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## Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 9/01

, 2012, and ending 8/31

, 2013

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

RECEIVED

203

MAY 27 2014

OGDEN, UT

D Employer identification number

58-2129732

E Telephone number

706-507-0894

F Gross receipts \$ 621,205.

F Name and address of principal officer

SAME AS C ABOVE

H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If No, attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status

X 501(c)(3)

501(c) ( )

- (insert no.)

4947(a)(1) or

527

J Website: ► WWW.THREERIVERSAHEC.ORG

K Form of organization: X Corporation

Trust

Association

Other ►

L Year of Formation 1994

M State of legal domicile GA

## Part I: Summary

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE DISTRIBUTION, SUPPLY, QUALITY AND EFFICIENCY OF HEALTH PERSONNEL IN THE HEALTH SERVICES DELIVERY SYSTEM AND SERVE AS AN AREA HEALTH EDUCATION CENTER IN THE WEST CENTRAL GEORGIA AREA.

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3	17
---	----

4 Number of independent voting members of the governing body (Part VI, line 1b)

4	0
---	---

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)

5	7
---	---

6 Total number of volunteers (estimate if necessary)

6	0
---	---

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a	0
----	---

b Net unrelated business taxable income from Form 990-T, line 34

7b	0
----	---

8 Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
357,947.	487,124.

9 Program service revenue (Part VIII, line 2g)

65,426.	133,566.
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10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

5,541.	515.
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

428,914.	621,205.
----------	----------

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

231,058.	235,613.
----------	----------

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ►

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

190,571.	195,593.
----------	----------

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

421,629.	431,206.
----------	----------

19 Revenue less expenses Subtract line 18 from line 12

7,285.	189,999.
--------	----------

20 Total assets (Part X, line 16)

Beginning of Current Year	End of Year
367,386.	544,457.

21 Total liabilities (Part X, line 26)

38,684.	27,412.
---------	---------

22 Net assets or fund balances Subtract line 21 from line 20

328,702.	517,045.
----------	----------

## Part II: Signature Block

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

Sign Here

► Phillip F. Bowden  
Signature of officer5/21/14  
Date► Kathy P. English Director/CEO  
Type or print name and title

Print/Type preparer's name

PHILLIP F. BOWDEN

Preparer's signature

Phillip F. Bowden, CPA 5/20/14

Date

Check

if

self-employed

PTIN

P00184613

Paid  
Preparer  
Use Only

Firm's name

► ALBRIGHT FORTENBERRY &amp; NINAS LLP

Firm's address

► P. O. BOX 2767

COLUMBUS, GA 31902

Firm's EIN ► 58-1456534

Phone no (706) 323-3643

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

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

X Yes

No

TEEA0113L 12/18/12

Form 990 (2012)

6/1  
B3NE

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O.

Yes  No

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

4a (Code:                   ) (Expenses \$ 418,404, including grants of \$                   ) (Revenue \$                   )  
SEE ATTACHED

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

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

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

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

4e Total program service expenses ► 418,404.

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5 X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9	Did the organization report an amount in Part X, line 21, 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 X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a then completing Schedule D, Parts XI and XII is optional	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 X	
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

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

BAA

Form 990 (2012)

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

		Yes	No
1 a	1		
1 b	0		
1 c	X		
2 a	7		
2 b	X		
3 a		X	
3 b			
4 a		X	
5 a		X	
5 b		X	
5 c			
6 a		X	
6 b			
7 a		X	
7 b			
7 c		X	
7 d			
7 e		X	
7 f		X	
7 g			
7 h			
8			
9 a			
9 b			
10 a			
10 b			
11 a			
11 b			
12 a			
12 b			
13 a			
13 b			
13 c			
14 a		X	
14 b			

1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable.

1 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2 a 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

2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to file. (see instructions)

3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?

3 b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O

4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4 b If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?

6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

7 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7 d If 'Yes,' indicate the number of Forms 8282 filed during the year

7 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 **Sponsoring organizations maintaining donor advised funds.**

9 a Did the organization make any taxable distributions under section 4966?

9 b Did the organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter

10 a Initiation fees and capital contributions included on Part VIII, line 12

10 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter

11 a Gross income from members or shareholders

11 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12 a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

13 a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O

13 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

13 c Enter the amount of reserves on hand

14 a Did the organization receive any payments for indoor tanning services during the tax year?

