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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 private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

ALLIANCE HEALTHCARE SERVICES, INC. 62-0911518		Check if	C Name of organization	DE	mployer identifi	cation number					
The company Control	T		S ALITANOE HEALMHOADE CEDUTOEC INC		1						
Number and street (or Po. Do.or finals in ot delivered to street address) Room/sute 222 0 UNION AVENUE City or town, state or province, country, and 2/P or foreign postal code MEMPHIS, TN 38104 Favorement states of primorpal offiner GENE LAWRENCE Favorement and address of primorpal offiner GENE LAWRENCE 220 UNION AVENUE, MEMPHIS, TN 38104 Https://doi.org/10.1001	长	Name	D		62-0	011510					
Politic Poli	H	Initial	——————————————————————————————————————	uto E T							
City or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country, and ZiP or foreign postal code Cally or town, state or province, country Yes XiNo No. The Cally or town, state or province Yes XiNo XiNo Yes XiNo XiNo Yes XiNo XiNo XiNo Yes XiNo	<u> </u>	Termin		unte E 11							
MEMPHIS_TN_38104 MEMPHIS_TN_	\vdash	Amend		- G G							
Name and address of principal inflicer GENE LAWRENCE 2220 UNITON AVENUE MEMPHIS TN 381.04 Tax-exempt status X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 Tax-exempt status X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 Tax	\vdash	Applic									
Tax-expendit status X 501(c) 3 501(c) 4 (insert in c) 4947(g)(1) or 527	_										
Tax-exempt status				Н(р)							
Website: ► N / A Hick Group exemption number ►	1 :	Гах-ехе									
Format organization: X Corporation											
Brefty describe the organization's mission or most significant activities. PROVIDE OUTPATIENT MENTAL HEALTH SERVICES. Check this box											
SERVICES. Check this box					-						
SERVICES. Check this box	_	1	Briefly describe the organization's mission or most significant activities: PROVIDE	OUTPA	TIENT ME	NTAL HEALTH					
Solution	ĕ		•								
Solution	r	1		nore than	25% of its net a	ssets					
Solution	Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	13					
Solution	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13					
Solution	Se	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	363					
Solution	Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0					
Solution	cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Program service revenue (Part VIII, line 2g) Program service revenue (Part VIII, line 2g) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Program service revenue (Part VIII, column (A), lines 4, 4, 4, 4, 4, 4, 5, 5, 71, 10, 5, 71, 10, 5, 71, 10, 5, 71, 10, 5, 71, 10, 5, 71, 10, 5, 71, 10, 10, 11, 10, 10, 11, 10, 10, 11, 10, 10	_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
Program service revenue (Part VIII, Inle 2g) 7,090,335, 14,065,495, 1,059, 2,574, 1,059, 2,105,710, 354,954, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5,6d,8c,9c,10c,and 12,105,710, 354,954, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5,6d,8c,9c,10c,and 12,105,710, 354,954, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5,6d,8c,9c,10c,and 12,105,710, 354,954, 13 Grants and similar amounts paid (Part IX, column (A), lines 4,105,105,105,105,105,105,105,105,105,105		20		Pı	rior Year	Current Year					
Program service revenue (Part VIII, Inle 2g) 7,090,335, 14,065,495, 1,059, 2,574, 1,059, 2,105,710, 354,954, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5,6d,8c,9c,10c,and 12,105,710, 354,954, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5,6d,8c,9c,10c,and 12,105,710, 354,954, 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5,6d,8c,9c,10c,and 12,105,710, 354,954, 13 Grants and similar amounts paid (Part IX, column (A), lines 4,105,105,105,105,105,105,105,105,105,105	Φ	3	Contributions and grants (Part VIII, line 1h)	4,	786,399.	8,777,461.					
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10c,	ž	P	Program service revenue (Part VIII, line 2g)	7,	090,335.	14,065,495.					
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 106, and 150	ě	∌ 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,059.	2,574.					
Grants and similar amounts paid (Part IX, column (A), lines 100		11		2,	105,710.	354,954.					
Grants and similar amounts paid (Part IX, column (A), lines 100		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) (line 12)	13,	983,503.	23,200,484.					
Signature Block Signature		a - · ·			0.	152,252.					
Signature Block Signature		14	Benefits paid to or for members (Part IX, column (A), line 4 φ MAY 9 @ 2045	8		0.					
Signature Block Part II Signature Block Signature Block Date	တ္ဆ	⁹ 15	Salaries, other compensation, employee benefits (Part IX, pallmn (A), lines 5-10) UI	6 7	830,850.	14,311,135.					
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances Subtract line 21 from line 20 13 Total liabilities (Part X, line 26) 14 Total liabilities (Part X, line 26) 15 Revenue less expenses Subtract line 21 from line 20 16 Signature Block 17 Total liabilities (Part X, line 26) 18 Beginning of Current Year 19 End of Year 10 Signature Block 10 Line 20 Subtract line 21 from line 20 10 Line 20 Signature Block 11 Line 20 Signature Block 12 Signature Block 13 , 507 , 187 . 21 , 604 , 661 . 14	Su.	⁹ 16a	Professional fundraising fees (Part IX, column (A), line 11e	<u></u>	0.	0.					
