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|                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <div>2011</div> <div>Open to Public Inspection</div> </div> |
|                                                                                                                                                              | The organization may have to use a copy of this return to satisfy state reporting requirements                                                                                                   |                                                                                       |

|                                                                                                                                                                                                                                                                                              |                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012</b>                                                                                                                                                                                                  |                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |                                                       |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>ADVOCATES FOR A HEALTHY COMMUNITY INC                                           |                                                                                                                                                                                                                                                                                                                  | <b>D</b> Employer identification number<br>43-1602701 |
|                                                                                                                                                                                                                                                                                              | Doing Business As<br>JORDAN VALLEY COMMUNITY HLTH CENTER                                                         |                                                                                                                                                                                                                                                                                                                  | <b>E</b> Telephone number<br>(417) 831-0150           |
|                                                                                                                                                                                                                                                                                              | Number and street (or P O box if mail is not delivered to street address)<br>440 E TAMPA ST                      | Room/suite                                                                                                                                                                                                                                                                                                       | <b>G</b> Gross receipts \$ 22,733,968                 |
|                                                                                                                                                                                                                                                                                              | City or town, state or country, and ZIP + 4<br>SPRINGFIELD, MO 658061131                                         |                                                                                                                                                                                                                                                                                                                  |                                                       |
|                                                                                                                                                                                                                                                                                              | <b>F</b> Name and address of principal officer<br>K BROOKS MILLER<br>440 E TAMPA ST<br>SPRINGFIELD, MO 658061131 |                                                                                                                                                                                                                                                                                                                  |                                                       |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                |                                                                                                                  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |                                                       |
| <b>J Website:</b> ▶ WWW.JORDANVALLEY.ORG                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                                                                                                                                                                                                                  |                                                       |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                                                                  | <b>L</b> Year of formation 1992                                                                                                                                                                                                                                                                                  | <b>M</b> State of legal domicile<br>MO                |

| Part I                                                                                   |                                                                                                                                                                                                                                                                                                     | Summary                          |                     |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance                                                                  | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO PROVIDE COMPREHENSIVE PRIMARY HEALTHCARE SVCS, AND TO IMPROVE THE HEALTH OF OUR COMMUNITY BY PROVIDING THE HIGHEST QUALITY MEDICAL, DENTAL, AND MENTAL HEALTH CARE SVCS TO SPGF, MO AND SURROUNDING AREAS |                                  |                     |
|                                                                                          |                                                                                                                                                                                                                                                                                                     |                                  |                     |
|                                                                                          |                                                                                                                                                                                                                                                                                                     |                                  |                     |
|                                                                                          |                                                                                                                                                                                                                                                                                                     |                                  |                     |
|                                                                                          | <b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                                                          |                                  |                     |
|                                                                                          | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                                                                                                                                                                | <b>3</b>                         | 15                  |
|                                                                                          | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                                                                                                                                                                    | <b>4</b>                         | 14                  |
|                                                                                          | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .                                                                                                                                                                                                     | <b>5</b>                         | 322                 |
| <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                    | <b>6</b>                                                                                                                                                                                                                                                                                            | 15                               |                     |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . | <b>7a</b>                                                                                                                                                                                                                                                                                           | 0                                |                     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .        | <b>7b</b>                                                                                                                                                                                                                                                                                           | 0                                |                     |
| Revenue                                                                                  | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                                                                                    | <b>Prior Year</b>                | <b>Current Year</b> |
|                                                                                          | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                                                                                     | 3,935,735                        | 4,029,433           |
|                                                                                          | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                                                                                  | 16,309,953                       | 18,577,239          |
|                                                                                          | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                  | 10,861                           | 15,207              |
|                                                                                          | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                                                                                | -24,590                          | 1,991               |
|                                                                                          |                                                                                                                                                                                                                                                                                                     | 20,231,959                       | 22,623,870          |
| Expenses                                                                                 | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                                                                                                                                                               | 16,754                           | 26,162              |
|                                                                                          | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                                                                                   | 0                                | 0                   |
|                                                                                          | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                         | 12,238,052                       | 13,231,445          |
|                                                                                          | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                                                                                  | 0                                | 0                   |
|                                                                                          | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0                                                                                                                                                                                                       |                                  |                     |
|                                                                                          | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .                                                                                                                                                                                                                    | 7,323,921                        | 8,742,040           |
|                                                                                          | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                  | 19,578,727                       | 21,999,647          |
|                                                                                          | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                                                                                                                                                             | 653,232                          | 624,223             |
| Net Assets or Fund Balances                                                              |                                                                                                                                                                                                                                                                                                     | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                                                                          | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                                                                                                                                                                                  | 25,637,380                       | 32,067,797          |
|                                                                                          | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                                                                                             | 6,662,219                        | 12,468,413          |
|                                                                                          | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                                                                                                                                                                       | 18,975,161                       | 19,599,384          |

| Part II Signature Block                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                                                                                                                                                                                             | <div>*****</div> <div>Signature of officer</div> <div>2013-01-04</div> <div>Date</div> <div>K BROOKS MILLER PRESIDENT/CEO</div> <div>Type or print name and title</div>                                                 |
|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                         |
| Paid Preparer's Use Only                                                                                                                                                                                                                                                                                              | <div>Preparer's signature</div> <div>Gary V Garwitz</div> <div>Date</div> <div>Check if self-employed <input checked="" type="checkbox"/></div> <div>Preparer's taxpayer identification number (see instructions)</div> |
|                                                                                                                                                                                                                                                                                                                       | <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>BKD LLP</div> <div>910 E ST LOUIS 200/PO BOX 1190</div> <div>SPRINGFIELD, MO 658062523</div>                                              |
|                                                                                                                                                                                                                                                                                                                       | <div>EIN</div> <div>Phone no (417) 865-8701</div>                                                                                                                                                                       |
| May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |                                                                                                                                                                                                                         |

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☒

1

Briefly describe the organization's mission

TO PROVIDE COMPREHENSIVE PRIMARY HEALTHCARE SERVICES AND IMPROVE THE HEALTH OF OUR COMMUNITY SEE SCHEDULE O FOR ADDITIONAL INFORMATION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 8,896,815 including grants of \$ ) (Revenue \$ 8,666,970 )

PROVIDE PRIMARY CARE MEDICAL SERVICES TO SPRINGFIELD, MISSOURI, AND THE SURROUNDING AREA MEDICAL SERVICES WERE PROVIDED TO APPROXIMATELY 21,657 PATIENTS THIS YEAR OUR MEDICAL PROGRAM IS FOCUSED ON PROVIDING PRIMARY HEALTH CARE TO NOT ONLY TREAT ILLNESSES, BUT ALSO TO KEEP PATIENTS WELL OUR STAFF ENSURES PATIENTS WILL RECEIVE THE COMPASSIONATE AND EXPERT CARE THEY DESERVE THE MANY SERVICES WE OFFER MAKE IT EASIER FOR THEM TO ACCESS THE CARE THEY NEED WE ALSO HAVE COMMUNITY PROGRAMS ALLOWING FOR MORE FOCUSED CARE SEE SCHEDULE O FOR ADDITIONAL INFORMATION

4b

(Code ) (Expenses \$ 6,565,354 including grants of \$ ) (Revenue \$ 7,503,867 )

PROVIDE DENTAL SERVICES TO THE COMMUNITY OF SPRINGFIELD, MISSOURI, AND THE SURROUNDING AREA DENTAL SERVICES WERE PROVIDED TO APPROXIMATELY 18,699 PATIENTS THIS YEAR OUR COMPREHENSIVE DENTAL PROGRAM PROVIDES NOT ONLY PREVENTATIVE CARE, BUT ALSO SPECIALTY CARE FOR A VARIETY OF DENTAL ISSUES OUR STAFF IS HIGHLY TRAINED AND PROVIDES PATIENTS WITH THE EXPERT CARE AND RESPECT THEY DESERVE SEE SCHEDULE O FOR ADDITIONAL INFORMATION

4c

(Code ) (Expenses \$ 1,791,494 including grants of \$ ) (Revenue \$ 2,406,402 )

OPERATE A PHARMACY WITHIN THE MEDICAL CLINIC IN SPRINGFIELD, MISSOURI THE PHARMACY FILLED APPROXIMATELY 84,843 PRESCRIPTIONS IN FISCAL YEAR 2012

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 17,253,663

Form 990 (2011)

