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· 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

Inte	mai Rever	rue Service	► The organizat	ion may have	to use a copy of this	return to satist	y state repo	orting requiren	nents	Inspection
Ā	For the	2012 cale	ndar year, or tax yea	r beginning		, 2012, a	nd ending			, 20
В	Check if	applicable:	C Name of organization	Academy He	ealth Center, Inc.			· D	Employe	er identification number
	Address	change	Doing Business As							63-0773137
	Name cl	hange	Number and street (or	P.O. box if ma	il is not delivered to str	eet address)	Room/sulte	Ε	Telephor	ie number
	Initial ref	turn	P.O. Box 878							
	Termina	ted	City, town or post offi	ce, state, and Z	IP code			ļ		
	Amende	d return	Satsuma, AL 36752					Q.	Gross re	celpts \$ 1,788,9
	Applicat	on pending	F Name and address of	principal officer	Roger Burke			H(a) is this a gr	oup return t	oraffillates? 🔲 Yes 🗹 No
-==			6433-US-Highway-1:	I _v -Lumberton	_MS_39455 ₂ 7504					chided? Yes No
<u> </u>	Tax-exe	mpt status.	4 501(c)(3)	501(c) () ◀ (insert no) L	4947(a)(1) or	<u> </u>	-{		list (see instructions)
<u>J</u>	Website					T		H(c) Group e		
K	_		Corporation Trust	Associat	on ∐ Other ▶	L Yes	r of formation	n: 1979	M State	of legal domicile: MS
ž	art i	Summ		alaula salaal		ant actuallan				
	1									vices for those citizer
8	1	primarity	65 or older and to pr	ovide suppo	n for the Gulf State	s conferenced	i the Seve	ntn Day Adve	nust Cr	iurcn.
Tan Tan					·			න		
Activities & Governance		Chook th	is box ▶☐ if the or	ganization o	lecontinued its or	erations or di	ennead of	more than 2	50% of	ite not accate
ဇ္ဗ်	3		of voting members				sposed of		3	its not assocs.
مخ ده	4		of independent voti						4	
Ę	5		nber of individuals	-			•		5	
Ę	6		nber of volunteers (6	
Ă	7a		elated business rev						7a	
	b		ated business taxa						7b	
_	1	;						Prior Year	-	Current Year
•	8	Contribu	lons and grants (Pa	art VIII, line 1	h)					
Ž	9		service revenue (Pa					4	73,667	1,788,9
Revenue	10		nt Income (Part VIII			1)				
Œ	11		renue (Part VIII, coli				[
	12		enue-add lines 8 th				ne 12)	4	73,667	1,788,9
	13	Grants a	nd similar amounts	paid (Part I)	(, column (A), lines	1-3)				······································
	14		paid to or for memi				· ·			
8	15		other compensation				5-10)			
ŠUŠ	16a	Profession	nal fundraising fee	s (Part IX, co	lumn (A) line i te	11.4		200		
Expenses	b	Total fun	draising expenses	Part IX, colu	mn (D) 11(1) 22(5)	IVED.	b			
ш	1 17	Other ex	penses (Part IX, col	umn (A), line	s 1 a=11d, 11f- 2	10)	10 H		13,405	3,184,9
	18	Total exp	enses. Add lines 1	3-17 (must)	Squal Part IX, colu	mn (A), line 25			13,405	3,184,9
	19	Revenue	less expenses. Sui	otract line 1	Strom imaji z Z	₩ ./७13 .	O Be	ginning of Curre	60,262	(1,395,9 End of Year
ว รู้ ห	<u> </u>	T.4.4	-t- (D-+t) (I 10)		-		S	<u> </u>		
98	20		ets (Part X, line 16)	٠ ا	OGUE	Al it	'≖/: ├-		86,468	1,140,4
Net Assets or	21 22		ilities (Part X, line 2 ts or fund balances		00 21 West line 28	<u>17, U1.</u>	. . ⊢		01,773 84,695	1,451,7
	endi	Signa	ture Block	. Subtract in	19 21 110111 11119 20			1,0	04,095	(311,2
				Commend this re	aturn including accomi	anvina schedule	s and statem	ents and to the	best of r	ny knowledge and belief,
tr	Je, correc	t, and comp	ete. Decirretten of prepa	rer (other than	officer) is based on all i	nformation of whi	ch préparer h	as any knowled	ge.	ny mioritrago and sonoi,
		T	W X	DERI	9			T		
Si	gn	Sign	ature of officer					Date	4.1	1-
	ere		M・ド カレ	ERIO,	TREASE	REP_			·///	1413
		Тур	or print name and title							
D-	aid	Print/Ty	pe preparer's name		Preparer's signature		Date		Check	PTIN
	aiu repare	C. Ted	Sanderson, Jr.		1 /			//3//3	self-em	
	se On	"		Cook, Taylor	& Bush, P.A.			Firm's	EIN ►	64-0854435
		ر،	ddress ► PO Box 60					Phone		601-856-7200
M	ay the II		s this return with th			instructions)		<u></u> .		🗸 Yes 🗌 N
Fo	r Papen	work Redu	ction Act Notice, se	the separat	e instructions.		Cet No.	. 11282Y		Form 990 (20