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 India liabilities (Part X, line 26) 4	×p.	⊅	Total fundraising expenses (Part IX, column (D), line 25)			-					
19 Revenue less expenses Subtract line 18 from line 12 476,316. 1,595,823.	T.	∄17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								
Beginning of Current Year End of Year		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,							
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. Signature of officer Signature of officer Signature of officer Date Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge. Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge. Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge. Print/Type preparer's signature Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge. Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge. Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Print/Type preparer has any knowledge. Signature of officer Date Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge. Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge. Print/Type preparer has any knowledge. Date Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge. Print/Type preparer has any knowledge. Signature of officer Date Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplantion of which preparer has any knowledge. Print/Type preparer has any knowledge. Print/Type preparer's name patential of the preparer's signature			Revenue less expenses Subtract line 18 from line 12		<u>476,316.</u>	1,595,823.					
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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. Signature of officer Signature of officer Signature of officer Date Print/Type preparer's name STEPHANIE L. LIVINGSTON, Signature Firm's name CANNON WRIGHT BLOUNT PLLC Firm's address 756 RIDGE LAKE BLVD. SUITE 100 MEMPHIS, TN 38120-9420 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	gg Bigg	21	Total liabilities (Part X, line 26)	1,		_					
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. Signature of officer Signature of officer Date Print/Type or print name and title Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supplant Lumb, Officer Firm's name CANNON WRIGHT BLOUNT PLLC Firm's elln 62-1657946 Print/Type or print name and title Print/Type address 756 RIDGE LAKE BLVD. SUITE 100 MEMPHIS, TN 38120-9420 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	켩	22		4,	414,031.	11,522,495.					
A Signature of officer Sign Bereard Signature of officer Print/Type preparer's name STEPHANIE L. LIVINGSTON, Suparation of proparer of the propagation of the propagation of the propagation of propag			<u> </u>								
Sign Advisor Signature of officer Signature of officer Date						ly knowledge and belief, it is					
Signature of officer GENE LAWRENCE, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name STEPHANIE L. LIVINGSTON, Supland Windth Character Self-employed P00235829 Preparer Firm's name CANNON WRIGHT BLOUNT PLLC Firm's address 756 RIDGE LAKE BLVD. SUITE 100 MEMPHIS, TN 38120-9420 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check PTIN PTIN PTIN STEPHANIE L. LIVINGSTON, Supland Windth Character Self-employed P00235829 Firm's EIN 62-1657946 Phone no. (901) 685-7500 X Yes No	true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has ar		1,1,1,0					
Here GENE LAWRENCE, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Print/Type preparer's name	_		Signature of officer			7-73					
Type or print name and title Print/Type preparer's name STEPHANIE L. LIVINGSTON, Suparative Self-employed P00235829 Preparer Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Date Print/Type preparer's name Print/Type preparer's name STEPHANIE L. LIVINGSTON, Suparative Self-employed P00235829 Print's signature Self-employed P00235829 Firm's address 756 RIDGE LAKE BLOUNT PLLC Firm's address 756 RIDGE LAKE BLVD. SUITE 100 MEMPHIS, TN 38120-9420 Phone no. (901) 685-7500 X Yes No					Dato						
Print/Type preparer's name STEPHANIE L. LIVINGSTON, Suparative Characteristics address T56 RIDGE LAKE BLVD. SUITE 100 MEMPHIS, TN 38120-9420 May the IRS discuss this return with the preparer shown above? (see instructions) Print/Type preparer's name Print/Type preparer's name STEPHANIE L. LIVINGSTON, Suparative Characteristics Check PTIN STEPHANIE L. LIVINGSTON, Suparative Characteristics PO0235829 Print/Type preparer's name Print/Type p	Her	re									
Paid STEPHANIE L. LIVINGSTON, SUPPARATE L. LIVINGSTON, STEPHANIE L. LIV				Date	Check [1 PTIN					
Preparer Firm's name CANNON WRIGHT BLOUNT PLLC Firm's EIN 62-1657946 Use Only Firm's address 756 RIDGE LAKE BLVD. SUITE 100 MEMPHIS, TN 38120-9420 Phone no. (901) 685-7500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	Dair	d		15-11	11	-					
Use Only Firm's address 756 RIDGE LAKE BLVD. SUITE 100 MEMPHIS, TN 38120-9420 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No				· · · · /							
MEMPHIS, TN 38120-9420 Phone no. (901) 685-7500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No					THIII S CIN	<u> </u>					
May the IRS discuss this return with the preparer shown above? (see instructions)		J,			Phone no (9	01)685-7500					
	Ma:	v the IF									
				_							