Part IV

Checklist of Required Schedules

|     |                                                                                                                                                                                                                                                                                                                                                  | Yes | No  |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>                                                                                                                       | 1   | Yes |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?                                                                                                                                                      | 2   | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>                                                                    | 3   |     | No |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>                                                     | 4   | Yes |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>                              | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>                                         | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>                                                                                                       | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>     | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>                                                  | 10  |     | No |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                                   |     |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                                                                     | 11a | Yes |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>                                                 | 11b |     | No |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>                                                | 11c |     | No |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>                                                                  | 11d |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                                               | 11e | Yes |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>        | 11f |     | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>                                                                                               | 12a | Yes |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>                 | 12b |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>                                                                                                                                                                                                                                        | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                                            | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . .                              | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .                                                                                                                    | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .                                                                                                                        | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>                                                                                                                                              | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .                                                                                                                                                 | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .                                                                                                                                                                           | 19  |     | No |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .                                                                                                                                                                                                                                              | 20a |     | No |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .                                                                                                                        | 20b |     |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                          | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                           | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a | Yes |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                  | 24b |     | No |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                       | 24c |     | No |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                            | 24d |     | No |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                              |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                | 28b | Yes |    |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                       | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                         | 34  |     | No |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?                                                                                                                                                                       | 35a |     | No |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                               | 35b |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                       | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                               | 38  | Yes |    |

|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                      |            |           |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>                  |                                                                                                                                                                                                                                                                                                                                                      |            |           |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                      |            |           |
|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                      | <b>Yes</b> | <b>No</b> |
| <b>1a</b>                                                                                       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>.                                                                                                                                                                                                                                                                   | <b>1a</b>  | 43        |
| <b>b</b>                                                                                        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                                                                                                     | <b>1b</b>  | 0         |
| <b>c</b>                                                                                        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                                                                                             | <b>1c</b>  | Yes       |
| <b>2a</b>                                                                                       | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.                                                                                                                                                                 | <b>2a</b>  | 322       |
| <b>b</b>                                                                                        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                                                                                              | <b>2b</b>  | Yes       |
| <b>3a</b>                                                                                       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                        | <b>3a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                                    | <b>3b</b>  |           |
| <b>4a</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 or securities account)?                                                                                                                                     | <b>4a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                                                                                   |            |           |
| <b>5a</b>                                                                                       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                | <b>5a</b>  | No        |
| <b>b</b>                                                                                        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                                                                                     | <b>5b</b>  | No        |
| <b>c</b>                                                                                        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                                    | <b>5c</b>  |           |
| <b>6a</b>                                                                                       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                                                                                          | <b>6a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                                                                                        | <b>6b</b>  |           |
| <b>7</b>                                                                                        | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                                                                                 |            |           |
| <b>a</b>                                                                                        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                                                                                                      | <b>7a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                      | <b>7b</b>  |           |
| <b>c</b>                                                                                        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                                                                                                 | <b>7c</b>  | No        |
| <b>d</b>                                                                                        | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                                                                                                   | <b>7d</b>  |           |
| <b>e</b>                                                                                        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                                                                                      | <b>7e</b>  | No        |
| <b>f</b>                                                                                        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                         | <b>7f</b>  | No        |
| <b>g</b>                                                                                        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                                                                     | <b>7g</b>  |           |
| <b>h</b>                                                                                        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                                                                                                   | <b>7h</b>  |           |
| <b>8</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?                                                                         | <b>8</b>   |           |
| <b>9</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                                                                                     |            |           |
| <b>a</b>                                                                                        | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                              | <b>9a</b>  |           |
| <b>b</b>                                                                                        | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                               | <b>9b</b>  |           |
| <b>10</b>                                                                                       | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                                                                                        |            |           |
| <b>a</b>                                                                                        | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                                                                                            | <b>10a</b> |           |
| <b>b</b>                                                                                        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                                                                                         | <b>10b</b> |           |
| <b>11</b>                                                                                       | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                                                                                                       |            |           |
| <b>a</b>                                                                                        | Gross income from members or shareholders.                                                                                                                                                                                                                                                                                                           | <b>11a</b> |           |
| <b>b</b>                                                                                        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                                                                                         | <b>11b</b> |           |
| <b>12a</b>                                                                                      | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                                                                                    | <b>12a</b> |           |
| <b>b</b>                                                                                        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                                                                                               | <b>12b</b> |           |
| <b>13</b>                                                                                       | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                                                                                              |            |           |
| <b>a</b>                                                                                        | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state. | <b>13a</b> |           |
| <b>b</b>                                                                                        | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                                                                                 | <b>13b</b> |           |
| <b>c</b>                                                                                        | Enter the aggregate amount of reserves on hand.                                                                                                                                                                                                                                                                                                      | <b>13c</b> |           |
| <b>14a</b>                                                                                      | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                                                                                           | <b>14a</b> | No        |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                           | <b>14b</b> |           |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                     |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                                     | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |    |
| 1b | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               |     | No |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | No |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | Yes |    |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | No |
| 6  | Did the organization have members or stockholders?                                                                                                                                                                  |     | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  |     | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           |     | No |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |     |    |
| 8a | The governing body?                                                                                                                                                                                                 | Yes |    |
| 8b | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | Yes |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |     | No |

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

|     |                                                                                                                                                                                                                                                                                              |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                              | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           |     | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | Yes |    |
| 11b | Describe in Schedule O the process, if any, used by the organization to review the Form 990                                                                                                                                                                                                  |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | Yes |    |
| 12b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                           | Yes |    |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | Yes |    |
| 13  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | Yes |    |
| 14  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | Yes |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                         |     |    |
| 15a | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | Yes |    |
| 15b | Other officers or key employees of the organization                                                                                                                                                                                                                                          |     | No |
|     | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                          |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |     | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                         |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                              |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.                                                                                                                                               |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.<br>LISA ODOM<br>440 E TAMPA ST<br>SPRINGFIELD, MO 658061131<br>(417) 851-1551                                                                                                                                             |

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

| (A)<br>Name and Title                     | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                           |                                                                                        | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) MARY KAY MEEK<br>BOARD MEMBER         | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) KEVIN GIPSON<br>CHAIRMAN              | 1 0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) JEAN GRABEEL<br>BOARD MEMBER          | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) LYNNE MEYERKORD<br>BOARD MEMBER       | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) HAROLD BENGSCHE<br>BOARD MEMBER       | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) KYLE MCCLURE<br>VICE CHAIRMAN         | 1 0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) MARY PILANT<br>BOARD MEMBER           | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) RHONDA RIDINGER<br>MEMBER-AT-LARGE    | 1 0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) JOHN RUSH<br>BOARD MEMBER             | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) CR CLARK<br>BOARD MEMBER             | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (11) PAUL FITE<br>BOARD MEMBER            | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) JEFF GROVES<br>SECRETARY/TREASURER   | 1 0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (13) BOB HAMMERSCHMIDT<br>MEMBER-AT-LARGE | 1 0                                                                                    | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (14) LESLIE PECK<br>BOARD MEMBER          | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (15) JOHN TWITTY<br>BOARD MEMBER          | 1 0                                                                                    | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (16) K BROOKS MILLER<br>PRESIDENT/CEO     | 40 0                                                                                   |                                                                                                           |                       | X       |              |                              |        | 205,342                                                              | 0                                                                         | 19,411                                                                                        |
| (17) LISA ODOM<br>CFO BEGINNING 6/2011    | 40 0                                                                                   |                                                                                                           |                       | X       |              |                              |        | 94,000                                                               | 0                                                                         | 9,937                                                                                         |