Form 99	0 (2012)			Page 2
Part				
	Check if Schedule O contains a respons	e to any question in this Part i	<u> </u>	<u>. u</u>
1	Briefly describe the organization's mission.		deserts of an elder and a	
	The organization's mission is to provide nursing h			
	provide support for the Gulf States Conference of	the Seventh Day Adventist Church	1.	
	Did the organization undertake any significant p	program services during the yea	r which were not listed on the	
	prior Form 990 or 990-EZ?		· · · · · · · · · · · · · · · · · · ·	✓ No
2	If "Yes," describe these new services on Schedu		w it conducts one program	
3	Did the organization cease conducting, or m services?			 ✓ No
	If "Yes," describe these changes on Schedule C).		
4	Describe the organization's program service ac expenses. Section 501(c)(3) and 501(c)(4) organ the total expenses, and revenue, if any, for each	nizations are required to report		
	(Code:) (Expenses \$ 3,184,91	including grants of \$) (Revenue \$ 1.700.022	. \
44	Provide nursing home services for those citizens p			<u>,</u>
			•••••	
	(0.1)		\	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	_)
		•••••		
			••••••••••••••••	
	(0.1)	1 - 1 - 1 - 1) (D	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	-)
		•		
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			••••••	
	•••••••••••••••••••••••••••••••••••••••			••
4d	Other program services (Describe in Schedule C			
	(Expenses \$ including grants of)	
4e	Total program service expenses ▶	3,184,917		

² art	Checklist of Required Schedules		1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		√
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		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	,	✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	✓	√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	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 and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
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		✓
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		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
		Forn	n 990	(2012)

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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? II "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule I. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d by 10 did the organization and an excess benefit transaction and the organization and an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I I 25 Section S01(c)(3) and 501(c)(4) organizations. Did the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization by proof prome 500 or 990-E27 disqualified person outstanding as of the end of the organization officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization officer, director, trustee, key employee, light the organization provide a grant or other assistance to an officer, director, trustee, key employee, light the organization provide a grant or other assistance to an officer, director, trustee, key employee (or a family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 Did the organization self, exchange, dispose of		_	Checklist of Required Schedules (continued)	Part
in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	Yes No	\perp		
on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 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. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25. 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II or view," complete Schedule L, Part II or view, "complete Schedule L, Part II or view," organization and that the transaction has not been reported on any of the organization's prore Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II or view, "complete Schedule R, Part II, III, or View, and Part V, line 1 or view, "complete S	1	1		21
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person outstanding as of the engaged in an excess benefit transaction with a disqualified person outstanding as of the engaged in an excess benefit transaction with a disqualified person in a prove year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II. 25b Us as a loan to or by a current or former officer, director, trustee, key employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or a family member of any of these persons? If "Yes," complete Schedule L, Part IV. 28d San trustructors for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director	1	2		22
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person 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 I. Was a loan to or by a current or former officer, director, trustee, key employee, nighest complete Schedule L, Part II I. Was 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 of family member of any of these persons? If "Yes," complete Schedule L, Part IV. Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV and the organization receive ortributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. Did the organization on related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III. The organization has an other particular or	√	3	organization's current and former officers, directors, trustees, key employees, and highest compensated	23
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? 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 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-E27 If "Yes," complete Schedule L, Part I I 25b Was a loan to or by a current or former 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 . 27c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28a A lamily member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member of acconservation contributions? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. Part I . 28b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. Part I . 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regu	✓	a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	
with a disqualified person during the year? If "Yes," complete Schedule L, Part I			Did the organization maintain an escrow account other than a refunding escrow at any time during the year	c
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . 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 . 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I . 31 Did the organization injundate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13) organizations. Did the organization make any transfers to an	√		Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	
 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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	1	ь	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	b
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	1		Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	26
Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule IV. 28b 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 If "Yes" to line 35a, 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 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	1	7	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV				28
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	√		A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	1	c	*	С
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	✓ ✓		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	
32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	√		Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	1	2	complete Schedule N, Part II	32
or IV, and Part V, line 1	1	3	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33
b If "Yes" to line 35a, 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	1	-	or IV, and Part V, line 1	34
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	✓		If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	_
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_	7	· · · · · · · · · · · · · · · · · · ·	37
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	7		Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38

Form **990** (2012)

Part				_
	Check if Schedule O contains a response to any question in this Part V	<u>···</u>	· · ·	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ĺ
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
_	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		l •
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	00		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	· · · · · · · · · · · · · · · · · · ·	4-		
_	account)?	4a		 •
b	If "Yes," enter the name of the foreign country:			İ
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	l _		١,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
ь	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		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		 	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
g 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		 	
0				
	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	1	1
_		-		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	 -
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12	-{		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4		
11	Section 501(c)(12) organizations. Enter:	İ		
а	Gross income from members or shareholders	4		İ
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	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	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued dunng the year 12b	_	}	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1	1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Τ	
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	+	1

Part	<u> </u>	ee ins	for a tructi	ons.
Section	on A. Governing Body and Management	• •	•	✓
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			1
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6		√
6 7a	Did the organization have members or stockholders?	7a	√	V
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	\	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	√	
9	Each committee with authority to act on behalf of the governing body?	8b 9	_	1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	√	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	1.00		1
17 18	List the states with which a copy of this Form 990 is required to be filed ► MS Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Mannuel Siverio 4715 Baywind Drive Pensacola El 32514	of the	€	

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Form	000	1004	2

Part VII	Compensation of Officers, Directors	s, Trustees, Key Employees, Highest Compensa	ated Employees, and
	Independent Contractors		

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ated any curren	t officer, director	r, or trustee.
				(0	>)					
(A)	(B)	l	Posi (do not check i box, unless per					(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익호	5	Q	Š	용포	יק	from the	related organizations	other compensation
	related	물물	statu	Officer	уе	탕	Former	organization	(W-2/1099-MISC)	from the
	organizations	강	ğ	•	Key employee	yee c	*	(W-2/1099-MISC)		organization
	below dotted line)	ੋੜੂੰ	a t		oye	ă				and related organizations
	"""	Individual trustee or director	Institutional trustee		0	ens				5.g
			8			Highest compensated employee				
(1) Roger Burke,									i	
(1) Roger Burke, Board Member, President	†	1						0.00	0.00	0.00
(2) Melvin Eisle,		<u> </u>						0.00	0.00	0.00
Board Member	 	1						0.00	0.00	0.00
		_	-	-	\vdash			0.00	0.00	0.00
(3) Duane Carr,	 	1						0.00	0.00	0.00
Board Member (4) Manny Siverio,		 	-	-	_			0.00	0.00	0.00
	 	1						0.00	0.00	0.00
Board Member, Treasurer		 	-	┢			H	0.00	0.00	0.00
(5) Nick Henson, Board Member	 	1						0.00	0 00	0.00
		† †	-	-			H	0.00	000	0.00
(6) Phil Wilhelm,	+	1						0 00	0.00	0.00
Board Member (7) Crop Mitchell		-	\vdash	-	_	 	┢	1 000	0.00	0.00
(7) Greg Mitchell, Board Member	 	1						0.00	0.00	0 00
		├	┢	-	-	-	\vdash	1 0.00	0.00	0 00
(8) David Livermore, Board Member	+	1			İ	1		0.00	0.00	0.00
(9)		- ' -					\vdash	0.00	0.00	0.00
(3)	<u> </u>									
(10)										
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(12)		-				-				
(13)	ļ					-				
(14)					-		T			

