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Return of Organization Exempt From Income Tax

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2011 calendar year, or tax year beginning 9/01, 2011, and ending 8/31, 2012

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C
THREE RIVERS AREA HEALTH EDUCATION
CENTER, INC.
P O BOX 4177
COLUMBUS, GA 31914

D Employer identification number

58-2129732

E Telephone number

706-507-0894

G Gross receipts \$

428,914.

I Tax-exempt status

F Name and address of principal officer
SAME AS C ABOVE

H(a) Is this a group return for affiliates?

 Yes No

H(b) Are all affiliates included?

 Yes No

If 'No,' attach a list (see instructions)

J Website: ► WWW.THREERIVERSAHEC.ORG

H(c) Group exemption number ►

K Form of organization

X Corporation Trust Association Other ►

L Year of Formation 1994

M State of legal domicile GA

Part I Summary

| | | | |
|-----------------------------|-----|---|------------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities TO IMPROVE THE DISTRIBUTION, SUPPLY, QUALITY AND EFFICIENCY OF HEALTH PERSONNEL IN THE HEALTH SERVICES DELIVERY SYSTEM AND SERVE AS AN AREA HEALTH EDUCATION CENTER IN THE WEST CENTRAL GEORGIA AREA. | |
| | 2 | Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 18 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 0 |
| | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 5 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 0 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b 0. |
| | 8 | Contributions and grants (Part VIII, line 1h) | 386,538. 357,947. |
| | 9 | Program service revenue (Part VIII, line 2g) | 147,794. 65,426. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 384. 5,541. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | |
| | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 534,716. 428,914. |
| Revenue | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 216,673. 231,058. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ► | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 219,627. 190,571. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 436,300. 421,629. |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 98,416. 7,285. |
| Expenses | 20 | Total assets (Part X, line 16) | Beginning of Current Year 346,081. |
| | 21 | Total liabilities (Part X, line 26) | End of Year 367,386. |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 24,664. 38,684. |
| | | | 321,417. 328,702. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 346,081. |
| | 21 | Total liabilities (Part X, line 26) | End of Year 367,386. |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 24,664. 38,684. |
| | | | 321,417. 328,702. |

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 | ► <i>Phillip F. Bowden</i> | Date 48-13 | | | |
| | Signature of officer ► <i>Kathy P. English CEO/Director</i> | Type or print name and title | | | |
| Paid Preparer Use Only | Print/Type preparer's name PHILLIP F. BOWDEN | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00184613 |
| | Firm's name ► ALBRIGHT FORTENBERRY & NINAS LLP | | | | |
| | Firm's address ► P.O. BOX 2767 COLUMBUS, GA 31902 | Firm's EIN ► 58-1456534 Phone no (706) 323-3643 | | | |

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

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

TEEA0113L 08/18/11

Form 990 (2011)

19/1
9/1

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission.

TO IMPROVE THE DISTRIBUTION, SUPPLY, QUALITY AND EFFICIENCY OF HEALTH PERSONNEL IN THE HEALTH SERVICES DELIVERY SYSTEM AND SERVE AS AN AREA HEALTH EDUCATION CENTER IN THE WEST CENTRAL GEORGIA AREA.

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 \$ 406,579 including grants of \$) (Revenue \$)
SEE ATTACHED

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► 406,579.

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

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

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

Part VI: Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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

1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members
of the governing body, or if the governing body delegated broad
authority to an executive committee or similar committee, explain in Schedule O

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?

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?

4 Did the organization make any significant changes to its governing documents
since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members,
stockholders, or other persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by
SEE SCHEDULE O

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director or 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

| | Yes | No |
|----|-----|----|
| 1a | | 18 |
| 1b | | |
| 2 | | X |
| 3 | | X |
| 4 | | X |
| 5 | | X |
| 6 | | X |
| 7a | | X |
| 7b | | X |
| 8a | X | |
| 8b | | X |
| 9 | | X |

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

10a Did the organization have local chapters, branches, or affiliates?

b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O

12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in
Schedule O how this is done SEE SCHEDULE O

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O

b Other officers of key employees of the organization SEE SCHEDULE O

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?