Part VII

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

| (A)<br>Name and Title                                             | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                   |                                                                                        | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) DR KECIA LEARY<br>DENTAL DIRECTOR                            | 40 0                                                                                   |                                                                                                           |                       |         | X            |                              |        | 258,870                                                              | 0                                                                         | 28,741                                                                                        |
| (19) DR NICK PFANNENSTIEL<br>DENTAL DIRECTOR BEGINNING 6/11       | 40 0                                                                                   |                                                                                                           |                       |         | X            |                              |        | 182,733                                                              | 0                                                                         | 11,047                                                                                        |
| (20) DR DEREK SMITH<br>DENTAL DIRECTOR BEGINNING 6/11             | 40 0                                                                                   |                                                                                                           |                       |         | X            |                              |        | 164,678                                                              | 0                                                                         | 29,342                                                                                        |
| (21) DR MATTHEW STINSON<br>MEDICAL DIRECTOR, BEG 6/11             | 40 0                                                                                   |                                                                                                           |                       |         | X            |                              |        | 158,826                                                              | 0                                                                         | 25,487                                                                                        |
| (22) DR WILLIAM WOODS<br>ORAL SURGEON                             | 16 0                                                                                   |                                                                                                           |                       |         |              | X                            |        | 260,320                                                              | 0                                                                         | 0                                                                                             |
| (23) DR JEFFREY ROCKWOOD<br>DDS                                   | 40 0                                                                                   |                                                                                                           |                       |         |              | X                            |        | 172,444                                                              | 0                                                                         | 9,169                                                                                         |
| (24) DR LAUREL PRICHARD<br>DDS                                    | 40 0                                                                                   |                                                                                                           |                       |         |              | X                            |        | 159,320                                                              | 0                                                                         | 8,199                                                                                         |
| (25) DR REBECCA WOTHERSPOON<br>PEDIATRICIAN                       | 40 0                                                                                   |                                                                                                           |                       |         |              | X                            |        | 156,331                                                              | 0                                                                         | 8,513                                                                                         |
| (26) DR CHRISTOPHER SPINELLI<br>PEDIATRICIAN                      | 40 0                                                                                   |                                                                                                           |                       |         |              | X                            |        | 153,361                                                              | 0                                                                         | 7,680                                                                                         |
| (27) DR CHAN REYES<br>MEDICAL DIRECTOR                            | 40 0                                                                                   |                                                                                                           |                       |         |              |                              | X      | 133,402                                                              | 0                                                                         | 23,991                                                                                        |
|                                                                   |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                   |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                   |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| 1b Sub-Total . . . . .                                            |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| c Total from continuation sheets to Part VII, Section A . . . . . |                                                                                        |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| d Total (add lines 1b and 1c) . . . . .                           |                                                                                        |                                                                                                           |                       |         |              |                              |        | 2,099,627                                                            | 0                                                                         | 181,517                                                                                       |

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶23

|   |                                                                                                                                                                                                                                               | Yes   | No |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | 3 Yes |    |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4 Yes |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 5     | No |

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| OZARK ANESTHESIA ASSOCIATES      | DENTAL SERVICES                | 234,500             |
| DR FRANK CORNELLA                | DENTAL SERVICES                | 176,027             |
| MERCY CLINICS                    | MEDICAL SERVICES               | 196,904             |
|                                  |                                |                     |
|                                  |                                |                     |

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶3

Part VIII

Statement of Revenue

|                                                           |                                                                    |                                                                                                                                               |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|-----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|--|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                                                 | Federated campaigns . . .                                                                                                                     | 1a            |                      |                                                    |                                         |                                                                                 |  |
|                                                           | b                                                                  | Membership dues . . . . .                                                                                                                     | 1b            |                      |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                                  | Fundraising events . . . . .                                                                                                                  | 1c            | 3,955                |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                                  | Related organizations . . . .                                                                                                                 | 1d            |                      |                                                    |                                         |                                                                                 |  |
|                                                           | e                                                                  | Government grants (contributions)                                                                                                             | 1e            | 3,330,663            |                                                    |                                         |                                                                                 |  |
|                                                           | f                                                                  | All other contributions, gifts, grants, and<br>similar amounts not included above                                                             | 1f            | 694,815              |                                                    |                                         |                                                                                 |  |
|                                                           | g                                                                  | Noncash contributions included in<br>lines 1a-1f \$ 793,382                                                                                   |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | h                                                                  | Total. Add lines 1a-1f . . . . .                                                                                                              |               | 4,029,433            |                                                    |                                         |                                                                                 |  |
| Program Service Revenue                                   |                                                                    |                                                                                                                                               | Business Code |                      |                                                    |                                         |                                                                                 |  |
|                                                           | 2a                                                                 | NET PATIENT SERVICE REVENUE                                                                                                                   | 621400        | 18,217,883           | 18,217,883                                         |                                         |                                                                                 |  |
|                                                           | b                                                                  | OTHER                                                                                                                                         | 621400        | 359,356              | 359,356                                            |                                         |                                                                                 |  |
|                                                           | c                                                                  |                                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                                  |                                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | e                                                                  |                                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | f                                                                  | All other program service revenue                                                                                                             |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | g                                                                  | Total. Add lines 2a-2f . . . . .                                                                                                              |               | 18,577,239           |                                                    |                                         |                                                                                 |  |
| Other Revenue                                             | 3                                                                  | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                                      |               | 4,815                |                                                    |                                         | 4,815                                                                           |  |
|                                                           | 4                                                                  | Income from investment of tax-exempt bond proceeds . .                                                                                        |               | 0                    |                                                    |                                         |                                                                                 |  |
|                                                           | 5                                                                  | Royalties . . . . .                                                                                                                           |               | 0                    |                                                    |                                         |                                                                                 |  |
|                                                           | 6a                                                                 | (i) Real                                                                                                                                      |               | (ii) Personal        |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | Gross rents                                                                                                                                   | 100,133       |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | b Less rental<br>expenses                                                                                                                     | 95,643        |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | c Rental income<br>or (loss)                                                                                                                  | 4,490         |                      |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                                  | Net rental income or (loss) . . . . .                                                                                                         |               | 4,490                |                                                    |                                         | 4,490                                                                           |  |
|                                                           | 7a                                                                 | (i) Securities                                                                                                                                |               | (ii) Other           |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                               |               | 18,000               |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | b Less cost or<br>other basis and<br>sales expenses                                                                                           |               | 7,608                |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | c Gain or (loss)                                                                                                                              |               | 10,392               |                                                    |                                         |                                                                                 |  |
|                                                           | d                                                                  | Net gain or (loss) . . . . .                                                                                                                  |               | 10,392               |                                                    |                                         | 10,392                                                                          |  |
|                                                           | 8a                                                                 | Gross income from fundraising<br>events (not including<br>\$ 3,955<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | a                                                                                                                                             | 4,348         |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | b Less direct expenses . . . . .                                                                                                              | b             | 6,847                |                                                    |                                         |                                                                                 |  |
|                                                           | c                                                                  | Net income or (loss) from fundraising events . .                                                                                              |               | -2,499               |                                                    |                                         | -2,499                                                                          |  |
|                                                           | 9a                                                                 | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                         |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | a                                                                                                                                             |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           |                                                                    | b Less direct expenses . . . . .                                                                                                              | b             |                      |                                                    |                                         |                                                                                 |  |
| c                                                         | Net income or (loss) from gaming activities . .                    |                                                                                                                                               | 0             |                      |                                                    |                                         |                                                                                 |  |
| 10a                                                       | Gross sales of inventory, less<br>returns and allowances . . . . . |                                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | a                                                                  |                                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |  |
|                                                           | b Less cost of goods sold . . . . .                                | b                                                                                                                                             |               |                      |                                                    |                                         |                                                                                 |  |
| c                                                         | Net income or (loss) from sales of inventory . .                   |                                                                                                                                               | 0             |                      |                                                    |                                         |                                                                                 |  |
| Miscellaneous Revenue                                     |                                                                    | Business Code                                                                                                                                 |               |                      |                                                    |                                         |                                                                                 |  |
| 11a                                                       |                                                                    |                                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |  |
| b                                                         |                                                                    |                                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |  |
| c                                                         |                                                                    |                                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |  |
| d                                                         | All other revenue . . . . .                                        |                                                                                                                                               |               |                      |                                                    |                                         |                                                                                 |  |
| e                                                         | Total. Add lines 11a-11d . . . . .                                 |                                                                                                                                               | 0             |                      |                                                    |                                         |                                                                                 |  |
| 12                                                        | Total revenue. See Instructions . . . . .                          |                                                                                                                                               | 22,623,870    | 18,577,239           |                                                    | 17,198                                  |                                                                                 |  |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                       | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States See Part IV, line 21                                                                                                                                | 26,162                | 26,162                          |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States See Part IV, line 22                                                                                                                                                  | 0                     |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16                                                                                                     | 0                     |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                       | 0                     |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees                                                                                                                                                              | 1,251,113             | 857,753                         | 393,360                                | 0                           |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                         | 196,016               | 196,016                         |                                        |                             |
| 7                                                                              | Other salaries and wages                                                                                                                                                                                                              | 9,996,344             | 8,436,689                       | 1,559,655                              |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                         | 207,208               | 141,066                         | 66,142                                 |                             |
| 9                                                                              | Other employee benefits                                                                                                                                                                                                               | 773,569               | 549,712                         | 223,857                                |                             |
| 10                                                                             | Payroll taxes                                                                                                                                                                                                                         | 807,195               | 579,272                         | 227,923                                |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| a                                                                              | Management                                                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| b                                                                              | Legal                                                                                                                                                                                                                                 | 16,998                |                                 | 16,998                                 |                             |
| c                                                                              | Accounting                                                                                                                                                                                                                            | 129,440               |                                 | 129,440                                |                             |
| d                                                                              | Lobbying                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17                                                                                                                                                                                         | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees                                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| g                                                                              | Other                                                                                                                                                                                                                                 | 1,402,379             | 1,057,516                       | 344,863                                |                             |
| 12                                                                             | Advertising and promotion                                                                                                                                                                                                             | 59,920                |                                 | 59,920                                 |                             |
| 13                                                                             | Office expenses                                                                                                                                                                                                                       | 615,406               | 239,130                         | 376,276                                |                             |
| 14                                                                             | Information technology                                                                                                                                                                                                                | 443,938               | 256,058                         | 187,880                                |                             |
| 15                                                                             | Royalties                                                                                                                                                                                                                             | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy                                                                                                                                                                                                                             | 532,916               | 349,033                         | 183,883                                |                             |
| 17                                                                             | Travel                                                                                                                                                                                                                                | 166,174               | 1,269                           | 164,905                                |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                        | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings                                                                                                                                                                                                | 160,750               | 112,084                         | 48,666                                 |                             |
| 20                                                                             | Interest                                                                                                                                                                                                                              | 48,773                | 23,401                          | 25,372                                 |                             |
| 21                                                                             | Payments to affiliates                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization                                                                                                                                                                                             | 1,424,191             | 934,865                         | 489,326                                |                             |
| 23                                                                             | Insurance                                                                                                                                                                                                                             | 152,507               |                                 | 152,507                                |                             |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )                                       |                       |                                 |                                        |                             |
| a                                                                              | BAD DEBT                                                                                                                                                                                                                              | 256,587               | 256,587                         |                                        |                             |
| b                                                                              | MEDICAL SUPPLIES & DRUGS                                                                                                                                                                                                              | 3,159,996             | 3,159,996                       |                                        |                             |
| c                                                                              | LICENSES, DUES, SUBSCRIPTIONS                                                                                                                                                                                                         | 95,011                |                                 | 95,011                                 |                             |
| d                                                                              | MISCELLANEOUS                                                                                                                                                                                                                         | 77,054                | 77,054                          |                                        |                             |
| e                                                                              |                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 21,999,647            | 17,253,663                      | 4,745,984                              | 0                           |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

