L |     |
| c 40-year                                                                                         |  |  | 40 yrs | MM  | S/L |

Part IV Summary (see instructions)

|                                                                                                                                                                                                             |    |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 Listed property Enter amount from line 28                                                                                                                                                                | 21 |       |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 1,770 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                  | 23 |       |

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

|                                                                                                                                                                            |                               |                                            |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|--|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                               |                                            |                            |                                                              |                        | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                                 |  |
| (a)<br>Type of property (list vehicles first)                                                                                                                              | (b)<br>Date placed in service | (c)<br>Business/ investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/ Convention                                                                       | (h)<br>Depreciation/ deduction | (i)<br>Elected section 179 cost |  |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) |                               |                                            |                            |                                                              |                        |                                                                                                 | 25                             |                                 |  |
| 26 Property used more than 50% in a qualified business use                                                                                                                 |                               |                                            |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
| 27 Property used 50% or less in a qualified business use                                                                                                                   |                               |                                            |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        | S/L -                                                                                           |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        | S/L -                                                                                           |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        | S/L -                                                                                           |                                |                                 |  |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1                                                                                        |                               |                                            |                            |                                                              |                        | 28                                                                                              |                                |                                 |  |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1                                                                                                     |                               |                                            |                            |                                                              |                        |                                                                                                 | 29                             |                                 |  |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

|                                                                                            |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|--------------------------------------------------------------------------------------------|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
| 31 Total commuting miles driven during the year                                            |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 32 Total other personal(noncommuting) miles driven                                         |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 33 Total miles driven during the year Add lines 30 through 32                              |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 34 Was the vehicle available for personal use during off-duty hours?                       | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?               |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 36 Is another vehicle available for personal use?                                          |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

|                                                                                                                                                                                                                           |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?                                                                                        | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| 39 Do you treat all use of vehicles by employees as personal use?                                                                                                                                                         |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?                                                   |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )                                                                                                                    |     |    |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles                                                                                                                |     |    |

Part VI Amortization

|                                                                                   |                                 |                           |                     |                                          |                                   |
|-----------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| (a)<br>Description of costs                                                       | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
| 42 Amortization of costs that begins during your 2011 tax year (see instructions) |                                 |                           |                     |                                          |                                   |
|                                                                                   |                                 |                           |                     |                                          |                                   |
| 43 Amortization of costs that began before your 2011 tax year                     |                                 |                           |                     | 43                                       |                                   |
| 44 Total. Add amounts in column (f) See the instructions for where to report      |                                 |                           |                     | 44                                       |                                   |

**TY 2011 Compensation Explanation****Name:** THE GREAT PHYSICIANS CLINIC**EIN:** 20-3959854

| Person Name           | Explanation |
|-----------------------|-------------|
| REV CHRIS JOHNSON     |             |
| SHIRLEY CHUPP         |             |
| DORA MOORE            |             |
| MARSHA CRYAR          |             |
| DR MICHAEL WILLIAMSON |             |
| DR RANDALL HOERTH     |             |
| CHARLES WOODS         |             |

Additional Data

Software ID:  
Software Version:  
EIN: 20-3959854  
Name: THE GREAT PHYSICIANS CLINIC

Form 990-EZ, Special Condition Description:

|                               |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 & deferred compensation | (E) Expense account and other allowances |
|-------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| REV CHRIS JOHNSON<br>309 EAST MAIN ST<br>ALBERTVILLE,AL 35950     | BOARD MEMBER<br>000 00                                   | 0                                          |                                                                     |                                          |
| SHIRLEY CHUPP<br>1028 PANORAMA WAY W<br>GUNTERSVILLE,AL 35976     | BOARD MEMBER<br>000 00                                   | 0                                          |                                                                     |                                          |
| DORA MOORE<br>1009 N CARLISLE ST<br>ALBERTVILLE,AL 35951          | BOARD MEMBER<br>000 00                                   | 0                                          |                                                                     |                                          |
| MARSHA CRYAR<br>91 BRUSH CREEK DRIVE<br>ALBERTVILLE,AL 35957      | BOARD MEMBER<br>000 00                                   | 0                                          |                                                                     |                                          |
| DR MICHAEL WILLIAMSON<br>701 MEDICAL CENTER PKWY<br>BOAZ,AL 35957 | BOARD MEMBER<br>000 00                                   | 0                                          |                                                                     |                                          |
| DR RANDALL HOERTH<br>200 S HAMBRICK ST<br>ALBERTVILLE,AL 35950    | BOARD MEMBER<br>000 00                                   | 0                                          |                                                                     |                                          |
| CHARLES WOODS<br>407 SUNSET AVENUE<br>ALBERTVILLE,AL 35950        | DIRECTOR 000 00                                          | 0                                          |                                                                     |                                          |