14 b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

**Part VI** **Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

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

### Section A. Governing Body and Management

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

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

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

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

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

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

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

a The governing body

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

9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

	1a	1b	17	Yes	No
2				X	
3				X	
4				X	
5				X	
6				X	
7a				X	
7b				X	
8a				X	
8b				X	
9				X	

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

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

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

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

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

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

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

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

13 Did the organization have a written whistleblower policy?

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

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

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

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

If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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

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

### Section C. Disclosure

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

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

Own website  Another's website  Upon request  Other (explain in Schedule O)

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

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated		
(1) KATHY ENGLISH EXECUTIVE DIREC	50 0						76,856.	0.	1,020.
(2) DEBBIE BUCKNER CHAIRMAN	0		X				0.	0.	0.
(3) DONALD CORR DIRECTOR	0 0		X				0.	0.	0.
(4) DENISE KORNNEGAY DIRECTOR	0 0		X				0.	0.	0.
(5) SARAH LANG CHAIR ELECT	0 0		X	X			0.	0.	0.
(6) BRIAN MCCLUSKEY DIRECTOR	0 0		X				0.	0.	0.
(7) MARGARET PARK DIRECTOR	0 0		X				0.	0.	0.
(8) ROBERT PATRICK PAST CHAIR	0 0		X				0.	0.	0.
(9) KEVIN SASS SECRETARY	0 0		X	X			0.	0.	0.
(10) SUSAN SCHLADER TREASURER	0 0		X				0.	0.	0.
(11) LINN STOREY DIRECTOR	0 0		X				0.	0.	0.
(12) JOHN BUCHOLTZ DIRECTOR	0 0		X				0.	0.	0.
(13) JESSICA R BROWN DIRECTOR	0 0		X				0.	0.	0.
(14) SHRUTI KUMAR DIRECTOR	0 0		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related orga- niza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee			
(15) JIMMIE SMITH DIRECTOR	0 0	X				0.	0.	0.
(16) TARA UNDERWOOD DIRECTOR	0 0	X				0.	0.	0.
(17) CASSANDRA WILLIAMS DIRECTOR	0 0		X			0.	0.	0.
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
1b Sub-total						76,856.	0.	1,020.
c Total from continuation sheets to Part VII, Section A						0.	0.	0.
d Total (add lines 1b and 1c)						76,856.	0.	1,020.

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

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

## Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	486,974			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	150			
	g Noncash contributions included in lns 1a-1f					
	h Total. Add lines 1a-1f		487,124			
		Business Code				
PROGRAM SERVICE REVENUE	2a CONTINUING EDUCATION		109,268	109,268		
	b DISTANCE LEARNING		24,298	24,298		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		133,566			
	3 Investment income (including dividends, interest and other similar amounts)		515			515
	4 Income from investment of tax-exempt bond proceeds					
5 Royalties						
OTHER REVENUE	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		621,205	133,566	0	515	

**Part IX. Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	80,389.	80,389.	0.	0.
7 Other salaries and wages	0.	0.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	155,224.	155,224.		
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,000.	9,000.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion	220.		220.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	15,000.	15,000.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108.	108.		
23 Insurance	4,863.	4,863.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a STUDENT SUPPORT	80,412.	80,412.		
b CE PROGRAM EXP	26,702.	26,702.		
c CE DIRECT EXP	10,684.	10,684.		
d COMPUTER EXPENSE	10,536.	5,268.	5,268.	
e All other expenses	38,068.	30,754.	7,314.	
25 Total functional expenses. Add lines 1 through 24e	431,206.	418,404.	12,802.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	280,208.	1	239,549.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	44,791.	3	72,023.
	4 Accounts receivable, net		4	
	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 sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	73.	9	73.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 15,437.		
	b Less. accumulated depreciation	10b 14,249.	10c	1,188.
	11 Investments – publicly traded securities	40,285.	11	228,626.
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,029.	15	2,998.
16 Total assets. Add lines 1 through 15 (must equal line 34)	367,386.	16	544,457.	
LIABILITIES	17 Accounts payable and accrued expenses	11,213.	17	5,300.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	27,471.	25	22,112.
	26 Total liabilities. Add lines 17 through 25	38,684.	26	27,412.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	328,702.	27	517,045.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	328,702.	33	517,045.
	34 Total liabilities and net assets/fund balances	367,386.	34	544,457.