Part X

Balance Sheet

|                             |                                                                                                                                                         |                                                                                                                                                                                 |            |            | (A)               |            | (B)         |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------------------|------------|-------------|
|                             |                                                                                                                                                         |                                                                                                                                                                                 |            |            | Beginning of year |            | End of year |
| Assets                      | <b>1</b>                                                                                                                                                | Cash—non-interest-bearing . . . . .                                                                                                                                             |            |            | 2,153             | <b>1</b>   | 4,637,511   |
|                             | <b>2</b>                                                                                                                                                | Savings and temporary cash investments . . . . .                                                                                                                                |            |            | 6,267,740         | <b>2</b>   | 7,625,000   |
|                             | <b>3</b>                                                                                                                                                | Pledges and grants receivable, net . . . . .                                                                                                                                    |            |            | 374,421           | <b>3</b>   | 541,460     |
|                             | <b>4</b>                                                                                                                                                | Accounts receivable, net . . . . .                                                                                                                                              |            |            | 1,517,439         | <b>4</b>   | 2,058,719   |
|                             | <b>5</b>                                                                                                                                                | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |            |            | 0                 | <b>5</b>   | 0           |
|                             | <b>6</b>                                                                                                                                                | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .      |            |            | 0                 | <b>6</b>   | 0           |
|                             | <b>7</b>                                                                                                                                                | Notes and loans receivable, net . . . . .                                                                                                                                       |            |            | 0                 | <b>7</b>   | 0           |
|                             | <b>8</b>                                                                                                                                                | Inventories for sale or use . . . . .                                                                                                                                           |            |            | 401,998           | <b>8</b>   | 563,668     |
|                             | <b>9</b>                                                                                                                                                | Prepaid expenses and deferred charges . . . . .                                                                                                                                 |            |            | 110,135           | <b>9</b>   | 151,255     |
|                             | <b>10a</b>                                                                                                                                              | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                   | <b>10a</b> | 21,859,521 |                   |            |             |
|                             | <b>b</b>                                                                                                                                                | Less: accumulated depreciation . . . . .                                                                                                                                        | <b>10b</b> | 5,509,140  | 16,963,494        | <b>10c</b> | 16,350,381  |
|                             | <b>11</b>                                                                                                                                               | Investments—publicly traded securities . . . . .                                                                                                                                |            |            | 0                 | <b>11</b>  | 0           |
|                             | <b>12</b>                                                                                                                                               | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                    |            |            | 0                 | <b>12</b>  | 0           |
|                             | <b>13</b>                                                                                                                                               | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                     |            |            | 0                 | <b>13</b>  | 0           |
|                             | <b>14</b>                                                                                                                                               | Intangible assets . . . . .                                                                                                                                                     |            |            | 0                 | <b>14</b>  | 0           |
|                             | <b>15</b>                                                                                                                                               | Other assets. See Part IV, line 11 . . . . .                                                                                                                                    |            |            | 0                 | <b>15</b>  | 139,803     |
|                             | <b>16</b>                                                                                                                                               | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                                      |            |            | 25,637,380        | <b>16</b>  | 32,067,797  |
| Liabilities                 | <b>17</b>                                                                                                                                               | Accounts payable and accrued expenses . . . . .                                                                                                                                 |            |            | 1,489,560         | <b>17</b>  | 1,786,299   |
|                             | <b>18</b>                                                                                                                                               | Grants payable . . . . .                                                                                                                                                        |            |            | 0                 | <b>18</b>  | 0           |
|                             | <b>19</b>                                                                                                                                               | Deferred revenue . . . . .                                                                                                                                                      |            |            | 31,607            | <b>19</b>  | 403,898     |
|                             | <b>20</b>                                                                                                                                               | Tax-exempt bond liabilities . . . . .                                                                                                                                           |            |            | 1,752,052         | <b>20</b>  | 1,604,185   |
|                             | <b>21</b>                                                                                                                                               | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                 |            |            | 0                 | <b>21</b>  | 0           |
|                             | <b>22</b>                                                                                                                                               | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |            |            | 0                 | <b>22</b>  | 0           |
|                             | <b>23</b>                                                                                                                                               | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                        |            |            | 319,000           | <b>23</b>  | 702,427     |
|                             | <b>24</b>                                                                                                                                               | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                          |            |            | 0                 | <b>24</b>  | 0           |
|                             | <b>25</b>                                                                                                                                               | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . . |            |            | 3,070,000         | <b>25</b>  | 7,971,604   |
|                             | <b>26</b>                                                                                                                                               | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                     |            |            | 6,662,219         | <b>26</b>  | 12,468,413  |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                 |            |            |                   |            |             |
|                             | <b>27</b>                                                                                                                                               | Unrestricted net assets . . . . .                                                                                                                                               |            |            | 18,590,073        | <b>27</b>  | 19,135,614  |
|                             | <b>28</b>                                                                                                                                               | Temporarily restricted net assets . . . . .                                                                                                                                     |            |            | 385,088           | <b>28</b>  | 463,770     |
|                             | <b>29</b>                                                                                                                                               | Permanently restricted net assets . . . . .                                                                                                                                     |            |            | 0                 | <b>29</b>  | 0           |
|                             | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                 |            |            |                   |            |             |
|                             | <b>30</b>                                                                                                                                               | Capital stock or trust principal, or current funds . . . . .                                                                                                                    |            |            |                   | <b>30</b>  |             |
|                             | <b>31</b>                                                                                                                                               | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                       |            |            |                   | <b>31</b>  |             |
|                             | <b>32</b>                                                                                                                                               | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                      |            |            |                   | <b>32</b>  |             |
|                             | <b>33</b>                                                                                                                                               | <b>Total net assets or fund balances</b> . . . . .                                                                                                                              |            |            | 18,975,161        | <b>33</b>  | 19,599,384  |
|                             | <b>34</b>                                                                                                                                               | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                                                 |            |            | 25,637,380        | <b>34</b>  | 32,067,797  |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☐

|          |                                                                                                               |          |            |
|----------|---------------------------------------------------------------------------------------------------------------|----------|------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b> | 22,623,870 |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b> | 21,999,647 |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b> | 624,223    |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 18,975,161 |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>5</b> |            |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 19,599,384 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

|           |                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                                                                                                  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                               | Yes |    |
| <b>c</b>  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                         | Yes |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                             | Yes |    |

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>ADVOCATES FOR A HEALTHY COMMUNITY INC | Employer identification number<br>43-1602701 |
|-------------------------------------------------------------------|----------------------------------------------|

