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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1180

2012Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c)(3), 501(c)(29), or 4947(a)(1) of the Internal Revenue Code (except black box benefit trust or private foundation)

Discouraging organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 513(b)(1)(C) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

This organization may have to use a copy of this return to satisfy public reporting requirements.

A For the 2012 calendar year, or tax year beginning

January

2012, and ending

December

2012

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Reregistered
- ☐ Averaged return
- ☐ Application pending

C Name of organization

Excel Extended Care Organization

Number and street for P.O. box, if mail is not delivered to street address

2601 W. Bonanza Road

Room/suite

L

City or town, state or country and ZIP + 4

Las Vegas, NV 89108

D Employer identification number

27-2369943

E Telephone number

702-372-6610

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶I Website: www.excel.extendedcareorganization.com/wix-excel-extended-careJ Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527N Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ☒ if the organization is not a section 509(e)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$20,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)

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

1 Contributions, gifts, grants, and similar amounts received		1	10000
2 Program service revenue including government fees and contracts		2	500
3 Membership dues and assessments		3	0
4 Investment income		4	0
5a Gross amount from sale of assets other than inventory		5a	0
b Less: cost or other basis and sales expense		5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
6 Gaming and fundraising events			
a Gross income from gaming (attach Schedule G if greater than \$15,000)		6a	0
b Gross income from fundraising events (not including \$8000.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b	0
c Less: direct expenses from gaming and fundraising events		6c	0
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	8000
7a Gross sales of inventory, less returns and allowances		7a	6500
b Less: cost of goods sold		7b	3000
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	9500
8 Other revenue (describe in Schedule O)		8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	30000
10 Grants and similar amounts paid (list in Schedule O)		10	0
11 Benefits paid to or for members		11	0
12 Salaries, other compensation, and employee benefits		12	0
13 Professional fees and other payments to independent contractors		13	4000
14 Occupancy, rent, utilities, and maintenance		14	14400
15 Printing, publications, postage, and shipping		15	600
16 Other expenses (describe in Schedule O)		16	600
17 Total expenses. Add lines 10 through 16		17	19600
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	
19 Net assets or fund balances at beginning of year (from line 27, column (A) (must agree with end-of-year figure reported on prior year's return))		19	10400
20 Other changes in net assets or fund balances (explain in Schedule O)		20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	10400

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642

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	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see Instructions)	45a	✓
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations and section 4947(e)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(e)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
48a Did the organization make any transfers to an exempt non-charitable related organization?	48a	✓
b If "Yes," was the related organization a section 527 organization?	48b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expenses account and other allowances
NONE				

f Total number of other employees paid over \$100,000 0

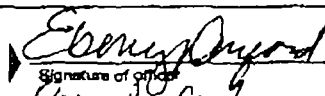
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(e)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  8/13/13
Signature of officer Date

Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no

May the IRS discuss this return with the preparer shown above? See Instructions ☐ Yes ☐ No

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