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Form 990 (2012)

**Part XI 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	621,205.
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	431,206.
3 Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	189,999.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	328,702.
5 Net unrealized gains (losses) on investments . . . . .	5	-1,661.
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). SEE SCHEDULE O . . . . .	9	5.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	517,045.

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

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

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

	Yes	No
1		
2a	X	
2b	X	
2c	X	
3a	X	
3b		

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

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

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

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

3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2012

SCHEDULE A  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

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.

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

Name of the organization THREE RIVERS AREA HEALTH EDUCATION CENTER, INC.

Employer identification number  
58-219732 RECEIVED

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

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

1  A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III — Functionally integrated      d  Type III — Non-functionally integrated  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in column (I) listed in your governing document?		(V) Did you notify the organization in column (I) of your support?		(VI) Is the organization in column (I) organized in the U.S.?		(VII) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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')	367,102.	432,737.	386,538.	357,947.	487,124.	2,031,448.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	367,102.	432,737.	386,538.	357,947.	487,124.	2,031,448.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						2,031,448.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	367,102.	432,737.	386,538.	357,947.	487,124.	2,031,448.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,863.	670.	384.	5,541.	515.	8,973.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						2,040,421.
12 Gross receipts from related activities, etc (see instructions)					12	0.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ 

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.37 %

16a 33-1/3% support test—2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33-1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►	(a) 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33-1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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• Schedule A (Form 990 or 990-EZ) 2012 THREE RIVERS AREA HEALTH EDUCATION 58-2129732 Page 4

58-2129732

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).

**BAA**

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**Schedule A (Form 990 or 990-EZ) 2012**

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TEEA0404L 08/10/12

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

## Supplemental Financial Statements

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OMB No. 1545-0047

MAY 27 2014

2012

Open to Public  
Inspection

OGDEN, U.S.

Employer identification number

58-2129732

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

► See separate instructions.

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements.  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.  
e Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  
f Number of states where property subject to conservation easement is located  
g Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No  
h Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
i Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
j Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No  
k In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  
(i) Revenues included in Form 990, Part VIII, line 1  \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X  \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.  
a Revenues included in Form 990, Part VIII, line 1  \$ \_\_\_\_\_  
b Assets included in Form 990, Part X  \$ \_\_\_\_\_

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Schedule D (Form 990) 2012 THREE RIVERS AREA HEALTH EDUCATION

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

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

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?  Yes  No**Part IV** Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

RECEIVED		Amount
2013	1C	
	1E	
	1D	
	1B	
	1F	
	OGDEN, U	1f

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  Nob 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.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance.					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	15,437.		14,249.	1,188.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ► 1,188.

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012 THREE RIVERS AREA HEALTH EDUCATION

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## Part VII Investments – Other Securities. See Form 990, Part X, line 12.

N/A

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

## Part VIII Investments – Program Related. See Form 990, Part X, line 13.

N/A

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

## Part IX Other Assets. See Form 990, Part X, line 15.

N/A

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LEAVE	2,998
(3) DEFERRED REVENUE	19,114
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)</b>	22,112

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 

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Schedule D (Form 990) 2012

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• Schedule D (Form 990) 2012 THREE RIVERS AREA HEALTH EDUCATION

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**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements  
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12

2a	-1,661.	1	619,544.
2b			
2c			
2d			
2e	-1,661.	3	621,205.
4a			
4b			
4c		5	621,205.

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

### 1 Total expenses and losses per audited financial statements

	1	431,206.
2 a		
2 b		
2 c		
2 d		
	2 e	
	3	431,206.
4 a		
4 b		
	4 c	
	5	431,206.

### **Part XIII Supplemental Information**

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

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BAA

Schedule D (Form 990) 2012

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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.

Name of the organization THREE RIVERS AREA HEALTH EDUCATION  
CENTER, INC.Employer identification number  
58-2129732**FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS**

NO COMMITTEES HAVE POWER TO ACT ON BEHALF OF BOARD.