Name and life	Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Name and title Name and title Name		. (4)	(B)				•			(D)	(5)				
Compensation Comp			1	(do not check more than o box, unless person is both			one		1						
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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		reportable compensation from the organi	Zation											Vac	No
employee on line 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any former of	ficer direc	tor c	r tr	usta	96	kev e	mn	lovee or high	est compe	nsated		163	140
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	2	Total number of independent contractor	rs (includir	ng bu	it no	ot I	imit	ed to	th	ose listed abo	ove) who				
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Par	<u>VIII</u>	Statement of Revenue					
		Check if Schedule O contains a response	onse to any ques	tion in this Part V		<u>.</u> .	<u></u> . 🔲
i	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۾ ٽي آھي	С	Fundraising events 1c			-		
if F	d	Related organizations 1d		i			
a, i≨	e	Government grants (contributions) 1e		1	1		
Si	f	All other contributions, gifts, grants,		1			
	•	and similar amounts not included above]	}		
결	_	Noncash contributions included in lines 1a-1f: \$	·				
ğΕ	g	Total. Add lines 1a–1f					
		Total. Add liftes Ta-11	Business Code				
2	2a	Health Care Fees		4 600 000	1 000 000		•
ě	b		623000	1,680,923	1,680,923		
9	C	Facility Rental	531120	108,000	108,000		
Ξ	d						
Š	e					· 	· · · · · · · · · · · · · · · · · · ·
Jrar	f	All other program service revenue .					
Program Service Revenue	g			1,788,923			
	3	Total. Add lines 2a-2f	lends, interest.	1,760,523			
		and other similar amounts)		1	ĺ		
	4	Income from investment of tax-exempt b					
	5	Royalties	•			*	
		(i) Real	(II) Personal				
	6a	Gross rents					
	ь	Less: rental expenses					
	c	Rental income or (loss)		[ĺ		
	d		· · · · >				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	ь	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss) .					
	ď	Net gain or (loss)					
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					·
venue	8a	Gross income from fundraising events (not including \$:		
Other Re		of contributions reported on line 1c). See Part IV, line 18 a					
₹	ſ	Less: direct expenses b					_
_		Net income or (loss) from fundraising	events . >				
	9a	Gross income from gaming activities. See Part IV, line 19 a	1.				
		Less: direct expenses b		_	_		
		Net income or (loss) from gaming act	ivities ▶				_
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b]_	_		
	С	Net income or (loss) from sales of inv					<u> </u>
		Miscellaneous Revenue	Business Code				
	11a						
	b					· · · · · · · · · · · · · · · · · · ·	
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🟲	ļ			
	112	Total revenue See instructions	•	1 4 700 000	4 700 000		I

	IX Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must con	onlete all columns. A	Il other organization	s must complete co	olumn (A)
secuo	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		,	<u> </u>	
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	2,776,734	2,776,734		
9 10 11	Other employee benefits				
a b c d	Legal	114,367	114,367		
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O)				
13	Office expenses	13,963	13,963		
14	Information technology	20,402	20,402		
15	Royalties				
16	Occupancy	45,000	45,000		
17 18	Travel				
19	Conferences, conventions, and meetings .				
20	Interest	15,693	15,693		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	152,399	152,399		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	132,333	132,333	-	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Repairs and maintenance	45,715			
b	Bank charges	644	644		
c d					
e	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24e	3,184,917	3,184,917	<u></u>	
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)	-,,,,,,,,,	2, 32 , 53		

٢	art X				
		Check if Schedule O contains a response to any question in this Pa	<u>rt X </u>	<u> </u>	<u> </u>
	_ `		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	452,227	1	106,390
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	602,525	4	602,368
	5	Loans and other receivables from current and former officers, directors	,		
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	d [
		sponsoring organizations of section 501(c)(9) voluntary employees beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L	٠	6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	-
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2826.44			
				40.	
	b	Less: accumulated depreciation 10b 2,394,75	50 431,716	_	431,716
	11	Investments – publicly traded securities		11	 -
	12	Investments—other securities. See Part IV, line 11		13	
	13 14	Investments—program-related. See Part IV, line 11		14	·
	15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,486,468	16	1 140 474
	17	Accounts payable and accrued expenses	360,100	17	1,140,474 360,100
	18	Grants payable	300,100	18	_300,100
	19	Deferred revenue	-	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ś	22	Loans and other payables to current and former officers, directors	,		
Liabilities		trustees, key employees, highest compensated employees, and			
ΞĢ		disqualified persons. Complete Part II of Schedule L	·	22	
Ë	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	dt		
		parties, and other liabilities not included on lines 17-24). Complete Part >	(
	ŀ	of Schedule D	41,673	-	1,091,673
	26	Total liabilities. Add lines 17 through 25	401,773	26	1,451,773
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ ar complete lines 27 through 29, and lines 33 and 34.	nd		
ä	27	Unrestricted net assets	1,084,695		(311,299)
Ba	28	Temporarily restricted net assets		28	
Pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ an complete lines 30 through 34.	d		
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Re	33	Total net assets or fund balances	1,084,695	-	(311,299)
	34	Total liabilities and net assets/fund balances	1,486,468	34	1,140,474
					Form 990 (2012)