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 (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.")                                                                                                   | 5,031,511 | 10,069,255 | 6,969,915 | 3,935,735 | 4,029,433 | 30,035,849 |
| 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                                                                                                                                                                        | 5,031,511 | 10,069,255 | 6,969,915 | 3,935,735 | 4,029,433 | 30,035,849 |
| 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                                                                                                                                                         |           |            |           |           |           | 30,035,849 |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                      | (a) 2007  | (b) 2008   | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total  |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4                                                                                                            | 5,031,511 | 10,069,255 | 6,969,915 | 3,935,735 | 4,029,433 | 30,035,849 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 164,655   | 66,183     | 72,441    | 70,718    | 104,948   | 478,945    |
| 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)                                                                                        |           |            |           |           |           | 30,514,794 |

12 Gross receipts from related activities, etc (See instructions )

1264,775,960

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 | 98 430 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14                      | 15 | 98 307 % |

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 <b>stop here</b> |          |          |          |          |          |           |

| 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 <b>stop here</b> . 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 <b>stop here</b> . 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 |
|-------------|
|             |
|             |
|             |
|             |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 43-1602701  
**Name:** ADVOCATES FOR A HEALTHY COMMUNITY INC

**Form 990, Special Condition Description:**

|                                      |
|--------------------------------------|
| <b>Special Condition Description</b> |
|--------------------------------------|

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|                                                                   |                                              |
|-------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ADVOCATES FOR A HEALTHY COMMUNITY INC | Employer identification number<br>43-1602701 |
|-------------------------------------------------------------------|----------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |                                                                                                                                                                        |      |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV |      |
| 2 | Political expenditures                                                                                                                                                 | ▶ \$ |
| 3 | Volunteer hours                                                                                                                                                        |      |

Part I-B Complete if the organization is exempt under section 501(c)(3).

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                     |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$                                                     |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV                                                           |                                                          |

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$                                                     |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities                                                                                                                                                                                                                                                                                                                                                                                                        | ▶ \$                                                     |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$                                                     |
| 4 | Did the filing organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |                                                          |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   | (a) Filing<br>Organization's<br>Totals          | (b) Affiliated<br>Group<br>Totals                        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                    |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total lobbying expenditures (add lines 1a and 1b)                                                                                                 |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other exempt purpose expenditures                                                                                                                 |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                            |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                                                                                                                   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                                                                                                                |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                                                                                                                      |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000                                                                                                   |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000                                                                                                 |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000                                                                                                  |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                                                                                                                       |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Grassroots nontaxable amount (enter 25% of line 1f)                                                                                               |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                         |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                         |                                                 |                                                          |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|    |                                                                                                                                                                                                                              | (a) |    | (b)    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|    |                                                                                                                                                                                                                              | Yes | No | Amount |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a  | Volunteers?                                                                                                                                                                                                                  |     | No |        |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     | No |        |
| c  | Media advertisements?                                                                                                                                                                                                        |     | No |        |
| d  | Mailings to members, legislators, or the public?                                                                                                                                                                             |     | No |        |
| e  | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |
| f  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |        |
| g  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     | No |        |
| h  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |        |
| i  | Other activities? If "Yes," describe in Part IV                                                                                                                                                                              | Yes |    |        |
| j  | Total lines 1c through 1i                                                                                                                                                                                                    |     |    |        |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| b  | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| c  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| d  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |                                                                                                  | Yes | No |
|---|--------------------------------------------------------------------------------------------------|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                     | 1   |    |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2   |    |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3   |    |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                |    |  |
| a | Current year                                                                                                                                                                                                                               | 2a |  |
| b | Carryover from last year                                                                                                                                                                                                                   | 2b |  |
| c | Total                                                                                                                                                                                                                                      | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier             | Return Reference                   | Explanation                                                                                                                                       |
|------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER LOBBYING EXPENSE | SCHEDULE C, PART II-B, QUESTION 1i | THE ORGANIZATION PAYS ANNUAL DUES TO NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC), A PORTION OF WHICH MAY BE ATTRIBUTABLE TO LOBBYING |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
ADVOCATES FOR A HEALTHY COMMUNITY INC

Employer identification number  
43-1602701

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   |                                                                                                                                                                                                                                                                    |                              |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                            | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                        |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                           |                              |
| 3 | Aggregate grants from (during year)                                                                                                                                                                                                                                |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                     |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                           |                              |
|   | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>                                                                                                                                                                                     |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit |                              |
|   | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>                                                                                                                                                                                     |                              |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)  

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|   |                                                                                    |
|---|------------------------------------------------------------------------------------|
|   | Held at the End of the Year                                                        |
| a | Total number of conservation easements                                             |
| b | Total acreage restricted by conservation easements                                 |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06            |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|    |                                                          |               |                   |                     |                    |
|----|----------------------------------------------------------|---------------|-------------------|---------------------|--------------------|
|    | (a)Current Year                                          | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance . . . . .                      |               |                   |                     |                    |
| b  | Contributions . . . . .                                  |               |                   |                     |                    |
| c  | Investment earnings or losses . . . . .                  |               |                   |                     |                    |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . |               |                   |                     |                    |
| f  | Administrative expenses . . . . .                        |               |                   |                     |                    |
| g  | End of year balance . . . . .                            |               |                   |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

|        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property                                                                                | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                      |                                      | 1,334,422                      |                              | 1,334,422      |
| b Buildings . . . . .                                                                                  |                                      | 16,395,747                     | 3,485,987                    | 12,909,760     |
| c Leasehold improvements . . . . .                                                                     |                                      | 85,740                         | 14,737                       | 71,003         |
| d Equipment . . . . .                                                                                  |                                      | 3,992,934                      | 2,008,416                    | 1,984,518      |
| e Other . . . . .                                                                                      |                                      | 50,678                         |                              | 50,678         |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                |                              | 16,350,381     |





Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

|    |                                                                                 |    |            |
|----|---------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  | 22,623,870 |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 21,999,647 |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | 624,223    |
| 4  | Net unrealized gains (losses) on investments                                    | 4  |            |
| 5  | Donated services and use of facilities                                          | 5  |            |
| 6  | Investment expenses                                                             | 6  |            |
| 7  | Prior period adjustments                                                        | 7  |            |
| 8  | Other (Describe in Part XIV)                                                    | 8  |            |
| 9  | Total adjustments (net) Add lines 4 - 8                                         | 9  |            |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 624,223    |

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

|   |                                                                                            |    |            |
|---|--------------------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .         | 1  | 22,715,968 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |            |
| a | Net unrealized gains on investments . . . . .                                              | 2a |            |
| b | Donated services and use of facilities . . . . .                                           | 2b |            |
| c | Recoveries of prior year grants . . . . .                                                  | 2c |            |
| d | Other (Describe in Part XIV) . . . . .                                                     | 2d |            |
| e | Add lines 2a through 2d . . . . .                                                          | 2e |            |
| 3 | Subtract line 2e from line 1 . . . . .                                                     | 3  | 22,715,968 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                        |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |            |
| b | Other (Describe in Part XIV) . . . . .                                                     | 4b | -92,098    |
| c | Add lines 4a and 4b . . . . .                                                              | 4c | -92,098    |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  | 22,623,870 |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

|   |                                                                                             |    |            |
|---|---------------------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                        | 1  | 22,091,745 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |    |            |
| a | Donated services and use of facilities . . . . .                                            | 2a |            |
| b | Prior year adjustments . . . . .                                                            | 2b |            |
| c | Other losses . . . . .                                                                      | 2c |            |
| d | Other (Describe in Part XIV) . . . . .                                                      | 2d | 92,098     |
| e | Add lines 2a through 2d . . . . .                                                           | 2e | 92,098     |
| 3 | Subtract line 2e from line 1 . . . . .                                                      | 3  | 21,999,647 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                  | 4a |            |
| b | Other (Describe in Part XIV) . . . . .                                                      | 4b |            |
| c | Add lines 4a and 4b . . . . .                                                               | 4c |            |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  | 21,999,647 |

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

| Identifier                                                         | Return Reference               | Explanation                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNCERTAIN TAX POSITION                                             | SCHEDULE D, PART X, LINE 2     | MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS. |
| AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1 | SCHEDULE D, PART XII, LINE 4B  | (6,847) SPECIAL EVENT EXPENSE RECLASSED (95,643) RENT EXPENSE 10,392 GAIN ON FIXED ASSETS ----- (92,098) TOTAL                                                                                                                                 |
| AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25   | SCHEDULE D, PART XIII, LINE 2D | 6,847 SPECIAL EVENT EXPENSE RECLASSED 95,643 RENT EXPENSE (10,392) GAIN ON FIXED ASSETS ----- 92,098 TOTAL                                                                                                                                     |

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047  
  
2011  
  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADVOCATES FOR A HEALTHY COMMUNITY INC

Employer identification number  
43-1602701

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

| (a) Name and address of organization or government                               | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) JOHN Q HAMMONS FOUNDATION INC300 JOHN Q HAMMONS PARKWAY SPRINGFIELD,MO 65806 | 43-1521852 | 501(C)(3)                          | 5,300                    |                                   |                                                       |                                        | CHARITIES - CHILDREN               |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                                                  |            |                                    |                          |                                   |                                                       |                                        |                                    |

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

1

3

Enter total number of other organizations listed in the line 1 table . . . . .