	Total program service expenses ▶18,405,116.				
d	1 000 460	(Revenue \$	429,4	.00.)	
	(Code) (Expenses \$1,079,395. Including grants of \$1. MEMPHIS AND SHELBY COUNTY	<u>54,454.</u>)	(Revenue \$		
	1 070 205				
	(Code) (Expenses \$4,067,384. including grants of \$CRISIS CONTINUUM)	(Revenue \$	1,291,4	454
	MENTAL HEALTH SERVICES		/ leveline a		<u> </u>
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants revenue, if any, for each program service reported. (Code) (Expenses \$11,327,868. including grants of \$	and allocations	to others, the to	otal expenses, a	and
	Did the organization cease conducting, or make significant changes in how it conducts, a lf "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three larges			Yes	
	Did the organization undertake any significant program services during the year which we the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.			Yes	
	DERVICED TEND OTHER MENTAL HEALTH DERVICED.				
	THE CENTER PROVIDES OUTPATIENT COUNSELING, C. SERVICES AND OTHER MENTAL HEALTH SERVICES.	ASE MANA	GEMENT, C	RISIS	
	Briefly describe the organization's mission				

	990 (2013) ALLIANCE HEALTHCARE SERVICES, INC. 62-0911 t IV Checklist of Required Schedules	<u>518</u>	Р	age 3
			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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		х
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		Х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		х
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		ļ	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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
С	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 ⁹ If "Yes," complete Schedule D, Part IX	11d		X
е	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		Х
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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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	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,"	i 1		
	complete Schedule G, Part III	19		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013) ALLIANCE HEALTHCAR Part IV Checklist of Required Schedules (continued)

			162	140
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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		77	
	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		3,7
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		-
	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	05-		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	OEL		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		^
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			ļ
	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	20		
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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, Part II, III, or IV, and	i		
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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 "You " complete School P. Port V. Iron 2.			75
27	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	27		₩.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
90	Note. All Form 990 filers are required to complete Schedule O	38	X	
	11010.7 at 1 of 11 000 more dre required to complete concedure o		990	(2013
		, 5000		_U

	Check if Schedule O contains a response or note to any line in this Part V				ليا
	•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	71			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	3			
	(gambling) winnings to prize winners?	-	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	363			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-	2b_	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	-	-	3a		X
		-	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_	4a		X
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				
5a		-	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-	5c		
6a	<u>-</u>	olicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b		├
С					37
	to file Form 8282?	-	7c		X
d	- · · · · · · · · · · · · · · · · · · ·		_		3.5
е			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		_7f 		
g			7g		
h	· · · · · · · · · · · · · · · · · · ·	1098-07	7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	10 1/00r2			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the	e year	8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	· · · · · · · · · · · · · · · · · · ·	}	<u>9a</u> 9b		<u> </u>
d 10	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			1	
a					
11	Section 501(c)(12) organizations. Enter				
ıı a	O				
a b					
	amounts due or received from them.)				
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	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.				
	Is the organization licensed to issue qualified health plans in more than one state?	ľ	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O				
b					
	organization is licensed to issue qualified health plans				
С	120				
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
				1 990	(2013)

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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 or note to any line in this Part VI		· <u> </u>			X					
<u>Sec</u>	tion 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	1a	13	3							
	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.			ľ							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other								
	officer, director, trustee, or key employee?			2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4	Х						
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?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following:								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>					
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenu	e Code)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y befo	re filing the form?	11a		X					
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	_X_						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe								
	ın Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13		_X					
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approve	•	ndependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)									
a	The organization's CEO, Executive Director, or top management official		•	15a	X						
ь	Other officers or key employees of the organization			15b	X						
40	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 arrange	ment v	vith a								
	taxable entity during the year?			16a		<u>X</u> _					
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the organization of the organization follows a written policy or procedure requiring the organization to evaluate the organization of the organi										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatıc	n's								
500	exempt status with respect to such arrangements?	-	 -	16b							
17 10	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an expansion to make its Forms 1023 for 1024 if applicable), 900, and 900 if	T (O = -	F01/-1/01		<u> </u>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	i (Seci	ion 501(c)(3)s only)	availab	ie						
	for public inspection. Indicate how you made these available. Check all that apply.		hadula Ol								
40	Own website Another's website X Upon request Other (explain		•		•						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, constatements available to the public during the tax year.	onflict	or interest policy, ar	id finar	icial						
20	statements available to the public during the tax year.	nd	ordo of the sure	-							
20	State the name, physical address, and telephone number of the person who possesses the books a $KYLE\ HATAWAY\ -\ 901-369-1400$	iiu rec	orus or the organiza	uon 🕨							
	2220 UNION AVENUE, MEMPHIS, TN 38104										
	AND ONTON AVENUE, MEMETILD, IN 30104				000						

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

Check if Schedule O contains a response or note to any line 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

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

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

(A) Name and Title	(B) Average hours per week	box,	not c unle	ss pe	ition more rson i	than is bot	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES BAKER	1.00	.,								•
DIRECTOR	1.00	X				_		0.	0.	0.
(2) BECKY NUBER DIRECTOR	1.00	x						0.	0.	0.
(3) MIKE REID	1.00	41				<u> </u>				<u>.</u>
SECRETARY		X		x				0.	0.	0.
(4) MARTY REGAN, JR.	1.00									
DIRECTOR		X						0.	0.	0.
(5) RUTH BREJOT	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ALONZO WOODS	1.00	-							_	
VICE PRESIDENT		X		X				0.	0.	0.
(7) STEPHEN WILKE	1.00	_								
PRESIDENT	1 00	X		X		_		0.	0.	0.
(8) MURPHYSTEEN COUNTS	1.00	X		x				0.		_
TREASURER	1.00	^		Λ		-		<u> </u>	0.	0.
(9) RON AVEN	1.00	x						0.	0.	0.
DIRECTOR (10) NORMA LESTER	1.00	Δ							· ·	
DIRECTOR	1.00	x						0.	0.	0.
(11) ERIC TRENT MCVAY	1.00									
DIRECTOR		x						0.	0.	0.
(12) NINA STAPLES	1.00									
DIRECTOR		X						0.	0.	0.
(13) FRANCES RICOSSA	1.00									
DIRECTOR		X						0.	0.	0.
(14) GENE LAWRENCE	40.00									
CHIEF EXECUTIVE OFFICER				X	ļ			263,453.	0.	63,229.
(15) KYLE HATAWAY	40.00									
CHIEF FINANCIAL OFFICER		-		X				132,706.	0.	31,849.
(16) MICHAEL SEAY	40.00								_	
MEDICAL DIRECTOR					X	<u> </u>		187,641.	0.	45,034.
		-								
			L		L	Ь		<u></u>	l <u> </u>	- 000 (55)