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its
participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the
organization's exempt status with respect to such arrangements?

| | Yes | No |
|-----|-----|----|
| 10a | | X |
| 10b | | |
| 11a | X | |
| 12a | X | |
| 12b | X | |
| 12c | X | |
| 13 | | X |
| 14 | X | |
| 15a | X | |
| 15b | X | |
| 16a | | X |
| 16b | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► GA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to
the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► KATHY ENGLISH PO BOX 4177 COLUMBUS GA 31914 (706) 507-0894

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

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

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|--|-----------------------|---------|--------------|---------------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated | | | |
| (1) KATHY ENGLISH EXECUTIVE DIREC | 50 | | | | | | 76,614. | 0. | 0. |
| (2) DEBBIE BUCKNER DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (3) DONALD CORR DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (4) DENISE KORNEGAY DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (5) SARAH LANG TREASURER | 0 | X | X | | | | 0. | 0. | 0. |
| (6) BRIAN MCCLUSKEY DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (7) MARGARET PARK PAST CHAIR | 0 | X | | | | | 0. | 0. | 0. |
| (8) ROBERT PATRICK CHAIR ELECT | 0 | X | | | | | 0. | 0. | 0. |
| (9) KEVIN SASS SECRETARY | 0 | X | X | | | | 0. | 0. | 0. |
| (10) SUSAN SCHLADER DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (11) LINN STOREY DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (12) JOHN BUCHOLTZ DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (13) AJAY GEHLOT, MD DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (14) JESSICA R BROWN DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

| (A) Name and title | (B) Average hours per week (describe hours for related organiza tions in Sch O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|---------------------------------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (15) SHRUTI KUMAR DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (16) JIMMIE SMITH DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (17) TARA UNDERWOOD DIRECTOR | 0 | X | | | | | 0. | 0. | 0. |
| (18) CASSANDRA WILLIAMS CHAIRMAN | 0 | | X | | | | 0. | 0. | 0. |
| (19) _____ | | | | | | | | | |
| (20) _____ | | | | | | | | | |
| (21) _____ | | | | | | | | | |
| (22) _____ | | | | | | | | | |
| (23) _____ | | | | | | | | | |
| (24) _____ | | | | | | | | | |
| (25) _____ | | | | | | | | | |
| 1b Sub-total | | | | | | | 76,614. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c). | | | | | | | 76,614. | 0. | 0. |

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 ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

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? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

| | Yes | No |
|---|-----|----|
| 3 | X | |
| 4 | X | |
| 5 | X | |

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) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE , | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|---|----------------------|--|---|---|--|
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns | 1a | | | | |
| | 1b Membership dues | 1b | | | | |
| | 1c Fundraising events | 1c | | | | |
| | 1d Related organizations | 1d | | | | |
| | 1e Government grants (contributions) | 1e | 355,132. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,815. | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| h Total. Add lines 1a-1f | | 357,947. | | | | |
| PROGRAM SERVICE REVENUE | 2a CONTINUING EDUCATION | Business Code | | | | |
| | 2b DISTANCE LEARNING | | 61,746. | 61,746. | | |
| | c | | 3,680. | 3,680. | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 65,426. | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | | 5,541. | | 5,541. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | b Less: cost or other basis and sales expenses | | | | | |
| | c Gain or (loss) | | | | | |
| | d Net gain or (loss) | | | | | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | 428,914. | 65,426. | 0. | 5,541. | |

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 76,614. | 76,614. | 0. | 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) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 121,481. | 121,481. | | |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 32,963. | 32,963. | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 8,000. | 8,000. | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | 1,355. | | 1,355. | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 15,000. | 15,000. | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 5,557. | 5,557. | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a STUDENT SUPPORT | 68,102. | 68,102. | | |
| b CE PROGRAM EXP | 24,038. | 24,038. | | |
| c COMPUTER EXPENSE | 13,884. | 6,942. | 6,942. | |
| d EQUIPMENT RENTAL | 9,278. | 9,278. | | |
| e All other expenses SEE SCH. O | 45,357. | 38,604. | 6,753. | |
| 25 Total functional expenses. Add lines 1 through 24e | 421,629. | 406,579. | 15,050. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here □ if following SOP 98-2 (ASC 958-720) | | | | |