_	4	
Page	ı	4

	90 (2012)					ye iz
Par	Reconciliation of Net Assets					
	Check 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			1,78	8,923
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,18	4,917
3	Revenue less expenses. Subtract line 2 from line 1	3_			(1,39	5,994)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,08	4,695
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	_		(31	1,299)
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplaın	ın			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	٠. ٠	· —	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of	versig	nt	_		
	of the audit, review, or compilation of its financial statements and selection of an independent acco			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xpiain	ın			
_	Schedule O.	. faulla			-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorin		o-		,
_		oras 4		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such			3b		
	required addit or addits, explain why in Schedule O and describe any steps taken to didergo such	audits	! '		000	(2012)
				rorr	コンプし	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization

Employer identification number

	Health Center,		rit. Ctatus (All orga			omalata	this ps	rt \ Coo i		73137		
Part I			rity Status (All orga						nstructio	ons.		
1 [2 [3 [A church, con A school desc A hospital or a A medical resc	vention of churc ribed in section a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjuni e:	churches ch Sched ation desc	s describe ule E.) cribed in	ed in sec section	tion 170	(b)(1)(A)(i (A)(iii).		(iii). Ent	er the	
5	An organizatio		the benefit of a collec	ge or uni	versity o	wned or	operated	l by a go	vernmen	tal unit	descri	bed in
	An organizatio	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or from	n the ge	eneral	public
8 🗀	A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	art (f.)						
9 [receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ant income and unrel fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable ind	ceptions	s, and (2) ss sectio) no more	e than 3	331/3%	of its
11 [7	An organization purposes of of 509(a)(3). Che a Type I By checking the	on organized ar ine or more pub- ck the box that or b	l operated exclusively and operated exclusively and operated exclusive of the supported organization of the support of the sup	ely for th nizations supportin I-Functio is not co	ne benefit described ng organiz nally integ ntrolled d	t of, to p d in sect zation and grated lirectly or	perform non 509(a d comple d indirectl	the funct a)(1) or se ete lines 1 Type III-N y by one	tions of, ection 50 1e throug Non-funct or more	9(a)(2). gh 11h. tionally i disquali	See sontegrand	ection ited ersons
f	If the organization, organization, or	ation received a check this box								e III su 	pporti	ing 🗆
g	following pers	ons?	he organization accep									
			ndirectly controls, eithody of the supported of						dın (iı) aı 	nd 11gi	Yes	No ✓
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)	1
h			a person described in on about the support							11g(u)	✓
	ne of supported rganization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organiza (i) organi	ls the tion in col ized in the S ?	(vii) Amo	unt of m support	onetary
				Yes	No	Yes	No	Yes	No			
(A)Gulf :	States erence of											
(B)Seve	nth Day ntist Church		1	/_		1		1				25,000
(C)												
(D)												
(E)												
		ı	I	ł	ł	l	1	i .	1	ł		

Part	Support Schedule for Organiza	tions Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	<u>'i)</u>
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease compl	ete Part III.)	
	on A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			ļ			ļ
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_				 		 	ļ
3	The value of services or facilities furnished by a governmental unit to the			1			
	organization without charge						
4	Total. Add lines 1 through 3		ļ	 			
	_			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
5	The portion of total contributions by each person (other than a		İ	1			
	governmental unit or publicly			1			
	supported organization) included on		1	1		1	l
	line 1 that exceeds 2% of the amount	ı					
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u> </u>			<u> </u>
	on B. Total Support			,		,	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		ļ				
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business		-			<u> </u>	
•	activities, whether or not the business		}	}		ļ	}
	ıs regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets			1			
	(Explain in Part IV.)		<u> </u>	<u></u>			
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities, etc					12	504()(0)
13	First five years. If the Form 990 is for the	-					
Casti	organization, check this box and stop he				· · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · <u> </u>
	on C. Computation of Public Support Public support percentage for 2012 (line 6)			I1 column (f)		14	%
14 15	Public support percentage for 2012 (line of Public support percentage from 2011 Sch					15	
16a	331/3% support test—2012. If the organic					1	
	box and stop here. The organization qua						
b	331/3% support test-2011. If the organ	•	•	-			_
	check this box and stop here. The organ	ization qualifie	es as a publicly	supported org	janization .		🕨 📋
17a	10%-facts-and-circumstances test - 20	012. If the org	anization did n	ot check a box	on line 13, 16	Sa, or 16b, and	line 14 ıs
	10% or more, and if the organization me	ets the "facts-	and-circumsta	inces" test, che	eck this box a	nd stop here.	Explain in
	Part IV how the organization meets the "f	acts-and-circ	umstances" te:	st. The organiz	ation qualifies	as a publicly s	supported
	organization						🕨 🛚
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m				ne organization	on qualifies as	-
40	supported organization						> []
18	Private foundation. If the organization di	a not check a	DOX OR TINE 13	, iba, ibb, 1/a	a, or 17D, cnec	K this box and	see

Part III Sur	pport Schedule for	Organizations	Described in	Section 509(a)(2)

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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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				ļ		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ				_
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						
	,		 				
С 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support	<u> </u>	1				
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(-)	(-,	` '		<u> </u>	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					ì	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						İ
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or			1			
	loss from the sale of capital assets			1			
	(Explain in Part IV.)					 	
13	Total support. (Add lines 9, 10c, 11, and 12)			1			
4.4	and 12.)	L	n'e firet secon	d third fourth	or fifth tay w	year as a secti	on 501/c)/3)
14	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo			· · · · · ·			
15	Public support percentage for 2012 (line			13. column (f))		15	%
16	Public support percentage from 2011 Sc					—	%
	ion D. Computation of Investment In						
17	Investment income percentage for 2012			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2012. If the organ	nization did no	t check the bo	x on line 14, a	and line 15 is r	nore than 331/	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2011. If the organi						
	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization d	IC DOLCHACK S	ROOK ON JING 14	iya or iyb	CHECK THIS DOX	CADO SEE IDST	ucaons 🗩 🗀

cnedule A (F	Form 990 or 990-EZ) 2012	Page 4
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) .