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier       | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GRANT MONITORING | SCHEDULE I, PART I, LINE 2 | JORDAN VALLEY GIVES UNRESTRICTED DONATIONS TO ORGANIZATIONS WITH A PROVEN HISTORY OF BENEFITING THE COMMUNITY IN A MANNER CONSISTENT WITH OUR OWN MISSION STATEMENT ALL DONATIONS ARE APPROVED BY THE CEO ANY LARGE DONATIONS WOULD ALSO NEED BOARD APPROVAL DONATIONS TO THE JOHN Q HAMMONS FOUNDATION ARE MONITORED BY THE ORGANIZATION THROUGH ITS EMPLOYEES WHO PARTICIPATE IN FUNDRAISING EVENTS HELD BY THE FOUNDATION |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

|                                                                   |                                              |
|-------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>ADVOCATES FOR A HEALTHY COMMUNITY INC | Employer identification number<br>43-1602701 |
|-------------------------------------------------------------------|----------------------------------------------|

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items |     |    |
| <input type="checkbox"/> First-class or charter travel                                                                                                                                                                             |     |    |
| <input type="checkbox"/> Travel for companions                                                                                                                                                                                     |     |    |
| <input type="checkbox"/> Tax idemnification and gross-up payments                                                                                                                                                                  |     |    |
| <input type="checkbox"/> Discretionary spending account                                                                                                                                                                            |     |    |
| <input type="checkbox"/> Housing allowance or residence for personal use                                                                                                                                                           |     |    |
| <input type="checkbox"/> Payments for business use of personal residence                                                                                                                                                           |     |    |
| <input type="checkbox"/> Health or social club dues or initiation fees                                                                                                                                                             |     |    |
| <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)                                                                                                                                                           |     |    |
| 1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain             |     |    |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                     |     |    |
| 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply                                                                   |     |    |
| <input type="checkbox"/> Compensation committee                                                                                                                                                                                    |     |    |
| <input type="checkbox"/> Independent compensation consultant                                                                                                                                                                       |     |    |
| <input type="checkbox"/> Form 990 of other organizations                                                                                                                                                                           |     |    |
| <input type="checkbox"/> Written employment contract                                                                                                                                                                               |     |    |
| <input checked="" type="checkbox"/> Compensation survey or study                                                                                                                                                                   |     |    |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee                                                                                                                                                |     |    |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization                                                                               |     |    |
| a Receive a severance payment or change-of-control payment?                                                                                                                                                                        |     | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                            |     | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                               |     | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                       |     |    |
| Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.                                                                                                                                                           |     |    |
| 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of                                                                                  |     |    |
| a The organization?                                                                                                                                                                                                                |     | No |
| b Any related organization?                                                                                                                                                                                                        |     | No |
| If "Yes," to line 5a or 5b, describe in Part III                                                                                                                                                                                   |     |    |
| 6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of                                                                              |     |    |
| a The organization?                                                                                                                                                                                                                |     | No |
| b Any related organization?                                                                                                                                                                                                        |     | No |
| If "Yes," to line 6a or 6b, describe in Part III                                                                                                                                                                                   |     |    |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III                                                 | Yes |    |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III             |     | No |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?                                                                                         |     |    |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name                     |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                              |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                            |
| (1) K BROOKS MILLER          | (i)  | 180,342                                            | 25,000                              | 0                                   | 8,528                                          | 10,883                  | 224,753                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (2) DR KECIA LEARY           | (i)  | 230,493                                            | 28,377                              | 0                                   | 12,006                                         | 16,735                  | 287,611                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (3) DR NICK PFANNENSTIEL     | (i)  | 154,719                                            | 28,014                              | 0                                   | 5,538                                          | 5,509                   | 193,780                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (4) DR DEREK SMITH           | (i)  | 140,182                                            | 24,496                              | 0                                   | 7,673                                          | 21,669                  | 194,020                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (5) DR MATTHEW STINSON       | (i)  | 158,326                                            | 500                                 | 0                                   | 8,183                                          | 17,304                  | 184,313                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (6) DR CHAN REYES            | (i)  | 132,902                                            | 500                                 | 0                                   | 7,139                                          | 16,852                  | 157,393                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (7) DR WILLIAM WOODS         | (i)  | 260,320                                            | 0                                   | 0                                   | 0                                              | 0                       | 260,320                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (8) DR JEFFREY ROCKWOOD      | (i)  | 146,302                                            | 26,142                              | 0                                   | 7,343                                          | 1,827                   | 181,614                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (9) DR LAUREL PRICHARD       | (i)  | 138,713                                            | 20,607                              | 0                                   | 6,936                                          | 1,263                   | 167,519                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (10) DR REBECCA WOTHERSPOON  | (i)  | 155,831                                            | 500                                 | 0                                   | 0                                              | 8,513                   | 164,844                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
| (11) DR CHRISTOPHER SPINELLI | (i)  | 152,861                                            | 500                                 | 0                                   | 3,332                                          | 4,348                   | 161,041                         |                                                            |
|                              | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               |                                                            |
|                              |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                              |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                              |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                              |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
|                              |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier         | Return Reference           | Explanation                                                                                                                                                                                                  |
|--------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NON-FIXED PAYMENTS | SCHEDULE J, PART I, LINE 7 | COMPENSATION PAYMENTS WERE PAID OUT TO CERTAIN PROVIDERS AND KEY EMPLOYEES FOR PERFORMANCE OF THE LAST YEAR, HOWEVER, THIS PAYMENT WAS NOT BASED UPON EARNINGS, REVENUES OR PERFORMANCES OF THE ORGANIZATION |

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
ADVOCATES FOR A HEALTHY COMMUNITY INC

Employer identification number  
43-1602701

Part I

Bond Issues

| (a) Issuer Name                                   | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased |    | (h) On Behalf of Issuer |    | (i) Pool financing |    |
|---------------------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
|                                                   |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                | No |
| A THE INDUSTRIAL DEVELOPMENT AUTH OF GREENE CO MO | 43-1284357     |             | 11-03-2005      | 2,200,000       | CAPITAL PROJECTS           |              | X  |                         | X  |                    | X  |

Part II

Proceeds

|    |                                                                                                        | A         |    | B   |    | C   |    | D   |    |
|----|--------------------------------------------------------------------------------------------------------|-----------|----|-----|----|-----|----|-----|----|
| 1  | Amount of bonds retired                                                                                | 0         |    |     |    |     |    |     |    |
| 2  | Amount of bonds defeased                                                                               | 0         |    |     |    |     |    |     |    |
| 3  | Total proceeds of issue                                                                                | 2,200,000 |    |     |    |     |    |     |    |
| 4  | Gross proceeds in reserve funds                                                                        | 0         |    |     |    |     |    |     |    |
| 5  | Capitalized interest from proceeds                                                                     | 0         |    |     |    |     |    |     |    |
| 6  | Proceeds in refunding escrow                                                                           | 0         |    |     |    |     |    |     |    |
| 7  | Issuance costs from proceeds                                                                           | 17,700    |    |     |    |     |    |     |    |
| 8  | Credit enhancement from proceeds                                                                       | 0         |    |     |    |     |    |     |    |
| 9  | Working capital expenditures from proceeds                                                             | 0         |    |     |    |     |    |     |    |
| 10 | Capital expenditures from proceeds                                                                     | 2,182,300 |    |     |    |     |    |     |    |
| 11 | Other spent proceeds                                                                                   | 0         |    |     |    |     |    |     |    |
| 12 | Other unspent proceeds                                                                                 | 0         |    |     |    |     |    |     |    |
| 13 | Year of substantial completion                                                                         | 2005      |    |     |    |     |    |     |    |
|    |                                                                                                        | Yes       | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue?                                            |           | X  |     |    |     |    |     |    |
| 15 | Were the bonds issued as part of an advance refunding issue?                                           |           | X  |     |    |     |    |     |    |
| 16 | Has the final allocation of proceeds been made?                                                        | X         |    |     |    |     |    |     |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X         |    |     |    |     |    |     |    |