Form 990 (2013)

		Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
اج يَر	b	Membership dues	. 1b					
S, C	С	Fundraising events	1c					ŀ
불교	d	Related organizations	1d					
S, E	е	Government grants (contribut	tions) 1e	7,841,045.				
igi	f	All other contributions, gifts, gran	nts, and					
를		similar amounts not included abo	ove 1f	936,416.				
들임	g	Noncash contributions included in lines	s 1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			8,777,461,			
				Business Code				
8	2 a	PATIENT FEES		621400	14,065,495.	14,065,495.		
او ≲َ	b	·						
S E	С							
Program Service Revenue	d							
<u>6</u>	е							
٦ -	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			14,065,495.			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		▶	2,574.			2,574
-	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
	5	Royalties .		<u> </u>				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
1		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)					 .	
e l	8 a		ng events (not					
en		including \$	of					
Other Revenue		contributions reported on line	1c) See					
ē		Part IV, line 18	a	1				
₹		Less direct expenses	t	•				
		Net income or (loss) from fund						
	9 a	Gross income from gaming ac						
		Part IV, line 19	a.					
I		Less direct expenses	t	·				
ĺ		Net income or (loss) from gan		P				
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less. cost of goods sold		·				
-	<u> </u>	Net income or (loss) from sale		<u> </u>				
-		Miscellaneous Revenu	ne	Business Code				
		OTHER REVENUE		621400	354,954.	354,954.		
1	b							
	C			<u> </u>			 -	
	d	All other revenue				<u> </u>		
		Total. Add lines 11a-11d			354,954.			
332009	12	Total revenue. See instructions.		<u> </u>	23,200,484	14,420,449,	0	2 574

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 if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 152,252. 152,252. the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 566,673. 188,602. 378,071 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,929,970. 9,248,855. 1,681,115. Other salaries and wages Pension plan accruals and contributions (include 553,625. 426,432. 127,193 section 401(k) and 403(b) employer contributions) 1,017,802. Other employee benefits 1,310,347. 292,545. 950,520. 734,291. 216,229. Payroll taxes Fees for services (non-employees) a Management **b** Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) <u>1,347,747.</u> 1,302,828. 44,919. 9,996. 9,996. Advertising and promotion 126,540. 4,058,313. 3,931,773. 13 Office expenses Information technology 14 Royalties 15 716,028. 559,463. 156,565. 16 Occupancy 466,261. 394,018. 72,243. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 24,062. 505. 23,557 20 21 Payments to affiliates 242,398. 210,097. 32,301 22 Depreciation, depletion, and amortization 121,890. 86,727. 23 Insurance 35,163. 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.) DUES & SUBSCRIPTIONS 88,514. 88,514. LAB COSTS 38,819. 38,819. AWARDS & INDEMNITIES 24,064. 1,580. 22,484. 22,897. 22,897. d LICENSE & FEES -19,715. -10,335. -9,380 e All other expenses 21,604,661. 18,405,116. 3,199,545. Total functional expenses. Add lines 1 through 24e 0. 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)

Form 990 (2013)
Part X Balance Sheet

Part		Check if Schedule O contains a response or note to any line in this Part X		
-		Check if Schedule O contains a response or note to any line in this Part X	(A)	(B)
	•		Beginning of year	End of year
\top	1	Cash - non-interest-bearing	2,326,757.	1 3,923,466.
	2	Savings and temporary cash investments		2 1,138,554.
	3	Pledges and grants receivable, net		3 2,304,428
	4	Accounts receivable, net		4 1,836,704
	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		7.7
		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 instr) Complete Part II of Sch L		6
Assets	7	Notes and loans receivable, net		7
₹	8	Inventories for sale or use	238,512.	8 236,975.
	9	Prepaid expenses and deferred charges .	146,836.	8 236,975. 9 204,803.
1	10a	Land, buildings, and equipment cost or other		
		basis Complete Part VI of Schedule D 10a 7,323,151.		
	b	Less accumulated depreciation 10b 3,866,093.	847,380.1	oc 3,457,058.
1	11	Investments - publicly traded securities .		11
1	12	Investments - other securities See Part IV, line 11	-	12
1	13	Investments - program-related See Part IV, line 11	•	13
1	14	Intangible assets		14
1	15	Other assets See Part IV, line 11		15
1	16	Total assets. Add lines 1 through 15 (must equal line 34)		<u>16 13,101,988.</u>
1	17	Accounts payable and accrued expenses	1,236,869.	1,579,493
1	18	Grants payable		18
1	19	Deferred revenue		19
	20	Tax-exempt bond liabilities .	2	20
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21
Se 2	22	Loans and other payables to current and former officers, directors, trustees,		
		key employees, highest compensated employees, and disqualified persons		
Liabilities		Complete Part II of Schedule L		22
2	23	Secured mortgages and notes payable to unrelated third parties	•	23
- 1	24	Unsecured notes and loans payable to unrelated third parties		24
2	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		\ <u></u>
_ ا	26	•		25 1 570 402
- -	<u> 26</u>	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ `X and	1,236,869.	26 1,579,493.
, l		complete lines 27 through 29, and lines 33 and 34.		
ğ ,	27	Unrestricted net assets	4,414,031.	27 11,122,495.
, a	28	Temporarily restricted net assets		28 400,000
	29	Permanently restricted net assets		29
Š ^		Organizations that do not follow SFAS 117 (ASC 958), check here		29
<u> </u>		and complete lines 30 through 34.		
is i	30	Capital stock or trust principal, or current funds		30
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31
⋖	32	Retained earnings, endowment, accumulated income, or other funds		32
ğ ğ	33	Total net assets or fund balances		11,522,495.
, ·		Total liabilities and net assets/fund balances		13,101,988