Supplemental Financial Statements

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection | Employer identification number

	my Health Center, Inc.	or Advised Funds or Other Similar Fu	1 63-0773137
Pai	Organizations Maintaining Done organization answered "Yes" to F		ands or Accounts. Complete if the
	organization answered fes to r	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) point advised talled	(c) / circo and circo accounts
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, subje-		
6	Did the organization inform all grantees, do	-	
	only for charitable purposes and not for the		
Par		olete if the organization answered "Yes	
1	Purpose(s) of conservation easements held		. ,
•	Preservation of land for public use (e.g.,		of an historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	ition in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation eas	sements	2b
C	Number of conservation easements on a ce		
ď	Number of conservation easements include		
	historic structure listed in the National Regis		
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ▶		
4	Number of states where property subject to		noncotion bondling of
5	Does the organization have a written po violations, and enforcement of the conserva		
•			
6	Staff and volunteer hours devoted to monito	oring, inspecting, and emorcing conservation	on easements during the year
-	Amount of expenses incurred in monitoring,	iconceting and enforcing appearation of	soments during the year
7	Amount of expenses incurred in monitoring, ▶ \$, inspecting, and emorcing conservation ea	sements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
٠	(i) and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization re		
•	balance sheet, and include, if applicable, the		
	organization's accounting for conservation		
Par	III Organizations Maintaining Colle	ections of Art, Historical Treasures,	or Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un	der SFAS 116 (ASC 958), not to report in	its revenue statement and balance shee
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text	of the footnote to its financial statements the	hat describes these items.
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amoun	——————————————————————————————————————	
	(i) Revenues included in Form 990, Part VIII	l, line 1	▶ \$
	(ii) Assets included in Form 990, Part X .		▶ \$
2	If the organization received or held works		
	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lin		· · · · • 5

	_
Page	2

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tems (check all that apply): a	Pari	Organizations Maintaining C	Collections of	Art, His	torical	reasures	, or O	ther Similar A	ssets (continued)
b	3		ccession, and o	ther reco	rds, chec	k any of th	e follo	wing that are a	significant use of it
c	а	_		d					
c	-			е	☐ Other	r			
XIII. 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?	C								
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?	4		n's collections	and expl	ain how t	hey further	the org	ganızatıon's exe	mpt purpose in Pai
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
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?	5	During the year, did the organization so	olicit or receive	donation	ns of art,	historical tr	reasure	s, or other simi	lar _
In 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? □ Ves □ No b If Yes, explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Part VI ■ Complete if the organization answered "Yes" to Form 990, Part IV, line 10. □ Part VI ■ Conforment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. □ Part VI ■ Conforment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. □ Part VI ■ Conforment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. □ Part VI ■ Conforment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. □ Contributions □ Not investment earnings, gains, and losses □ Contributions □ Not investment earnings, gains, and losses □ Contributions □ Not investment earnings, gains, and losses □ Contributions □ Not investment earnings, gains, and losses □ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: □ Board designated or quasi-endowment ▶ % □ Temporarily restricted endowment ▶ % □ Temporarily restricted organizations listed as required on Schedule R? □ Describe in Part XIII the intended uses of the organization's endowment funds. □ Description of property □ (a) Cost or other bass (b) Cost or other bass (c) Accumulated depreciation (d) Book value (other) □ (c) Cost or other bass (c) Accumulated depreciation (d) Book value (other) □ (c) Cost or other bass (c) Accumulated (c) □ (c) □ (c) □									
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7	Part					anization	answe	red "Yes" to F	orm 990, Part IV,
included on Form 990, Part X?									
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a								
c Beginning balance	b								
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 2b Did the organization include an amount on Form 990, Part X, line 217 2b Did the organization include an amount on Form 990, Part X, line 217 2c Did the organization include an amount on Form 990, Part X, line 217 2c Did the organization include an amount on Form 990, Part X, line 217 2c Did the organization answered "Yes" to Form 990, Part IV, line 10. 2c Did the expenditures for facilities and programs 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	-							F	Amount
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 2b Did the organization include an amount on Form 990, Part X, line 217 2b Did the organization include an amount on Form 990, Part X, line 217 2c Did the organization include an amount on Form 990, Part X, line 217 2c Did the organization include an amount on Form 990, Part X, line 217 2c Did the organization answered "Yes" to Form 990, Part IV, line 10. 2c Did the expenditures for facilities and programs 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	С	Beginning balance					10	;	
E Distributions during the year Ending balance 1f	_						10	1	-
Ending balance If	е						16)	
b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance	f	- ·					11	:	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, Inne 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (e) Four y	2a	Did the organization include an amount	on Form 990, P	art X, line	21? .				☐ Yes ☐ No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back	b	If "Yes," explain the arrangement in Part	t XIII. Check her	e if the e	xplanatio	n has been	provide	ed in Part XIII .	🗆
Beginning of year balance	Par	Endowment Funds. Complet	e if the organia	zation ar	nswered	"Yes" to F	orm 9	90, Part IV, lin-	e 10.
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 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 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 (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Easehold improvements (d) Book value depreciation 1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Book value depreciation (d) Book value			(a) Current year	(b) Pr	or year	(c) Two year	s back	(d) Three years bac	k (e) Four years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance							
d Grants or scholarships	b								
d Grants or scholarships	С			<u> </u>					
e Other expenditures for facilities and programs		losses							
f Administrative expenses	d	•							
f Administrative expenses	е								
g End of year balance	_	· •							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) (other) (other) (d) Book value depreciation 1a Land								<u>-</u>	
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 15 "Yes No Yes No Yes No Yes No 3a(i) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other)					// 1 -		\\ .		
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					e (line 19	, column (a)) neia	as:	
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				⁷⁰					
The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	·			nn%					
Yes No (i) unrelated organizations 3a(i)	3a				zation tha	at are held	and ad	ministered for t	he
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land (investment) 2,464,977 2,089,141 375,836 c Leasehold improvements 82,920 59,464 23,456 d Equipment 207,337 174,929 32,408 e Other 71,232 71,216 16		•							
(ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 2,464,977 2,089,141 375,836 c Leasehold improvements 82,920 59,464 23,456 d Equipment 207,337 174,929 32,408 e Other 71,232 71,216 16		(i) unrelated organizations							
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 2,464,977 2,089,141 375,836 c Leasehold improvements 4 Equipment 5 Equipment 6 Other 71,232 71,216 16									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 2,464,977 2,089,141 375,836 c Leasehold improvements 82,920 59,464 23,456 d Equipment 207,337 174,929 32,408 e Other 71,232 71,216 16	b	, ,	ations listed as r	equired o	on Sched	ule R? .			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	4								\
(investment) (other) depreciation 1a Land b Buildings 2,464,977 2,089,141 375,836 c Leasehold improvements 82,920 59,464 23,456 d Equipment 207,337 174,929 32,408 e Other 71,232 71,216 16	Part	VI Land, Buildings, and Equipm	nent. See Forn	n 990, P	art X, lin	e 10.			
b Buildings 2,464,977 2,089,141 375,836 c Leasehold improvements 82,920 59,464 23,456 d Equipment 207,337 174,929 32,408 e Other 71,232 71,216 16		Description of property						1	(d) Book value
c Leasehold improvements 82,920 59,464 23,456 d Equipment 207,337 174,929 32,408 e Other 71,232 71,216 16	1a	Land						•	
d Equipment	b	Buildings				2,464,977		2,089,141	375,83
e Other	C	Leasehold improvements				82,920		59,464	23,45
	d	_ • •			ļ			174,929	32,40
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 431,716			<u>l</u>		<u> </u>				1
	Total.	Add lines 1a through 1e. (Column (d) mu	st equal Form 9	90, Part .	X, column	(B), line 10)(c).)	<u></u> .▶]	431,71