Part III

Private Business Use

|   |                                                                                                                            |  |  | A   |    | B   |    | C   |    | D   |    |
|---|----------------------------------------------------------------------------------------------------------------------------|--|--|-----|----|-----|----|-----|----|-----|----|
|   |                                                                                                                            |  |  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |  |  |     | X  |     |    |     |    |     |    |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property?                        |  |  |     | X  |     |    |     |    |     |    |

Part III

Private Business Use (Continued)

|    |                                                                                                                                                                                                                                      | A   |    | B   |    | C   |    | D   |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                                                                                                                      | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use?                                                                                                                                               |     | X  |     |    |     |    |     |    |
| b  | If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?                                                   |     |    |     |    |     |    |     |    |
| c  | Are there any research agreements that may result in private business use of bond-financed property?                                                                                                                                 |     | X  |     |    |     |    |     |    |
| d  | If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?                                                               |     |    |     |    |     |    |     |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government                                                                      | 0 % |    |     |    |     |    |     |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |     |    |     |    |     |    |     |    |
| 6  | Total of lines 4 and 5                                                                                                                                                                                                               |     |    |     |    |     |    |     |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?                                                                                          |     | X  |     |    |     |    |     |    |

Part IV

Arbitrage

|    |                                                                                                                                          | A   |    | B   |    | C   |    | D   |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                          | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? |     | X  |     |    |     |    |     |    |
| 2  | Is the bond issue a variable rate issue?                                                                                                 | X   |    |     |    |     |    |     |    |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?                                     |     | X  |     |    |     |    |     |    |
| b  | Name of provider                                                                                                                         | 0   |    |     |    |     |    |     |    |
| c  | Term of hedge                                                                                                                            |     |    |     |    |     |    |     |    |
| d  | Was the hedge superintegrated?                                                                                                           |     |    |     |    |     |    |     |    |
| e  | Was a hedge terminated?                                                                                                                  |     |    |     |    |     |    |     |    |
| 4a | Were gross proceeds invested in a GIC?                                                                                                   |     | X  |     |    |     |    |     |    |
| b  | Name of provider                                                                                                                         | 0   |    |     |    |     |    |     |    |
| c  | Term of GIC                                                                                                                              |     |    |     |    |     |    |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?                                              |     |    |     |    |     |    |     |    |
| 5  | Were any gross proceeds invested beyond an available temporary period?                                                                   |     | X  |     |    |     |    |     |    |
| 6  | Did the bond issue qualify for an exception to rebate?                                                                                   |     | X  |     |    |     |    |     |    |

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☒ Yes ☐ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  
**2011**  
Open to Public Inspection

Name of the organization  
ADVOCATES FOR A HEALTHY COMMUNITY INC

Employer identification number  
43-1602701

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c)<br>Corrected? |    |
|---|---------------------------------|--------------------------------|-------------------|----|
|   |                                 |                                | Yes               | No |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c)Original principal amount | (d)Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
|                                           | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
| Total . . . . . ▶ \$ _____                |                                       |      |                              |                |                 |    |                                     |    |                       |    |

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|----------------------------------------------------------------|------------------------------------------|
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) RENDI PFANNENSTIEL DDS    | SPOUSE OF N PFANNENSTIEL                                        | 158,563                   | COMPENSATION                   |                                         | No |
| (2) LINDSEY SMITH             | SPOUSE OF DEREK SMITH                                           | 22,633                    | COMPENSATION                   |                                         | No |
| (3) ROBERT HAMMERSCHMIDT      | SON OF BOB HAMMERSCHMIDT                                        | 14,820                    | COMPENSATION                   |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
ADVOCATES FOR A HEALTHY COMMUNITY INC

Employer identification number  
43-1602701

Part I

Types of Property

|                                                                            | (a)<br>Check<br>if<br>applicable | (b)<br>Number of Contributions<br>or items contributed | (c)<br>Contribution amounts<br>reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>contribution amounts |
|----------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                                  |                                                        |                                                                               |                                                      |
| 2 Art—Historical treasures . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 3 Art—Fractional interests . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 4 Books and publications . . . . .                                         |                                  |                                                        |                                                                               |                                                      |
| 5 Clothing and household<br>goods . . . . .                                |                                  |                                                        |                                                                               |                                                      |
| 6 Cars and other vehicles . . . . .                                        |                                  |                                                        |                                                                               |                                                      |
| 7 Boats and planes . . . . .                                               |                                  |                                                        |                                                                               |                                                      |
| 8 Intellectual property . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 9 Securities—Publicly traded . . . . .                                     |                                  |                                                        |                                                                               |                                                      |
| 10 Securities—Closely held stock . . . . .                                 |                                  |                                                        |                                                                               |                                                      |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                                  |                                                        |                                                                               |                                                      |
| 12 Securities—Miscellaneous . . . . .                                      |                                  |                                                        |                                                                               |                                                      |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                                  |                                                        |                                                                               |                                                      |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                                  |                                                        |                                                                               |                                                      |
| 15 Real estate—Residential . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 16 Real estate—Commercial . . . . .                                        |                                  |                                                        |                                                                               |                                                      |
| 17 Real estate—Other . . . . .                                             |                                  |                                                        |                                                                               |                                                      |
| 18 Collectibles . . . . .                                                  |                                  |                                                        |                                                                               |                                                      |
| 19 Food inventory . . . . .                                                |                                  |                                                        |                                                                               |                                                      |
| 20 Drugs and medical supplies . . . . .                                    | X                                | 1                                                      | 793,382                                                                       | FMV                                                  |
| 21 Taxidermy . . . . .                                                     |                                  |                                                        |                                                                               |                                                      |
| 22 Historical artifacts . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 23 Scientific specimens . . . . .                                          |                                  |                                                        |                                                                               |                                                      |
| 24 Archeological artifacts . . . . .                                       |                                  |                                                        |                                                                               |                                                      |
| 25 Other ► ( )                                                             |                                  |                                                        |                                                                               |                                                      |
| 26 Other ►( )                                                              |                                  |                                                        |                                                                               |                                                      |
| 27 Other ►( )                                                              |                                  |                                                        |                                                                               |                                                      |
| 28 Other ► ( )                                                             |                                  |                                                        |                                                                               |                                                      |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) 2011

Part III

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier             | Return Reference            | Explanation                                   |
|------------------------|-----------------------------|-----------------------------------------------|
| NON-CASH CONTRIBUTIONS | SCHEDULE M, PART I, LINE 20 | ALL VACCINE CONTRIBUTIONS WERE FROM ONE DONOR |

**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  
ADVOCATES FOR A HEALTHY COMMUNITY INC**Employer identification number**

43-1602701

| Identifier           | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ORGANIZATION MISSION | FORM 990, PART III, LINE 1 | ADVOCATES FOR A HEALTHY COMMUNITY, INC EXISTS TO PROVIDE COMPREHENSIVE PRIMARY HEALTHCARE SERVICES, AND TO IMPROVE THE HEALTH OF OUR COMMUNITY BY PROVIDING THE HIGHEST QUALITY MEDICAL, DENTAL AND MENTAL HEALTH CARE SERVICES TO SPRINGFIELD, MISSOURI, AND THE SURROUNDING AREAS BY PROVIDING PEOPLE A PATIENT CENTERED HEALTH HOME (PCHH), WE CAN MORE EFFECTIVELY IMPROVE THE HEALTH OF OUR PATIENTS AND THE COMMUNITY A PCHH PROVIDES A MULTITUDE OF HEALTH SERVICES WITHIN ONE CENTRALIZED LOCATION IT'S A ONE-STOP-SHOP FOR HEALTHCARE THAT WORKS WITH PATIENTS TO IMPROVE HEALTH OUTCOMES A PCHH ALLOWS QUICK, CONVENIENT ACCESS TO THE CARE THEY NEED WE HOLD IN HIGH REGARD OUR FIVE CORE VALUES *TO ASSURE YOU OF A CLEAN AND COMFORTABLE ENVIRONMENT *TO PROMOTE DIVERSITY AND RESPECT FOR ALL HUMAN DIFFERENCES *TO PROVIDE PROMPT, FRIENDLY AND COURTEOUS SERVICE BY A KNOWLEDGEABLE, HIGHLY TRAINED AND COMPASSIONATE STAFF *TO RESPOND IN A RAPID, SENSITIVE AND NON-CONFRONTATIONAL MANNER THAT WILL ENHANCE YOUR HEALTHCARE EXPERIENCE *TO PARTNER WITH AND EMPOWER YOU TO TAKE AN ACTIVE ROLE TO IMPROVE YOUR HEALTH |