Part X | Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|-----------------------------|---|--------------------------|-----|--------------------|
| ASSETS | 1 Cash – non-interest-bearing | 266,154. | 1 | 280,208. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 52,739. | 3 | 44,791. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 42. | 9 | 73. |
| | 10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D | 15,451. | | |
| | b Less: accumulated depreciation | 10b 15,451. | 10c | |
| | 11 Investments – publicly traded securities | 23,425. | 11 | 40,285. |
| | 12 Investments – other securities See Part IV, line 11 | | 12 | |
| | 13 Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| LIABILITIES | 15 Other assets. See Part IV, line 11 | 3,721. | 15 | 2,029. |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 346,081. | 16 | 367,386. |
| | 17 Accounts payable and accrued expenses | 6,943. | 17 | 11,213. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 17,721. | 25 | 27,471. |
| | 26 Total liabilities. Add lines 17 through 25 | 24,664. | 26 | 38,684. |
| NET ASSETS OR FUND BALANCES | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 321,417. | 27 | 328,702. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets. | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 321,417. | 33 | 328,702. |
| | 34 Total liabilities and net assets/fund balances | 346,081. | 34 | 367,386. |

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | |
|--|---|----------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | 428,914. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | 421,629. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,285. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 321,417. |
| 5 Other changes in net assets or fund balances (explain in Schedule O) | 5 | 0. |
| 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 328,702. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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 | No |
|----|-----|----|
| 2a | X | |
| 2b | X | |
| 2c | X | |
| 3a | X | |
| 3b | | |

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Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Open to Public
Inspection

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

Name of the organization **THREE RIVERS AREA HEALTH EDUCATION CENTER, INC.** Employer identification number **58-2129732**

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 described in **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. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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 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?

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 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') | 463,264. | 367,102. | 432,737. | 386,538. | 357,947. | 2,007,588. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3 | 463,264. | 367,102. | 432,737. | 386,538. | 357,947. | 2,007,588. |
| 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) | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 2,007,588. |

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 | 463,264. | 367,102. | 432,737. | 386,538. | 357,947. | 2,007,588. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,248. | 1,863. | 670. | 384. | 5,541. | 12,706. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10 | | | | | | 2,020,294. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 0. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|-------------------------------------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.37 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 99.15 % |
| 16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33-1/3% support test – 2010. If the organization did not check a 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 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 yr 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 yr 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 section 501(c)(3) organization, check this box and **stop here** ▶ **Section C. Computation of Public Support Percentage**

| | | |
|---|----|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|---|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | % |
| 19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Part IV

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

2011**Open to Public Inspection**

Name of the organization

THREE RIVERS AREA HEALTH EDUCATION
CENTER, INC.

Employer identification number

58-2129732

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Yes No

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) | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| | <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| | <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 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 Tax Year |
| | 2a | |
| | 2b | |
| | 2c | |
| | 2d | |

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, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's acquisition, 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
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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 | |

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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?

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

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

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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | 15,451. | | 15,451. | 0. |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 0.

BAA

Schedule D (Form 990) 2011

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation. Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990 Part X, column (B) line 12) | | |

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15. N/A

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED LEAVE | 2,029. |
| (3) DEFERRED REVENUE | 25,442. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 27,471. |

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI: Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | |
|---|----------|
| 1 Total revenue (Form 990, Part VIII, column (A), line 12) | 428,914. |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | 421,629. |
| 3 Excess or (deficit) for the year Subtract line 2 from line 1 | 7,285. |
| 4 Net unrealized gains (losses) on investments | |
| 5 Donated services and use of facilities | |
| 6 Investment expenses | |
| 7 Prior period adjustments | |
| 8 Other (Describe in Part XIV.) | |
| 9 Total adjustments (net). Add lines 4 through 8 | |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 7,285. |