Form **990** (2013)

			HEALTHCARE	SERVICES, INC	•	62-091	1518	Pag	_{де} 12
Pa	t XI Reconciliation	of Net Assets	3						
	Check if Schedule O	contains a respo	onse or note to any line	e in this Part XI					\mathbf{X}
	•								
1	Total revenue (must equal	Part VIII, column	(A), line 12)			1 2	23,20	0,4	84.
2	Total expenses (must equa	ıl Part IX, column	(A), line 25)			2 2	1,60	4,6	61.
3	Revenue less expenses S	ubtract line 2 from	n line 1			3	1,59		
4	Net assets or fund balance	s at beginning of	fyear (must equal Par	t X, line 33, column (A))		4	4,41		
5	Net unrealized gains (losse	s) on investment	s			5			
6	Donated services and use	of facilities				6			
7	Investment expenses					7			
8	Prior period adjustments		•			8			
9	Other changes in net asse	s or fund balanc	es (explain in Schedul	e O)		9	5,51	2,6	$\overline{41.}$
10	Net assets or fund balance	s at end of year	Combine lines 3 throu	igh 9 (must equal Part X, lin	e 33,				
	column (B))					10]	1,52	2,4	95.
Par	t XII Financial State	ments and Re	eporting						
	Check if Schedule O	contains a respo	onse or note to any line	e in this Part XII					X
								Yes	No
1	Accounting method used t	o prepare the Fo	rm 990 🔛 Cash	X Accrual Othe	er				_
	If the organization changed	t its method of a	counting from a prior	year or checked "Other," ex	xplain in Schedule C)	1 1		}
2 a	Were the organization's fin	ancial statement	s compiled or reviewe	d by an independent accou	ntant?		2a		X
	If "Yes," check a box below	v to indicate whe	ther the financial state	ements for the year were con	mpiled or reviewed o	on a			i
	separate basis, consolidate	ed basis, or both					1		
	Separate basis	Consolidate	ed basis Bo	th consolidated and separa	te basıs				1
b	Were the organization's fin		•				2b	X	
	If "Yes," check a box below	v to indicate whe	ther the financial state	ements for the year were au	dited on a separate	basis,		1	
	consolidated basis, or both	1.							
	X Separate basis	Consolidate	ed basis Bo	th consolidated and separa	te basıs				
С	If "Yes" to line 2a or 2b, do	es the organizati	on have a committee	that assumes responsibility	for oversight of the	audıt,			
	review, or compilation of its	s financial statem	ents and selection of	an independent accountant	?		2c	Х	
	If the organization changed	d either its oversi	ght process or selection	on process during the tax ye	ear, explain in Sched	lule O			
За	As a result of a federal awa	rd, was the orga	nization required to un	dergo an audit or audits as	set forth in the Sing	le Audit		Ì	
	Act and OMB Circular A-13	3?					3a	Х	
b	If "Yes," did the organization	on undergo the re	quired audit or audits	? If the organization did not	undergo the require	ed audit			
	or audits, explain why in So	hedule O and de	scribe any steps take	n to undergo such audits			3b	_X_	
							Form	9 90 (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Name of	the organizati	on						E	mployer	identificati	ion nu	mber
		ALLIANC	E HEALTHCARE	SERV	ICES,	INC.			6	2-0911	<u>.518</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) See inst	ructions				
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)	١.				
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔼			tal service organization (
4	A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospital	l's nam	ıe,
	city, and stat											
5 📖			benefit of a college or ui	niversity ov	wned or o	perated by	a governi	mental un	ıt describ	ed in		
_		(b)(1)(A)(iv). (Comple	•									
6		-	ent or governmental uni				,, ,, ,					
7			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	ribed ii	n
• 🗀		b)(1)(A)(vi). (Comple	•	(0	D- 4 II)							
8 📙			ection 170(b)(1)(A)(vi).						_			
9 📖			eives (1) more than 33							-		
			nctions - subject to certa							_		
		509(a)(2). (Complete	axable income (less sect	liononia	ix) ironi bu	isiriesses a	acquired b	y the orga	anization	arter June 3	30, 197	5
10			perated exclusively to te	st for publ	ic safety 9	See sectio	n 500/a\/	1)				
11	_		perated exclusively for the	-	-			,	v out the	nurnoses (of one (or
			ations described in secti						-			J1
			organization and compl				,		(L)(C).			
	а П Туре			ype III - Fu	-		c	тур	e III - No	n-functional	lly intec	grated
е 🗔	By checking	this box, I certify tha	it the organization is not					more dis	qualified	persons oth	ner tha	.n
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509	∂(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box					•				
9	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foli	owing per	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	lescribed	n (II) and	(III) below	,	Yes	No
	-		upported organization?							11g(i)	1	
	. ,	•	n described in (i) above?		_					11g(ii)		
	• •		person described in (i) o	''						11g(iii)	<u> </u>	L
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
	-	Ι	<u> </u>	tina la tha a		() D.d		(vi) l	n the			
• •	of supported	(ii) EIN		(iv) Is the c in col. (i) Is				l organizati	on in col. I	(vii) Amoun		netary
Orga	anization			governing				(i) organiz U.S	zea in the	sup I	port	
			(see instructions))	Yes	No	Yes	No	Yes	No	ĺ		
												