| Identifier                | Return Reference                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROGRAM SERVICE<br>DETAIL | FORM 990,<br>PART III,<br>LINES 4A-B | MEDICAL SERVICES MEDICAL PROGRAM SERVICES INCLUDE FAMILY MEDICINE, PEDIATRIC CARE, INTERNAL MEDICINE, GERIATRIC CARE, PRIMARY & PREVENTIVE HEALTH, IMMUNIZATIONS, CHRONIC DISEASE MANAGEMENT, GYNECOLOGY/WOMEN'S HEALTH (INCLUDING SHOW ME HEALTHY WOMEN), PRENATAL CARE, IN-PATIENT SERVICES FOR NEWBORNS, NURSERY CARE, OUTPATIENT PROCEDURES (CIRCUMCISIONS, COLPOSCOPY, SPIROMETRY, ENDOMETRIAL BIOPSY, EKG & STRESS TESTING, IMPLANON, VASECTOMY, MINOR SKIN PROCEDURES, JOINT INJECTIONS ), DIABETES EDUCATION, DIETARY COUNSELING, WEIGHT MANAGEMENT SUPPORT, IN-SCHOOL PRIMARY CARE, LAB SERVICES, X-RAY AND OPTOMETRY DENTAL DENTAL PROGRAM SERVICES INCLUDE GENERAL DENTISTRY, PEDIATRIC DENTISTRY, ORAL HYGIENE, URGENT DENTAL CARE, ORAL SURGERY, DENTURES AND PARTIALS, MOBILE DENTAL CARE AND IN-SCHOOL PREVENTIVE SERVICES |

| Identifier                    | Return Reference                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIGNIFICANT CHANGES TO BYLAWS | FORM 990, PART VI, SECTION A, LINE 4 | DURING FISCAL YEAR 2012, THE BOARD OF DIRECTORS AMENDED THE ORGANIZATION'S BYLAWS BASED ON RECOMMENDATIONS FROM HRSA FOR THE FOLLOWING AREAS DESCRIPTION OF PRIMARY CONSUMER WAS MODIFIED TO "ANYONE WHO PRESENTS TO THE CENTER FOR SERVICE." THE DUTY OF PERFORMING AN ANNUAL EVALUATION OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER WAS ADDED TO THE BOARD OF DIRECTORS LIST OF DUTIES THE DEFINITION OF A USER OF THE HEALTH CENTER IN REGARDS TO BOARD MEMBER USERS WAS EXPANDED TO INCLUDE BOARD MEMBER DEPENDENTS, BOTH CHILDREN AND ADULTS, WITH WHOM THE MEMBER IS A LEGAL GUARDIAN AND IMMIGRANTS WITH WHOM THE MEMBER IS A LEGAL SPONSOR ADDED CRITERIA TO BE A BOARD MEMBER NO VOTING MEMBER OF THE BOARD OR AN IMMEDIATE FAMILY MEMBER OF THE VOTING BOARD MEMBER MAY BE AN EMPLOYEE OF THE HEALTH CENTER THE FOLLOWING WAS ADDED IN THE ELIGIBILITY FOR BOARD OF DIRECTOR SECTION THE EXECUTIVE DIRECTOR OF THE SPRINGFIELD/GREENE COUNTY HEALTH DEPARTMENT SHALL SERVE ON THE BOARD AS AN EX-OFFICIO NON-VOTING MEMBER |

| Identifier         | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 990 REVIEW PROCESS | FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE FINANCE DEPARTMENT OF THE ORGANIZATION PRIOR TO FILING, A DRAFT OF THE 990 IS FIRST REVIEWED BY SENIOR MANAGEMENT AFTER ANY CHANGES ARE MADE, A FINAL DRAFT IS PRESENTED BY THE CFO TO THE BOARD OF DIRECTORS AT A MONTHLY BOARD MEETING |



| Identifier                         | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| CONFLICT OF INTEREST POLICY REVIEW | FORM 990, PART VI, SECTION B, LINE 12C | <p>THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS EVALUATED WITH ALL EMPLOYEES UPON HIRE AND ON A YEARLY BASIS WITH ALL EMPLOYEES AND BOARD MEMBERS IN CONJUNCTION WITH CORPORATE COMPLIANCE TRAINING. A COPY OF THE CONFLICT OF INTEREST STATEMENT SHALL BE PROVIDED ANNUALLY TO EACH DIRECTOR AND OFFICER TO SIGN FOR THE PURPOSE OF IDENTIFYING POTENTIAL CONFLICTS OF INTEREST. A CONFLICT OF INTEREST SHALL BE CONSIDERED TO ARISE WHEN ANY MATTER UNDER CONSIDERATION BY THE BOARD OF DIRECTORS INVOLVES THE POTENTIAL FOR A SIGNIFICANT OR MATERIAL BENEFIT, OR A COMPENSATION ARRANGEMENT EXISTS TO A DIRECTOR OR ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY TO ANY BUSINESS, FINANCIAL, OR PROFESSIONAL ORGANIZATION OF WHICH THE DIRECTOR OR ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY IS AN OFFICER, DIRECTOR, MEMBER, OWNER, OR EMPLOYEE WHENEVER ANY MATTER COMES BEFORE THE BOARD OF DIRECTORS WHICH ANY DIRECTOR RECOGNIZES MAY GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL NOT APPROVE ANY ACTION OR TRANSACTION BEARING UPON THE CONFLICT UNLESS THE FOLLOWING PROCEDURES ARE OBSERVED:</p> <p>A) THE AFFECTED DIRECTOR OR OTHER DIRECTOR(S) SHALL MAKE KNOWN THAT A CONFLICT EXISTS AND THE AFFECTED DIRECTOR SHALL WITHDRAW FROM THE MEETING FOR AS LONG AS THE MATTER REMAINS UNDER CONSIDERATION. SHOULD THE MATTER BE BROUGHT TO A VOTE OF THE DIRECTORS, THE AFFECTED DIRECTOR SHALL NEITHER BE PRESENT NOR CAST A VOTE.</p> <p>B) IF THE WITHDRAWAL OF THE AFFECTED DIRECTOR RESULTS IN THE ABSENCE OF A QUORUM, NO ACTION SHALL BE TAKEN ON THE MATTER UNTIL A QUORUM OF DISINTERESTED DIRECTORS IS PRESENT.</p> <p>C) IF A) AND B) DO NOT OCCUR, THE BOARD OF DIRECTORS SHALL NOT GO FORWARD WITH A TRANSACTION OR ARRANGEMENT IN WHICH AN AFFECTED DIRECTOR ACKNOWLEDGES THAT A CONFLICT OF INTEREST EXISTS, OR OTHER DIRECTORS DETERMINE THAT A CONFLICT OF INTEREST EXISTS.</p> |

| Identifier          | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                    |
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| COMPENSATION REVIEW | FORM 990, PART VI, SECTION B, LINE 15A | ANNUALLY, THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS EVALUATED AND VOTED ON BY THE BOARD OF DIRECTORS AFTER REVIEWING PERFORMANCE AND COMPARABILITY DATA OF CEO'S/EXECUTIVE DIRECTORS AT LIKE HEALTH CARE FACILITIES. THE OCCURRENCE OF THIS REVIEW IS DOCUMENTED IN THE EXECUTIVE COMMITTEE BOARD MINUTES. |

| Identifier          | Return Reference                      | Explanation                                                                                                                                                                                     |
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| DOCUMENT DISCLOSURE | FORM 990, PART VI, SECTION C, LINE 19 | GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS, ARE AVAILABLE BY WRITTEN REQUEST AND MAY BE VIEWED AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE |

| Identifier          | Return Reference   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                |
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| FORMER KEY EMPLOYEE | FORM 990, PART VII | DURING THE FISCAL YEAR 2012, DR CHAN REYES WAS ON A LEAVE OF ABSENCE WHICH CAUSED HER REPORTABLE COMPENSATION TO DROP BELOW THE \$150,000 THRESHOLD IN DETERMINING A KEY EMPLOYEE. SINCE DR REYES REPORTABLE COMPENSATION WAS GREATER THAN \$100,000 AND SHE WAS REPORTED AS A KEY EMPLOYEE ON AT LEAST ONE OF THE LAST FIVE PRIOR YEAR FORM 990'S SHE HAS BEEN MARKED FORMER ON THE CURRENT YEAR FORM 990 |