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 | 428,914. |
| 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 | 428,914. |
| 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 | |
| c Add lines 4a and 4b | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 428,914. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | |
|---|----|----------|
| 1 | 1 | 421,629. |
| 2 | | |
| a | 2a | |
| b | 2b | |
| c | 2c | |
| d | 2d | |
| e | 2e | |
| 3 | 3 | 421,629. |
| 4 | | |
| a | 4a | |
| b | 4b | |
| c | 4c | |
| 5 | 5 | 421,629. |

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, line 2; 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.

Part XIV: Supplemental Information (continued)

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 990-EZ 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

THREE RIVERS AREA HEALTH EDUCATION
CENTER, INC.

Employer identification number

58-2129732

FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS

NO COMMITTEES HAVE POWER TO ACT ON BEHALF OF BOARD.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

TREASURER, EXEC DIRECTOR, & CPA MEET TO REVIEW RETURN PRIOR TO SUBMISSION.

RECONCILED TO AUDITED FINANCIAL STATEMENT. PROVIDED TO BOARD VIA EMAIL TO REVIEW.

SIGNED, DATED, AND MAILED BY TREASURER OR EXECUTIVE DIRECTOR BEFORE DUE DATE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUAL DISCLOSURE REQUIRED. MONITORED BY FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

SET BY BOARD OF DIRECTORS UTILIZING BUDGETARY CONSTRAINTS AND GOVERNMENTAL GRANT
CRITERIA.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

SET BY BOARD OF DIRECTORS UTILIZING BUDGETARY CONSTRAINTS AND GOVERNMENTAL GRANT
CRITERIA.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

KEPT ON FILE IN OFFICES OF THREE RIVERS. AVAILABLE FOR REVIEW UPON REQUEST. COPIES
AVAILABLE UPON REQUEST AT FMV COPYING CHARGES.

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) FUNDRAISING |
|-----------------------|-------------------|----------------------------|--------------------------------|--------------------|
| ADVOCACY DEV | 2,940. | 2,940. | | |
| BANK CHARGES | 423. | | 423. | |
| BOARD DEVELOPMENT | 1,136. | | 1,136. | |
| BOARD EXPENSE | 1,735. | | 1,735. | |
| CE DIRECT EXP | 4,725. | 4,725. | | |
| CHART THE COURSE PROG | 5,844. | 5,844. | | |
| CONTRACT EXP REIMB | 5. | 5. | | |
| C-T PROGRAM EXP | 1,027. | 1,027. | | |
| DISTANCE LEARNING EXP | 3,608. | 3,608. | | |
| DUES & SUBSCRIPTIONS | 1,465. | | 1,465. | |
| HC PROGRAM EXP | 5,951. | 5,951. | | |
| LICENSES & PERMITS | 30. | | 30. | |
| MISC EXPENSES | 100. | 100. | | |
| NAO CONFERENCE | | | | |
| OFFICE SUPPLIES | 2,836. | 1,972. | 864. | |
| POSTAGE AND SHIPPING | 360. | 360. | | |
| REPAIRS & MAINTENANCE | 80. | | 80. | |
| SCHOLARSHIPS | | | | |
| STAFF DEVELOPMENT | 6,243. | 6,243. | | |
| STAFF TRAVEL | 5,829. | 5,829. | | |
| STRATEGIC PLANNING | 1,020. | | 1,020. | |
| WCGCC CONFERENCE | | | | |
| TOTAL | <u>\$ 45,357.</u> | <u>\$ 38,604.</u> | <u>\$ 6,753.</u> | <u>\$ 0.</u> |



Three Rivers Area Health Education Center
P. O. Box 4177
2022 15th Avenue
Columbus, GA 31914
www.threeriversahec.org
706.507.0894

2012 Report to our Communities

The mountains start here. The land ends here too. Georgia is a state of variety and contrast. The people who live here are as diverse as the landscape, but each one deserves access to quality health care. Three Rivers AHEC is a community-driven, non-profit organization and through our vision, mission, values and guiding principles, we assist our communities in "growing their own" health care professionals to meet their health care needs.