Part VII	Investments—Other Securities	. See Form 990, Part X, I	ine 12
. (4	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) Financia	l derivatives		
	held equity interests		
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
····(F)			
(G)			
(H)			
(l)			
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12.) ▶		
Part VIII	Investments-Program Related		line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets. See Form 990, Pa		
	(a) Description	(b) Book value
(1)			
(2)			
(3)	· · · · · · · · · · · · · · · · · · ·		
<u>(4)</u> (5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7)			
(8)			
(9)			
(10)			
	ımn (b) must equal Form 990, Part X, co		<u> ▶ </u>
Part X	Other Liabilities. See Form 990,		
1. (1) Foderal	(a) Description of liability Income taxes	(b) Book value	
		41 672	
121	ayable - Florida Conf SDA ayable - Trustmark	41,673 1,050,000	
(4)	ayable - ITusullaik	1,030,000	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
	(b) must equal Form 990, Part X, col (B) line 25.)	1,091,673	
			anization's financial statements that reports the organization the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b]
С	Recoveries of prior year grants	2c	1
d	Other (Describe in Part XIII.)	2d	1 1
е	Add lines 2a through 2d] 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
b	Other (Describe in Part XIII.)	4b	1
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	7
C	Other losses	2c	7
d	Other (Describe in Part XIII)	2d	7 1
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1
b	Other (Describe in Part XIII)	4b	7 1
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XIII Supplemental Information	·	'
	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.		

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Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization Employer identification number Academy Health Center, Inc. 63-0773137 Form 990, Part VI, 7a and 7b. The composition of the Board shall have no less than three (3) directors which concurrently serve on the Executive Committee of the Gulf States Conference of Seventh-day Adventists. Form 990, Part VI, 11b. Form 990 was prepared by an independent firm and reviewed by the organization's board of directors. Form 990, Part VI, 12c. The Conflict of Interest Policy was mailed to all directors as a reminder to report any conflicts Form 990, Part VI, 19. The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions. ▶ Attach to Form 990.

2012	Open to Public	Inspection	Employer identification number
			Employ

OMB No 1545-0047

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 Ŷ (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes 63-0773137 (f)
Direct controlling
entity (e) End-of-year assets n/a (e)
Public chanty status
(if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity ᇤ (b) Primary activity Church For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) Gulf States Conference of the Seventh Day Adventist Church (a)
Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization Academy Health Center, Inc. Part E Part II ଷ 9 Ξ ල <u>0</u> 9 2 ල € © €

Name, ad	i					2	Decade It Ital Offer of Italian of Ballicanolis treated as a particustry and years						
relate	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	trolling Pre ur excli	(e) Predominant (income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		(g) (h) Share of end-of- Disproportionate year assets allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) (l) (l) (l) (l) (l) (l) (l) (l) (l)		(k) Percentage ownership
									Yes No	0	Yes	٩ و	
(1)													
(2)											-		
(6)													
(4)													
(2)													
(9)													
Θ													
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	elated Organiza	tions Taxab elated organ	le as a Co lizations tr	orporation o	orporation o	nplete if the trust dur	ne organizating the tax	tion answe year.)	ered "Yes" to	Form 990	, Part IV	١, ا
Name, t	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	vity (str	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type (C corp, S	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(f) Section 512(b)(13) controlled entity?) 512(b)(13 olled tty?
												Yes	å
(1)													
(2)													
(3)													
(4)													
(2)													
(9)													
6													