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

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

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

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

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

ANNUAL DISCLOSURE REQUIRED. MONITORED BY FULL BOARD OF DIRECTORS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT**SET BY BOARD OF DIRECTORS UTILIZING BUDGETARY CONSTRAINTS AND GOVERNMENTAL GRANT  
CRITERIA.**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**SET BY BOARD OF DIRECTORS UTILIZING BUDGETARY CONSTRAINTS AND GOVERNMENTAL GRANT  
CRITERIA.**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**KEPT ON FILE IN OFFICES OF THREE RIVERS. AVAILABLE FOR REVIEW UPON REQUEST. COPIES  
AVAILABLE UPON REQUEST AT FMV COPYING CHARGES.

CIS4RHSQGL

2012

**SCHEDULE O - SUPPLEMENTAL INFORMATION**  
THREE RIVERS AREA HEALTH EDUCATION  
CENTER, INC.

**PAGE 2**

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**FORM 990, PART XI, LINE 9**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ROUNDING

TOTAL \$ 5.



Three Rivers Area Health Education Center  
P. O. Box 4177  
2022 15<sup>th</sup> Avenue  
Columbus, GA 31914  
[www.threeriversahec.org](http://www.threeriversahec.org)  
706.507.0894

## 2013 Report to our Communities

Through strong financial stewardship, Three Rivers AHEC and its Board of Directors established cash reserves during more flush financial times, and these reserve funds have allowed us to continue our work unimpeded during our leanest times (2005-2009). During that period, it was the use of reserve funds that allowed us to continue our work.

For the past four years (2010-2013), Three Rivers AHEC has been operating in a challenging financial environment yet has managed to deliver successful outcomes, both financially and programmatically. Through careful stewardship and keen management, we have restored our reserve funding during this time. This is a clear testament to the commitment of Three Rivers and the Board along with leadership at all levels. Along with this achievement, we exceeded our contract and grant requirements and implemented new initiatives which address our mission – to build and sustain a healthcare workforce for the communities in the Three Rivers AHEC region.

Below are our Vision, Mission, Values and Guiding Principles – these are the backdrop we keep in mind as we plan, strategize, and envision our goals and objectives.

**Vision:** Connecting communities to health care

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

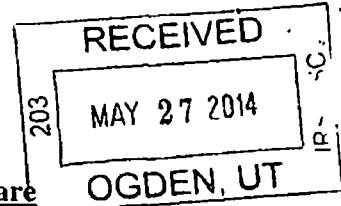
**Values and Guiding Principles:**

As an organization, we

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

We have accomplished great things and have been very blessed. If I had to choose the greatest accomplishment over the past several years, it would be the lives we have had a positive impact on in our communities. The next few tell our stories of how we connected with our communities.

Kathy English, Center Director/CEO



## RECRUIT- Preparing Students for Careers in Health Care

- The *Chart the Course Academy* was developed to assist high school seniors in planning their route to a health career and staying on course! Since 2007, we have awarded \$25,075 in scholarships to 108 students who have successfully completed the Academy and Youth Volunteer Programs.

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

Thirty-three students participated in the 2012-13 Academy, and 11 were awarded scholarships to assist them as they pursue their health career education – five \$500, five \$200, and one \$25. The students participated in our seventh *Chart the Course Academy* which partnered with the HOSA Chapters at four high schools: Hardaway, Kendrick, and Northside in Muscogee County and Harris County High School. The students completed a year-long portfolio which required a minimum of 20 hours of HOSA service and activities – 1,505 total service hours were completed for an average of 45 hours per student! One of the activities included a field trip to Mercer University in Atlanta to visit the Physician Assistant, Pharmacy, and Physical Therapy programs. The students took home with them a great understanding of Mercer's culture of team learning, detailed information about the three programs, and interest in some of these opportunities. We are forever grateful for our partners who assist us with sharing these opportunities with our future health care professionals!

**Where are they now?** We have nurses and certified nursing assistants who are now practicing in hospitals and other health care offices. We have one scholar who is in medical school at Georgia Regents University. And the more recent scholars are still in the academic stage of their career.