Vision: Connecting communities to health care

Mission: To build and sustain a health care workforce for the communities in the Three Rivers AHEC region.

Values and Guiding Principles:

As an organization, we

- Are focused on the communities we serve;
- Are dedicated to partnerships and collaboration;
- Will treat others as we want to be treated;
- Are committed to excellence, accountability, responsibility, ethical behavior, and stewardship; and
- Are committed to communicating our outcomes to our stakeholders and partners.

The next few pages tell our story of how we connected with our communities over the past year.

Kathy English, Center Director/CEO

RECRUIT- Preparing Students for Careers in Health Care

- The *Chart the Course Academy* was developed to assist high school seniors in planning their route to a health career and staying on course! Since 2007, we have awarded \$21,550 in scholarships to 97 students who have successfully completed the Academy and Youth Volunteer Programs.

Chart the Course Academy-Three Rivers AHEC and Health Occupation Students of America (HOSA)

Awarded 23 scholarships to assist HOSA senior students as they pursue their health career education – each scholarship was \$250. The students participated in the sixth *Chart the Course Academy*, which partnered with the HOSA Chapters at three area high schools: Hardaway and Northside in Muscogee County and Harris County High School. The students successfully completed a year-long portfolio of at least 20 hours of HOSA service and activities. One of the activities included a field trip to the Department of Physician Assistant Studies at Mercer University in Atlanta. The students learned about becoming a physician assistant and toured the campus.

Where are they now? They are attending post-secondary health professions programs in Georgia, Alabama, South Carolina, North Carolina, and Mississippi.

- **Other health career awareness Activities:** Conducted 34 health career awareness programs (classroom presentations, career days/fairs, and the Academy) reaching 3,266 middle and high school students. The breakdown consisted of 51% minority, 58% disadvantaged, and 34% both minority and disadvantaged from 15 of our counties.

TRAIN - Facilitating community-based clinical training experiences for health professions students

- **The Anchor: Clinical Training in West Central Georgia** was created in collaboration with the GA Campus-Philadelphia College of Osteopathic Medicine (PCOM), the hospitals and health care providers in our region. The project is based on data that suggests that students who spend an extended period of time in an off-campus clinical training location will be more likely to choose that area for practice upon completion of their education. Since our inaugural class which began in June 2009, we have had 44 students enrolled in the Anchor program. Our first Anchor class is now in their second year of residency. One more year and we wait with anticipation for those who will return and practice in our region and Georgia.

The Anchor has been presented as a best practice physician recruitment program to community interest groups and health organizations including Georgia Rural Health Association and the National AHEC Organization.

- The mission of the **Good Shepherd Healthcare Clinic** is to meet the physical, social, emotional and spiritual needs of the medically underserved of the Greater Columbus and Chattahoochee Valley. They accomplish this with a caring, selfless team of volunteer physicians and support staff. With a growing patient base of over 1000, the clinic is often not able to schedule new patients to see a physician in a timely manner. These patients, who call this Clinic their medical home, have no medical insurance or the necessary funds to cover initial doctor visits and other medical needs.

For the second time, Three Rivers AHEC teamed up with Good Shepherd to see 53 patients in a two day "Outreach" Clinic. Without this event, the patients may have waited four to six months for an appointment with a health care provider. Students from the **Mercer University Physician Assistant program**, the **Anchor program**, and the **Columbus Technical College Practical Nursing program** joined Good Shepherd's volunteer physicians in treating these patients at absolutely no charge. Medications were prescribed from the discount and flat rate lists from various pharmacies in the community. **St. Francis Hospital** made arrangements for free or reduced cost imaging and lab services, and samples of medicines and supplies were donated and distributed.

This was a fantastic opportunity to contribute to the well-being and health of friends and family of our community. It was also a meaningful service learning experience for the students and an opportunity to boost the morale and productivity of the Good Shepherd Healthcare Clinic.