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Schedule R (Form 990) 2012

Part V Transactio

					L	L
ž	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			•	res	2
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organ	izations listed in Parts	SII–IV?		-
æ	Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				1a	
3 1	City and the control of the control				÷	l
٥	oint, grant, or capital contribution to related organization(s)				2 .	I
ပ	Gift, grant, or capital contribution from related organization(s)			•	10	١
τ	I cans or loan quarantees to or for related organization(s)				1	
3	Found of total grantances (co. 10) control of grantances (c)				-	1
Ð	Loans or loan guarantees by related organization(s)				<u>в</u>	1
						-
•	Dividends from related organization(s)	•				
-					5	1
0	Sale of assets to related organization(s)				6	1
_	Purchase of assets from related organization(s)				무	١
	Exchange of assets with related organization(s)	•		•	<u> </u>	
					ï	1
-	Lease of facilities, equipment, or other assets to related organization(s)				-	1
						1
¥	Lease of facilities, equipment, or other assets from related organization(s)				1k	1
_	Performance of services or membership or fundraising solicitations for related organization(s)		•		-	
. 1	Deferming of contract of contr				E -	
E	renormance of services of membership of fundralship					1
2	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				ur	-
0	Shanno of paid employees with related organization(s)				9	
)						
						7
٥					2 .	I
σ	Reimbursement paid by related organization(s) for expenses				19	1
•						
-	Other transfer of cash or property to related organization(s)		•		+	
. (Other transfer of each or proporty from related proporty ()	•	•		9	1
n	Other transfer of cash of property north refered organization(s)				2	1
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	plete this line, inclu	iding covered relation	iships and transactic	on thresholds.	
	(6)	Ę	9	Ð		
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	g amount involved	_
Ξ						1
9						
2						
8						
2						
3						
(2)						1
ý		•				
1				Schedule F	Schedule R (Form 990) 2012	12

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

(k) Percentage ownership Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (I) General or managing partner? ž Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? Yes No Predominant Armoome (related, unrelated, excluded from tax under or section 512-514) Ð (c)
Legal domicile
(state or foreign
country) (b) Primary activity Name, address, and EIN of entity ē **®** [2] (16) 8 ල € ত 9 ε 9 9 E (13) (2 Ξ

Schedule R (Form 990) 2012

Part VII	Supplemental Information	Page 5
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
*		
		
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		•••••
		••••
		•••••
••••		

Power of Attorney and Declaration of Representative

OMB No 1545-0150
For IRS Use Only
Received by
Name
Telephone

Caution: A separate Form 2848 should be completed for each taxpayer Form 2848 will not be honored for any purpose other than representation before the IRS 1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7 axpayer name and address cademy Health Center, Inc.) O. Box 878 atsuma, AL 36752 ame and address Teepsonist the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II ame and address Teepsonist the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II ame and address Teepsonist the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II ame and address Teepsonist the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II ame and address Teepsonist the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II ame and address Telephone No 601-856-7200 Fax No 601-856-7200	Power of Attomey Caution: A separate Form 2848 should be completed for each taxpayer Form 2848 will not be honored I Taxpayer information. Taxpayer must sign and date this form on page 2, line 7 Taxpayer mediath Center, Inc.) Taxpayer mediath Center, Inc.) Power and address Cadetiny Health Center, Inc.) Power and address Satsuma, AL. 36752 Representative(s) must sign and date this form on page 2, Part II Taxpayer representative(s) must sign and date this form on page 2, Part II Satsuma, AL. 36752 Representative(s) must sign and date this form on page 2, Part II Same and address Copeland. Cook, Taylor & Bush, P.A. P.O. Box 878 Power of Cook, Taylor & Bush, P.A. P.O. Box 8020, Ridgeland, MS. 39158 Fax No		of the Treasury enue Service	► Type or p	rint. ►See	the sepa	rate instructions.			Name	•	
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6	Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the internal Revenue Service for the same matters and years or periods covered by this document. If you do not want
	to revoke a prior power of attorney, check here
	YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.
	all and the second if a tay matter concerns a year in which a loint return was filed, the husband and wife must each file a senarate nower

Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wite must each tile a separate power of attorney even if the same representative(s) is (are) being appointed. It signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

FINOT EIGNES AND DATED, THIS POWER OF	FATTORNEY WILL B	BE RETURNED TO THE TAXPAYER. 8/9/13 - TREASURE fitte (if applicable)		
Print Name	PIN Number	Print name of taxpayer from line 1 if other than individual		

Part II Declaration of Representative

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service,
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- . I am one of the following:
 - a Attorney-a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
 - d Officer-a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee a full-time employee of the taxpayer.
 - f Family Member a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Your authority to practice before the internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10 4 of Circular 230. Your authority to practice before the internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - k Student Attorney or CPA—receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).
 - ▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Ucensing Jurisdiction" column. See the instructions for Part II for more Information.

Designation — Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
a	MS	6453	124 /LA	08-12-13
a	MS	100681	a a o TI	08-12-13
a	MS	101873	Resil Baril	08-12-13
			Form 20	348 (Rev. 3-2012)

(Rev January 2013)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

HINGH HEVER IN	e Service		•	• •	cation for each return			
• If you are	filing for a	n Automatic 3-Mont	th Extension, co	mplete	only Part I and ched	k this box		. ▶ 🗆
 If you are 	filing for a	n Additional (Not Au	tomatic) 3-Mor	th Exten	sion, complete on	y Part II (on page 2 of this	s form)	
Do not cor	nplete Pa	rt Ir unless you have	already been gra	anted an	automatic 3-month,	extension on a previously	filed Form	8868.
a corporate 8868 to red Return for	on require quest an e Transfers	d to file Form 990-T), extension of time to fi Associated With Ce	or an additional ile any of the for ortain Personal	(not auto rms listed Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which m	utomatic extension of time ension of time. You can e with the exception of Fo ust be sent to the IRS i and click on e-file for Cha	electronically orm 8870, Ir in paper fo	/ file Form nformation irmat (see
instructions	<u>'</u>						anties & NO	ipionis.
Part I. A corporat Part I only	ion requir	ed to file Form 990	-T and request	ing an a	utomatic 6-month	extension-check this be	ox and co	mplete
All other co to file incon			lers), partnership	s, REMIC	Cs, and trusts must	use Form 7004 to request		
						Enter filer's identifying nu Employer identification num		
Type or	Name of	exempt organization or	other filer, see ins	tructions.		Employer dentification num	niber (Eliv) or	
File by the due date for				N)				
filing your return See instructions	City, tow	n or post office, state, a	and ZIP code. For a	a foreign a	ddress, see instruction	IS.		
Enter the R	eturn code	o for the return that th	nis application is	for (file a	separate application	n for each return) .		
Application	n			Return	Application			Return
ls For			ļ	Code	is For			Code
	or Form 9	90-EZ		01	Form 990-T (corpo	oration)		07
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and complete, and that I am authorized to prepare this form