							_					
					İ							
												
										<u> </u>		
<u>Total</u>		L	<u> </u>					L		L		
LHA For F	aperwork Re	duction Act Notice	, see the Instructions fo	or				Schedu	le A (For	m 990 or 99	30-EZ)	2013

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 ALLIANCE HEALTHCARE SERVICES, INC. 62-0911518 Page 2
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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and				1-7		(7)
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			T	-		
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4				-		
<u>Se</u>	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			ļ			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities,	, etc (see instruct	ions)	•		12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Se	organization, check this box and stor ction C. Computation of Publ		rcentage				
	Public support percentage for 2013 (column (f))		14	%
	Public support percentage from 2012	• •	•	(//		15	%
	33 1/3% support test - 2013. If the			on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies					,	▶ □
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	_			·· - ·	,	
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•		▶□
b	10% -facts-and-circumstances tes	•	•			17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
<u>1</u> 8	Private foundation. If the organization					•	ıs 🕨
						edule A (Form 990	

332022 09-25-13

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

Secti	on A. Public Support	now, piease comp	neter art ii.j	· · · · · · · · · · · · · · · · · · ·			
	ar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gi m	ifts, grants, contributions, and embership fees received. (Do not clude any "unusual grants ")	χ, μ,		(5)=5.1			(7)
2 Gi m fo ar	ross receipts from admissions, erchandise sold or services per- irmed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose						
ar	ross receipts from activities that re not an unrelated trade or bus- ess under section 513						
ıza	ax revenues levied for the organ- ation's benefit and either paid to r expended on its behalf						
fu	ne value of services or facilities irnished by a governmental unit to be organization without charge						
6 To	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	nounts included on lines 2 and 3 received on other than disqualified persons that ceed the greater of \$5,000 or 1% of the nount on line 13 for the year						
c A	dd lines 7a and 7b						
	ublic support (Subtract line 7c from line 6)						
<u>Secti</u>	on B. Total Support				_		
Calenda	ar year (or fiscal year beginning ın) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10a G di	mounts from line 6 ross income from interest, ividends, payments received on ecurities loans, rents, royalties and income from similar sources						
	nrelated business taxable income						
	ess section 511 taxes) from businesses equired after June 30, 1975						
11 No ac w re 12 O or	dd lines 10a and 10b et income from unrelated business ctivities not included in line 10b, hether or not the business is egularly carried on ther income Do not include gain r loss from the sale of capital essets (Explain in Part IV.)						
13 To	otal support. (Add lines 9, 10c 11, and 12)			<u> </u>	<u> </u>		
14 Fi	i rst five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	neck this box and stop here	0				<u> </u>	
	on C. Computation of Publi					11	
	ublic support percentage for 2013 (li		•	column (f))		15	
	ublic support percentage from 2012 on D. Computation of Inves					16	<u>%</u>
						17	0/
	vestment income percentage for 20 vestment income percentage from 2			ne 13, column (f))	•	18	<u>%</u>
	3 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than :		
	ore than 33 1/3%, check this box ar						▶
	3 1/3% support tests - 2012. If the						and
	ne 18 is not more than 33 1/3%, che						▶□
	rivate foundation. If the organization						▶□

art IV	Supplemen	ital Informat	ION. Provide the	e explanations r	equired by Part	II, line 10, Part II, I	ne 17a or 17b; and	Part III, line 12.
	Also complete	this part for any	additional inform	nation. (See ins	tructions)			
•	-							
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization Employer identification number ALLIANCE HEALTHCARE SERVICES. 62-0911518 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 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 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 a Total number of conservation easements **2**a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) **2**c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 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

		E HEALTHCA							<u>11518</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, c	or Oth	er Simil	<u>ar Asse</u>	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checi	k any of the	following tha	it are a s	significant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	c	ı 🔲	Loan or exch	nange progr	ams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organizati	on's exe	empt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or oth	er sımıla	ır assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatioi	n answered	"Yes" to	Form 990	, Part IV,	lıne 9, or	
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets no	t included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table:						
									Amount	
С	Beginning balance						1c			
ď	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				_		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has been	provided in	Part XIII				
Par	rt V Endowment Funds. Complete	f the organization at	nswered	"Yes" to For	m 990, Part	IV, line	10			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses		L							
d	Grants or scholarships									
е	Other expenditures for facilities			Ì						
	and programs									
f	Administrative expenses		_							
g	End of year balance									
2										
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporanly restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held ar	nd administe	ered for t	the organi	zation		
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4_	Describe in Part XIII the intended uses of the	organization's end	owment:	funds				_		
Par	rt VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a Se	ee Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investi	ment)	basis ((other)	de	preciation			
1a	Land .			26	4,333.				264	,333.
b	Buildings				1,014.	1,	855,5	12.	2,255	
c	Leasehold improvements			91	4,346.		523,3	85.		,961.
d	Equipment .			2,03	3,458.	1,	487,1	96.		,262.
<u>e</u>	Other		_							
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0(c))				3,457	,058.

Schedule D (Form 990) 2013

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. Liability for uncertain tax positions. 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.