- ***MedVac Summer Camp*** We partnered with the Medical Center of Central Georgia in Macon for the 2013 MedVac Camp summer youth health careers camp. Forty middle and high students participated and, represented 13 schools from 9 counties. Throughout the 5 days, the campers learned about the various health career opportunities through career presentations and tours at the Medical Center of Central Georgia. Mercer University's Public Health Masters Program students prepared a mixture of activities to raise the awareness of public health. A city-wide disaster drill was conducted at the Middle Georgia Regional Airport which gave the students an up close and personal experience from the first responders point of view. The final activity was a visit to the Bodies Exhibition in Atlanta. The students were amazed to see how the bodies were preserved and displayed to show the complexity of the anatomy of the human body.
- ***Taylor County High School Viking Academy*** One of our goals this year was to develop an academy program for one of our high schools in a rural county that does not have a HOSA chapter – the true spirit of helping a community "grow their own". The *Viking Academy* was designed to immerse the students into the world of health professions through classroom presentations, video modules and classroom assignments for a full semester. Forty-three students began this journey and will complete it by Christmas break. Updates and reports will be in our newsletter, *The Current*.
- ***Columbus State University's Competitive Premedical Studies Program*** Another goal we had this year was to become involved in an undergraduate health profession program to further strengthen our health career awareness programs by being involved at the next level of the students' education. By collaborating with this initiative, we are accomplishing this. Our missions are parallel and the program's intent is to help position more students on a successful path to medical school, thus addressing the physician shortage in Georgia. The Program kicked off September 2013 – updates and reports will be in our newsletter, *The Current*.
- **Other health career awareness Activities:** Conducted 73 health career awareness programs (classroom presentations, career days/fairs, and career counseling) reaching 3,499 middle and high school students. The breakdown consisted of 63% minority, 52% disadvantaged, and 38% both minority and disadvantaged from 12 of our counties (7 rural).

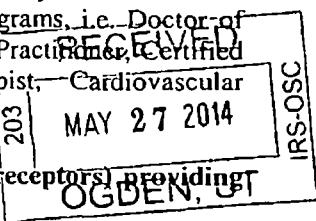
**TRAIN - Facilitating community-based clinical training experiences for health professions students**

- **The Anchor: Clinical Training in West Central Georgia** was created in collaboration with the GA Campus-Philadelphia College of Osteopathic Medicine (PCOM) and the hospitals and health care providers in our region. The project is based on data that suggests that students who spend an extended period of time in an off-campus clinical training location will be more likely to choose that area for practice upon completion of their education. Since our June 2009 inaugural class, we have had 58 students enrolled in the Anchor program. Our first Anchor class is now in their third year of residency. We wait with anticipation for those who will return and practice in our region and Georgia.
- The mission of the **Good Shepherd Healthcare Clinic** is to meet the physical, social, emotional and spiritual needs of the medically underserved of greater Columbus and Chattahoochee Valley area. They accomplish this with a caring, selfless team of volunteer physicians and support staff. With a growing patient base of over 1000, the clinic is often not able to schedule new patients to see a physician in a timely manner. These patients, who call this Clinic their medical home, have no medical insurance or the necessary funds to cover initial doctor visits and other medical needs.

For the third year, Three Rivers AHEC teamed up with Good Shepherd for two "Outreach" Clinics to see 174 patients. Without these events, the patients may have waited four to six months for an appointment with a health care provider. Students from the **Merger University Physician Assistant program**, the **Anchor programs**, and the **Columbus Technical College Practical Nursing and Medical Assisting program** joined Good Shepherd's volunteer physicians and other volunteers in treating these patients at absolutely no charge. Medications were prescribed from the discount and flat rate lists from various pharmacies in the community. St. Francis Hospital made arrangements for free or reduced cost imaging and lab services, and samples of medicines and supplies were donated and distributed.