knowledge and belief.

Signature >

Form 8868

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2013)

Cat No 27916D

Internal Rev	venue Service				·	ᆚ		
		n Automatic 3-Month Extension, o						▶ 🛭
		n Additional (Not Automatic) 3-Mo						
Do not o	complete Pa	rt II unless you have already been g	ranted an	automatic 3-month	extension on a previou	usly fi	led For	m 8868.
a corpor 8868 to Return 1	ration require request an e for Transfers	ile). You can electronically file Form d to file Form 990-T), or an addition extension of time to file any of the fassociated With Certain Personal e details on the electronic filing of the	al (not auto forms listed Benefit C	omatic) 3-month extended in Part II or Part II Contracts, which missing	ension of time. You ca with the exception of ust be sent to the If	an ele f Fori RS in	ectronica m 8870, i paper	ally file Form , Information format (see
Part I	Automa	tic 3-Month Extension of Time	. Only sub	omit original (no co	pies needed).			
A corpo	ration requir	ed to file Form 990-T and reque	sting an a	utomatic 6-month	extension—check the			▶ □
		(including 1120-C filers), partnersh	ips, REMIC	s, and trusts must (use Form 7004 to requ	uest a	an exter	nsion of time
to file inc	come tax retu	ms.						
					Enter filer's identifying			
Type or	Name of	exempt organization or other filer, see in	structions		Employer identification	numt	ier (EIN)	or
print	Academ	Health Center, Inc)77 <u>31</u>		
File by the	Number,	street, and room or suite no If a P.O bo	ox, see instru	uctions	Social security number	ımber (SSN)		
due date fo		378						
filing your return See	City, tow	n or post office, state, and ZIP code For	r a foreign ad	ddress, see instruction	S			
instruction	s Satsuma	, AL 36752						
Enter the	e Return code	e for the return that this application i	s for (file a	separate application	for each return)			0 1
Applica Is For	ation		Return Code	Application Is For				Return Code
Form 9	90 or Form 9	90-EZ	01	Form 990-T (corporation) 07				07
Form 9	90-BL		02	Form 1041-A	rm 1041-A			08
Form 4	720 (individua	al)	03	Form 4720			09	
Form 9	90-PF		04	Form 5227			10	
Form 9	90-T (sec. 40	1(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust ot	her than above)	06	Form 8870				12
Teleph	ione No. ▶		F	AX No ▶				• •
• If this i	s for a Group	oes not have an office or place of b Return, enter the organization's fou	ır dıgıt Groi	up Exemption Numb	er (GEN)		If t	▶□ his is
		check this box > 🔲 . If		t of the group, checl	k this box	▶ [_] and a	ıttach
a list wit	h the names	and EINs of all members the extensi	on is for.					
u fo	ntil Aug or the organiz	utomatic 3-month (6 months for a coust 15 , 20 13 , to file the exertation's return for: year 20 12 or	orporation r	required to file Form zation return for the	990-1) extension of ti organization named a	me bove	The ex	tension is:
▶ 2 If	tax year	beginning entered in line 1 is for less than 12 r	, 20	, and ending	ıl return 🔲 Fınal ret		, 20	0
		accounting period	inormia, CIR	оод годоон. <u>—</u> пиле				
3a If	this applicat	ion is for Form 990-BL, 990-PF, 990 credits. See instructions.	O-T, 4720,	or 6069, enter the te	entative tax, less any	22	\$	
nonrefundable credits. See instructions. 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	estimated tax payments made. Include any prior year overpayment allowed as a credit.							
сĒ	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using							
	•	g to make an electronic fund withdrawal			3-EO and Form 8879-E			0 00 instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check the 	s box ▶ 🗌
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously	
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copi	es needed)
	number, see instructions
Name of exempt organization or other filer, see instructions. Figure 1 Figure 1 Figure 2 Figure 2 Figure 3 F	·
type or	Hamber (Elity of
print Number, street, and room or suite no. If a P O box, see instructions. Social security number	(CCAI)
File by the	(5514)
due date for himg your City, town or post office, state, and ZIP code. For a foreign address, see instructions	
filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions	
Instructions	
Enter the Return code for the return that this application is for (file a separate application for each return)	
	<u> </u>
Application Return Application	Return
Is For Code Is For	Code
Form 990 or Form 990-EZ 01	1、海域、6、三、60
Form 990-BL 02 Form 1041-A	08
Form 4720 (individual) 03 Form 4720	09
Form 990-PF 04 Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11
Form 990-T (trust other than above) 06 Form 8870	12
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	
for the whole group, check this box	,20 .
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	-
nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	10 15 2 5 7
estimated tax payments made. Include any prior year overpayment allowed as a credit and any	
amount paid previously with Form 8868.	8b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS	
(Electronic Federal Tax Payment System). See instructions.	8c \$
Signature and Verification must be completed for Part II only.	
Under penalties—of-perjury, I declare that I have examined this form, including accompanying schedules and statement knowledge and belief it than the first complete, and that I am authorized to prepare this form. Signature	5/10/10