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 ALLIANCE HEALTHCARE SERVIC				0911518	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturr	٦.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements		<u>.</u>	_1_	23,617	,394.
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	416,910.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	· . · · · · · · · · · · · · · · · · · ·			
е	Add lines 2a through 2d			2e		<u>,910.</u>
3	Subtract line 2e from line 1			3	23,200	<u>,484.</u>
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		Į		
b	Other (Describe in Part XIII)	4b		ļ		
C	Add lines 4a and 4b			4c		<u>0.</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			_ 5	23,200	<u>,484.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	22,021	<u>,571.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a	416,910.			
b	Prior year adjustments	2b				
С	Other losses .	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,910.</u>
3	Subtract line 2e from line 1			_3_	21,604	<u>,661.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b		!		_
С	Add lines 4a and 4b			4c	-	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	21,604	<u>,661.</u>
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			4, Part	X, line 2, Part	XI,
iines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addi	tional intor	mation.			
						
			•			
	· · · · · · · · · · · · · · · · · · ·					
					<u> </u>	
						
				-		
		· · · · · · · · · · · · · · · · · · ·				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

Employer identification number

Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

% |X 62-0911518 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC ALLIANCE HEALTHCARE SERVICES, (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part I Part II

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

Schedule I (Form 990) (2013)

(f) Description of non-cash assistance 62-0911518 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance ALLIANCE HEALTHCARE SERVICES, INC. 152,252. (c) Amount of cash grant (b) Number of recipients 510 SUBSIDIES FOR RENT, UTILITIES, DENTAL AND VISION (a) Type of grant or assistance Schedule I (Form 990) (2013) EXPENSES Part III

Page 2

Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALLIANCE HEALTHCARE SERVICES, INC.

Employer identification number 62-0911518

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1.2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	· 	
3	Indicate which if any of the following the filing organization used to establish the companyation of the experimentaria			
Ŭ	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee X Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			_
	Regulations section 53 4958-6(c)?	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	le J (Forn	n 990	2013

332111 09-13-13

ALLIANCE HEALTHCARE SERVICES, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 62-0911518 Schedule J (Form 990) 2013

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficience	(a)-(i)(a)	reponed as dererred In prior Form 990
(1) GENE LAWRENCE	Ξ	238,453.	25,000.	0	0	63,229.	326,682.	0
CHIEF EXECUTIVE OFFICER	Œ	0.		0	0	0		0
(2) KYLE HATAWAY	(i)	117,70	15,000.	• 0	0	31,849.	164,55	0
CHIEF FINANCIAL OFFICER	(ii)	0.	0	0	0	0	0	0
(3) MICHAEL SEAY	Θ	187,641.			0	45,034.	232,675.	0
MEDICAL DIRECTOR	(E)	0				0		0
	ε							
	€							
	Ξ							
	Ξ							
	Θ							
	(ii)							
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Schedule J (Form 990) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number ALLIANCE HEALTHCARE SERVICES, 62-0911518 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HUD HOUSING AND OTHER SERVICES EXPENSES \$ 1,930,469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 429,400. FORM 990, PART VI, SECTION A, LINE 4: EXPLANATION: ARTICLE OF INCORPORATION AND BYLAWS WERE AMENDED FOR CHANGE IN NAME OF THE ORGANIZATION AND FOR THE MERGER OF FRAYSER-MILLINGTON-NORTH SHELBY MENTAL HEALTH CENTER, INC. INTO THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE CEO AND CFO REVIEWED THE FORM 990 BEFORE ITS FILING. FORM 990 WAS PRESENTED TO THE GOVERNING BODY AT THE BOARD OF DIRECTORS' MEETING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: CONFLICT OF INTEREST POLICY IS CONSISTENTLY MONITORED AND ENFORCED BY PROVIDING THE WRITTEN POLICY TO RELEVANT INDIVIDUALS AND BY CONDUCTING ANNUAL REVIEWS OF ADHERANCE. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES <u>IS SUBJECT TO NEGOTIATION WITH THE BOARD AND DRAWS FROM ANNUAL, NATIONAL</u> SURVEYS PREPARED BY MENTAL HEALTH CORPORATIONS OF AMERICA AND A LOCAL SALARY SURVEY PREPARED BY WATKINS UIBERALL, CPAS, AND DATA PROVIDED BY THE TENNESSEE ASSOCIATION OF MENTAL HEALTH ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 18:

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

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization ALLIANCE HEALTHCARE SERVICES, INC.	Employer identification number 62-0911518
EXPLANATION: THE FORM IS AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: POLICIES ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FRAYSER-MILLINGTON-NORTH SHELBY MENTAL HEALTH CENTER, INC	
NET ASSETS	5,512,641.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: NO CHANGE IN PROCESS.	
	·