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

- Coordinated 483 clinical training rotations in 19 of our counties.
  - 13 (68%) of these counties are designated as Rural or Primary Care HPSA (Health Professional Shortage Areas) and 6 of the counties have census tracts that are designated as Primary Care HPSAs.
  - Students performing clinical rotations were from health professions degree programs, i.e. Doctor of Osteopathic Medicine, Doctor of Medicine, Dentist, Physician Assistant, Nurse Practitioner, Certified Registered Nurse Anesthetist, Physical Therapist, Occupational Therapist, Cardiovascular Technologist, and Registered Nurse, representing 22 universities and colleges
- Enlisted 174 health care providers who served as volunteer community faculty (preceptors) providing 81,259 training hours.
  - Of the 271 students trained, 40% were minority and 21% were from a disadvantaged background.
- Provided housing or travel support for 230 student rotations valued at \$77,623.
  - A majority of the clinical rotations in our rural, medically underserved or HPSA counties requires students to leave their school/home base for a clinical rotation. The distance is too far for them to commute daily and thus can be a barrier preventing the student from being trained and thus exposed to the needs in these areas. Where we do not have student housing, we provide a travel support payment to help offset travel expenses. With the continued support from the 2013 General Assembly, we have funding to assist us in this important support area. Currently, we provide student housing in Columbus, LaGrange, and Covington.



**RETAIN - Retaining Practitioners in the Community**

- Three Rivers AHEC is dedicated to providing a comprehensive selection of continuing education courses designed to cultivate learning and enrich the lives of health care providers in our region and throughout the state of Georgia. In addition, we recognize our responsibility to assist healthcare professionals seeking to expand their knowledge and skills on a continuum, increase their competency, and maintain professional licensure and certification by providing appropriate educational course information. A combination of face-to-face conferences, live broadcast webinars, and on-demand online training are utilized to meet the training needs of these health care providers. For our webinars and online trainings, we partnered with **HealthTec<sup>®</sup>** which is a statewide distance learning program designed to support health professionals and strengthen services provided by nonprofit health organizations in Georgia.
  - The four face-to-face conferences focused on patient care in the fields of gastroenterology, orthopaedic nursing, and stroke. The webinar and on-demand training video modules focused on patient care in the fields of asthma, cancer survivorship, and diabetes.
  - A total of 801 nurses, physicians, physician assistants, and physical therapists were trained with 98% of them needing this training for continued licensure, certification, and/or employment. The average evaluation of these programs was 4.84 on a scale of 1 to 5 with 5 being excellent. A total of 2,270 continuing education contact hours were awarded.

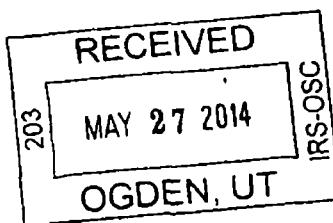
• **RN Reentry Program**

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

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

Since the program's inception (February 2010), 15 RNs have been trained and transitioned back into the workforce. This is an excellent recruiting program for the training sites and a great way for them to "grow their own". The following 13 sites have been developed for the supervised nursing practice portion of the program:

- Columbus Specialty Hospital (Muscogee Co.)
- Columbus Health Department (Muscogee Co.)
- Valley Healthcare System (Muscogee Co.)
- Flint River Hospital, Montezuma (Macon Co.)
- Upson Regional Medical Center, Thomaston (Upson Co.)
- Newton Medical Center, Covington (Newton Co.)
- Rockdale Medical Center, Conyers (Newton Co.)
- West Georgia Health, LaGrange (Troup Co.)
- Sylvan Grove Hospital, Jackson (Butts Co.)
- The Medical Center of Peach County (Peach Co.)
- Piedmont-Newnan (Coweta Co.)
- Piedmont-Fayette (Fayette Co.)
- Piedmont-Henry (Henry Co.)



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

## ORGANIZATIONAL HIGHLIGHTS

- It is always bittersweet to say goodbye to a long-term member of the Board of Directors. **Dr. Linn Storey**, Vice President, Academic Affairs, Columbus Technical College served on our Board from September 1, 2007 until August 31, 2013 and is now retiring after an awesome career. During these 6 years, she has contributed greatly to molding our strategic plans and growth to become the organization we are today. We will greatly miss her – that's the bitter part for us. The sweet part is that we gain another representative from Columbus Technical College, **Mark Thorne**, Interim Dean, School of Health Sciences. We look forward to working with him and continuing our great partnership with Columbus Technical College.
- The **2013 Primary Care Summit** was conducted in May 2013. This annual Primary Care Summit is an AHEC-coordinated effort to prioritize projects, pilots, and / or other interventions that will achieve our goal of 100 Primary Care Providers per 100,000 population in Georgia by 2020.