- **Coordinated 443 clinical training rotations in 22 of our counties.**
 - 16 (73%) of these counties are designated as rural or Primary Care HPSA (Health Professional Shortage Areas) and 5 of the counties have census tracts that are designated as Primary Care HPSAs.
 - Students performing clinical rotations were from health professions degree programs, i.e. Doctor of Medicine, Physician Assistant, Nurse Practitioner, Physical Therapy, Dentist, and Registered Nurse; representing 19 universities and colleges.
- **Enlisted 160 health care providers who served as volunteer community faculty (preceptors) providing 74,030 training hours.**
 - Of the 260 students trained, 49% were minority and 8% were from a disadvantaged background.
- **Provided housing or travel support for 194 student rotations valued at \$73,625.**
 - A majority of the clinical rotations in our rural or HPSA counties require students to leave their school/home base for a clinical rotation. The distance is too far for them to commute daily and thus can be a barrier preventing the student from being trained and thus exposed to the needs in these areas. With support from the 2012 General Assembly, we have funding to assist us in this important support area:
 - Expanded housing in LaGrange, Georgia
 - Reactivated housing in Covington, Georgia:
 - Employed part-time Student Support Coordinator

RETAIN - Retaining Practitioners in the Community

- Three Rivers AHEC is dedicated to providing a comprehensive selection of continuing education courses designed to cultivate learning and enrich the lives of health care providers in our region and throughout the state of Georgia. In addition, we recognize our responsibility to assist healthcare professionals seeking to expand their knowledge and skills on a continuum, increase their competency, and maintain professional licensure and certification by providing appropriate educational course information. A combination of face-to-face conferences, live broadcast webinars, and on-demand online training are utilized to meet the training needs of these health care providers. For our webinars and online trainings, we partner with **HealthTec[®]** which is a statewide distance learning program designed to support health professionals and strengthen services provided by nonprofit health organizations in Georgia.
 - The two face-to-face conferences focused on patient care in the fields of gastroenterology and pediatrics. A total of 159 nurses and associates were trained with 99% of them needing this training for continued licensure, certification, and/or employment. The average evaluation of these programs was 4.78 on a scale of 1 to 5 with 5 being excellent.
 - Through our partnership with **HealthTec[®]** trainings were provided via distance learning in the areas of School Nursing Practice (8 modules), Advancing and Managing Asthma Control (3 webinars/modules), managing diabetes (1 module), and Long Term Care (3 webinars). A total of 766 participants were trained with 98% of them needing this training for continued licensure, certification, and/or employment. The average evaluation of these programs was 4.76 on a scale of 1 to 5 with 5 being excellent.
- **RN Reentry Program**

The academic institutions are educating, training, and producing quality nurses as quickly as possible, and the forecast is there will still be a shortage of this critical member of the healthcare team! In Georgia, it is predicted that 24,000 RNs will be needed in the health care arena by the year 2018. (Source: Georgia Workforce Trends An Analysis of Long-term Employment Projections to 2018; Published by the Georgia Department of Labor - Workforce Information & Analysis Division).

This RN Re-entry Program has been approved by the Georgia Board of Nursing to provide the individualized combination of 40 hours of study relevant to nursing and 160 hours of supervised nursing practice required by the Board for reinstatement of licensure as a registered professional nurse. This program has been designed for those nurses who are presently ineligible for reinstatement of their license because the license has lapsed or has been inactive. Nurses who have active licenses returning to direct patient care who have not worked in the clinical area for some time may also benefit from this program.

Since the program's inception (February 2010), 9 RNs have transitioned back into the workforce. This program is growing: 3 were trained the first year and 6 this past year. The following sites have been developed for the supervised nursing practice portion of the program:

- Columbus Specialty Hospital (Muscogee Co.)
- Columbus Health Department (Muscogee Co.)
- Flint River Hospital, Montezuma (Macon Co.)
- Upson Regional Medical Center, Thomaston (Upson Co.)
- Newton Medical Center, Covington (Newton Co.)
- West Georgia Health, LaGrange (Troup Co.)
- Sylvan Grove Hospital, Jackson (Butts Co.)

We can help alleviate the nursing shortage - one nurse at a time.

ORGANIZATIONAL HIGHLIGHTS

- Three Rivers would like to extend a warm welcome to our new team member, **Crystal Hand**, Careers Outreach Coordinator. She will be working with the health careers awareness and clinical training program activities as well as coordinating the use of distance learning technology within the organization's programs. Crystal has a BS degree in Business Marketing and Management from Alabama Agricultural and Mechanical University and brings with her a wealth of knowledge in marketing, event planning/coordination, and curriculum development. We are excited to have her on our Team!
- We gladly welcome our new members to the Board of Directors – the diversity of knowledge these new members will contribute combined with the vast experience of our current members will greatly strengthen Three Rivers AHEC and help us meet the goals and objectives established for accomplishing our vision and mission.
 - **Tara Underwood, DHA, CHES**
 - Department Chair, Department of Health, Physical Education, and Exercise Science; Columbus State University (since 2003)
 - Adjunct Professor, Argosy University-Atlanta (since 2010)
 - Associate Member, Center for Rural Health and Health Disparities, Mercer University, Department of Community Medicine (since 2010)
 - **Jimmie Smith, MD, MPH**
 - Adjunct Instructor, Mercer University, Department of Community Medicine, Master of Public Health Program (since 2010)
 - Professor of Practice, Argosy University-Atlanta, College of Health Sciences, Master of Public Health Program (since 2011)
 - **Jessica Brown, PA-C**
 - Physician Assistant
 - Cusseta Medical Center; Southwest Georgia Healthcare, Inc.
 - **Shruti Kumar, OMS-III**
 - Anchor Program Representative Ex Oficio
 - Joined Anchor program June 2012
- **AHEC Data Management System (ADMS)** We have been working on this transition since May, 2012. The ADMS system is a “cloud” system utilizing the Salesforce.com platform. ADMS will be more than a data collection system (known as CRM, customer relationship management). It has organization and data management features, e.g. student housing assignments, clinical rotation assignments, continuing education event management, and health careers presentation schedules. We are excited to move into the 21st century with our technology and data management systems!
- **2012 Primary Care Medical Workforce Summit** was sponsored by the Georgia Statewide AHEC Network in May 2012. In the spring of 2008, the Georgia Statewide Network Advisory Council prioritized its health workforce development focus to the shortage of primary care physicians in Georgia. This move was responsive to recently released national reports that offered conclusive evidence that a major shortage was on the near horizon. In November of 2008, the first Statewide AHEC Primary Care Medical Shortages Summit was held. This was followed by Summits in 2011 and in 2012.

Using the recommendations identified from the 2011 Summit, the 2012 Summit sought to prioritize recommendations within each phase and then to prioritize recommendations across all phases. Parking lot issues were identified that were not included in the 2011 Recommendations and these are attached to the 2012 Recommendations and Dashboard for future discussion and consideration. Total participants were 74 and represented the following stakeholders: Medical Schools, GME Programs, State Agencies, Professional Associations, State Legislative Branch, Non Profits, AHEC Center Staff, and AHEC Program Office Staff. For the full report, please click on or enter the following link in your computer browser:

<https://dl.dropbox.com/u/16528943/TARGET%202020%20%202012%20Summit%20Summary.pdf>