The Summit began as the Georgia Statewide Network Advisory Council prioritized its health workforce development focus to the shortage of primary care physicians in Georgia. This move was responsive to recently released national reports that offered conclusive evidence that a major shortage was on the near horizon. In November of 2008, the first Statewide AHEC Primary Care Medical Shortages Summit was convened.

There were 99 participants who represented the following stakeholders: Medical Schools, GME Programs, State Agencies, Professional Associations, State Legislative Branch, Non Profits, AHEC Center Staff, and AHEC Program Office Staff. For the full report, please click on or copy/paste the following link into your computer browser:

<https://dl.dropboxusercontent.com/u/16528943/2013%20PRIMARY%20CARE%20SUMMIT%20Executive%20Summary.pdf>

### **Three Rivers AHEC Board of Directors**

**John R. Bucholtz, D.O.**; Director of Medical Education, The Medical Center, Inc.; *Columbus, GA*  
**Jessica Roberson Brown, PA-C**; Cusseta Medical Center; Southwest Georgia Healthcare, Inc.; *Cusseta, GA*  
**Honorable Debbie Buckner**; State Representative House District 137; *Junction City, GA*  
**Donald Corr, PA-C**; Retired Certified Physician Assistant; *Newnan, GA*  
**Denise D. Kornegay, MSW**, Ex-officio member; Program Director, Statewide AHEC Network; *Augusta, GA*  
**Shruti Kumar, OMS-IV**; Anchor Program Representative (Ex Officio); Georgia Campus- Philadelphia College of Osteopathic Medicine (PCOM), *Columbus, GA*  
**Sarah E. Lang, M.H.H.A.**; Executive Director/CEO, Valley Healthcare; *Columbus, GA*  
**Brian S. McCluskey, Ph.D.**; President/CEO, Human Performance & Rehabilitation Center; *Columbus, GA*  
**Margaret Park**, Retired, Department of Human Resources, Division of Public Health; *Luthersville, GA*  
**Robert W. Patrick**; Retired, Superintendent, Talbot County Board of Education; *Columbus, GA*  
**Kevin Sass, FACHE**; Senior Executive Officer, Doctors Hospital; *Columbus, GA*  
**Susan C. Schlader, M.Ed**; Talbot County Chamber of Commerce; *Talbotton, GA*  
**Jimmie H. Smith, Jr., MD, MPH**; Adjunct Professor, Mercer Univ. School of Medicine, Dept. of Community Medicine Professor of Practice, Argosy University, College of Health Sciences; *Macon, GA*  
**Linn Storey, Ed.D**, Vice President, Academic Affairs, Columbus Technical College; *Columbus, GA*  
**Tara Underwood, Ph.D.**; Department Chair/Associate Professor; Health, Physical Education, and Exercise Science; Columbus State University; *Columbus, GA*  
**Cassandra H. Williams, M.Ed**; Healthcare Recruiter, Medical Center of Central Georgia; *Macon, GA*

### **Three Rivers AHEC Team**

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

# CIS4RHSQGL

Form 8868 (Rev 1-2013)

Page 2

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- 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 copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions <b>THREE RIVERS AREA HEALTH EDUCATION CENTER, INC.</b>	Employer identification number (EIN) or <b>58-2129732</b>
File by the extended due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>ALBRIGHT FORTENBERRY &amp; NINAS LLP P.O. BOX 2767 COLUMBUS, GA 31902</b>	Social security number (SSN)
		RECEIVED

Enter the Return code for the return that this application is for (file a separate application for each return)

2 MAY 27 2014

RSOS  
01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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 (section 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 previously filed Form 8868.

- The books are in care of ▶ KATHY ENGLISH Telephone No. ▶ (706) 507-0894 FAX No. ▶ (706) 507-0896
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ▶  . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 7/15, 20 14.
- For calendar year       , or other tax year beginning 9/01, 20 12, and ending 8/31, 20 13.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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 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 statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Philip S. Broder Title ▶ Clerk  
BAA

FIF20502L 01/21/13

Date ▶ 4/14/14  
Form 8868 (Rev 1-2013)