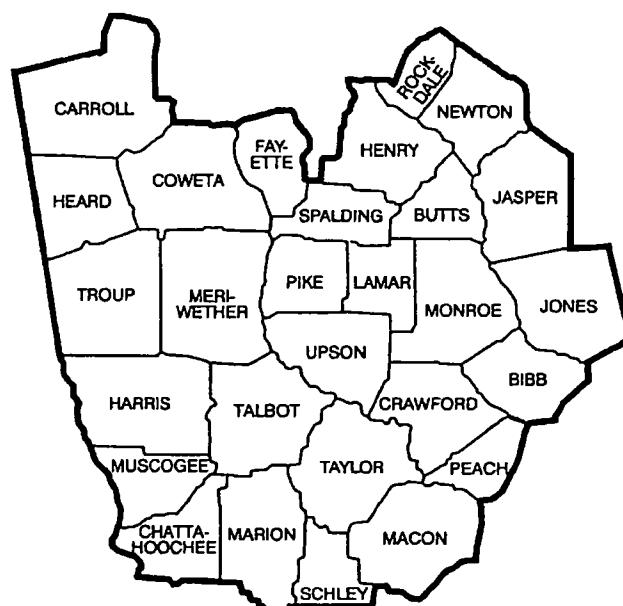
Three Rivers AHEC Board of Directors

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Three Rivers AHEC Team

Kathy English, BBA, Center Director/CEO
Yvette Payton, AAS. Manager of Continuing Education/Technology
Hannah Lydiate, BS. Manager of Recruiting and Training
Crystal Hand, BS. Careers Outreach Coordinator

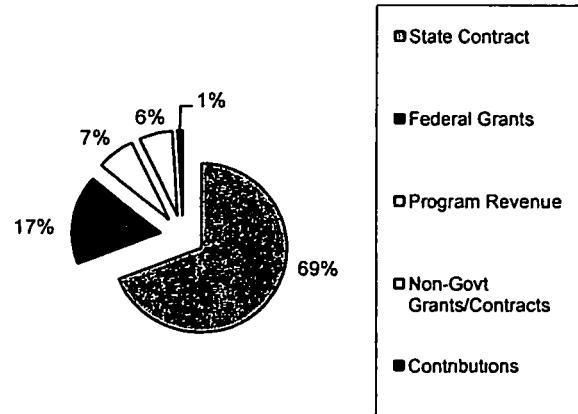
Three Rivers AHEC Region



Connected with our Communities

| County | Recruit | Train | | Retain | Total # of Contacts |
|-------------------|---------------------------------------|--------------------|----------------|-----------------------------------|---------------------|
| | Health Careers Awareness Participants | Clinical Rotations | Training Hours | Continuing Education Participants | |
| Bibb | 48 | 10 | 2,160 | 8 | 66 |
| Butts | | 1 | 160 | 2 | 3 |
| Carroll | | 3 | 440 | 13 | 16 |
| Chattahoochee | 700 | 31 | 5,210 | | 731 |
| Coweta | 116 | 3 | 480 | 38 | 157 |
| Crawford | | 3 | 400 | | 3 |
| Fayette | 97 | 4 | 880 | 5 | 106 |
| Harris | 94 | 2 | 320 | 16 | 112 |
| Heard | | | | | |
| Henry | 340 | 17 | 1,915 | 13 | 370 |
| Jasper | | 1 | 160 | | 1 |
| Jones | 162 | 3 | 400 | 6 | 171 |
| Lamar | | 7 | 1,160 | | 7 |
| Macon | | 4 | 800 | 1 | 5 |
| Marion | 75 | 1 | 160 | | 76 |
| Meriwether | 50 | 5 | 720 | | 55 |
| Monroe | 1 | 2 | 320 | | 2 |
| Muscogee | 679 | 231 | 40,057 | 162 | 1,072 |
| Newton | 93 | 17 | 2,680 | | 110 |
| Peach | 380 | 15 | 2,292 | | 395 |
| Pike | 340 | | | 2 | 342 |
| Rockdale | | | | 7 | 7 |
| Schley | | | | | |
| Spalding | 84 | 7 | 1,200 | 2 | 93 |
| Talbot | | | | | |
| Taylor | | | | | |
| Troup | | 58 | 9,996 | 8 | 66 |
| Upson | | 16 | 1,800 | 3 | 19 |
| Subtotals | 3,259 | 441 | 74,030 | 286 | 3,986 |
| Border Cos/States | 7 | 2 | 0 | 639 | 648 |
| Grand Total | 3,266 | 443 | 74,030 | 925 | 4,634 |

% of Revenue by FY12 Funding Source



% of Expenses by FY12 Program Area