Form 886	68 (Rev. 1-2014)					Page 2		
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check this	box		▶ X		
	ly complete Part II if you have already been granted an a				8868			
	are filing for an Automatic 3-Month Extension, comple							
Part II				al (no c	opies neede	ed).		
			_		ng number, see			
Type or	Name of exempt organization or other filer, see instru	ctions.				number (EIN) or		
print				,,-		(_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
File by the	ALLIANCE HEALTHCARE SERVICES	S. IN	c.		62-0911	1518		
due date for	Number, street, and room or suite no If a P.O box, s			Social se	curity number (
filing your return See	2220 UNION AVENUE			000.0.	,,	,00.1,		
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.					
	MEMPHIS, TN 38104							
	,							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applicat	ion	Return	Application			Return		
Is For		Code	Is For					
	or Form 990-EZ	01	13101	-		Code		
Form 990		02	Form 1041-A			08		
	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990		04	Form 5227			10		
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069								
Form 990-T (trust other than above) 06 Form 8870 1								
	o not complete Part II if you were not already granted	1		ough, file				
Teleph	TYLE HATAWAY books are in the care of \triangleright 2220 UNION AVEN the none No \triangleright 901-369-1400 corganization does not have an office or place of business	•	Fax No ▶					
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If	this is fo	r the whole gro	up, check this		
box ▶	If it is for part of the group, check this box	and atta	ich a list with the names and EINs of	all memb	ers the extensi	on is for.		
4 I re	quest an additional 3-month extension of time until	MAY	15, 2015					
5 For								
6 If t	he tax year entered in line 5 is for less than 12 months, c	heck reas	on· Initial return	Final r	return			
7 Sta	ate in detail why you need the extension							
<u>A</u> I	DDITIONAL TIME IS NEEDED TO A	ASSEM	BLE DATA NECESSARY	FOR	THE FILE	ING OF		
<u>A</u>	COMPLETE AND ACCURATE RETURN	. <i>I</i> .						
8a If ti	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			-		
noi	nrefundable credits. See instructions			8a	\$	_ 0.		
b If ti	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated					
tax	payments made Include any prior year overpayment all	owed as a	a credit and any amount paid					
pr	eviously with Form 8868			8b	\$	0.		
с Ва	lance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by using					
EF	TPS (Electronic Federal Tax Payment System). See instru	uctions		8c	\$	0.		
	Signature and Verificat	ion mus	st be completed for Part II o	nly.				
Under pen it is true, o	alties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and to	the best o	of my knowledge a	and belief,		
Signature	►	CPA		Date	•			

Form 8868 (Rev. 1-2014)



2013 ALIG 1

STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

SOUTHEAST MENTAL HEALTH CENTER, INC GENE LAWRENCE 3810 WINCHESTER RD MEMPHIS, TN 38118-6045

Request Type: Certified Copies

Request #:

105212

Issuance Date:

08/09/2013

Copies Requested, 1

Document Receipt

Receipt # 1122324

Filing Fee:

\$20.00

Payment-Check/MO - SOUTHEAST MENTAL HEALTH CENTER, INC. MEMPHIS, TN

\$20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Alliance Healthcare Services, Control # 84095 was formed or qualified to do business in the State of Tennessee on 07/25/1973 Alliance Healthcare Services has a home jurisdiction of TENNESSEE and is currently in an Active status

Secretary of State

Processed By: Sheila Keeling

The attached document(s) was/were filed in this office on the date(s) indicated below:

Reference #

Date Filed

Filing Description

7216-2333 06/27/2013 Merger - Survivor

ARTICLES OF MERGER

OF

SOUTHEAST MENTAL HEALTH CENTER, INC., a Tennessee nonprofit corporation

AND

FRAYSER-MILLINGTON NORTH SHELBY MENTAL HEALTH CENTER, INC., a Tennessee nonprofit corporation

Pursuant to Section 48-61-104 of the Tennessee Nonprofit Corporation Act (the "TNCA"), both domestic corporations herein named do hereby submit the following Articles of Merger.

FIRST: The Plan of Merger is as follows:

A. <u>Constituent Corporations: Surviving Corporation</u>. The corporations proposing to merge are Frayser-Millington North Shelby Mental Health Center. Inc., a Tennessee nonprofit corporation (the "<u>Company</u>"), and Southeast Mental Health Center, Inc., a Tennessee nonprofit corporation (the "<u>Surviving Corporation</u>"). The Company proposes to merge with and into the Surviving Corporation, with the Surviving Corporation being the surviving corporation in such transaction (the "<u>Merger</u>").

B. Terms and Conditions of the Merger.

- 1) General Effects of the Merger. At the Effective Date (as defined below), all of the property of the Company shall vest in the Surviving Corporation, and all liabilities of the Company shall become the liabilities of the Surviving Corporation.
- 2) Governing Documents The Charter of the Surviving Corporation immediately prior to the consummation of the Merger shall be the Charter of the Surviving Corporation following the Merger, and the Bylaws of the Surviving Corporation immediately prior to the consummation of the Merger shall be the Bylaws of the Surviving Corporation following the Merger, except as amended below.
- 3) Name Change. At the Effective Date (as defined below), the name of the Surviving Corporation shall be changed to Alliance Healthcare Services.
- 4) Amendment to Bylaws. At the Effective Date (as defined below) the Bylaws of the Surviving Corporation shall be amended to require the Board of Directors be a minimum of seven (7) and a maximum of thirteen (13) individuals.
- 5) <u>Directors and Officers</u>. At the Effective Date (as defined below), the directors and officers of the Surviving Corporation shall be:

Directors

Ron Aven

James A. Baker, Jr.

Ruth Brejot

Murphysteen Counts

Norma Lester

Eric Trent McVay

Becky Nuber

Marty Regan, Jr.

Mike Reid

Nina Staples

Stephen Wilke
Alonzo Woods
Officers
Stephen Wilke, President
Alonzo Woods, Vice President
Murphysteen Counts, Treasurer
Mike Reid, Secretary

At the first Board Meeting after the Effective Date (defined below), a thirteenth Board Member will be elected by the Directors listed above or at some mutually agreed to future date.

C. <u>Effectiveness of the Merger</u>. The Merger shall be effective at 12:00 a.m. (CST) on July 1, 2013 ("Effective Date").

SECOND: Approval of the Plan of Merger by the Board of Directors of the Company and of the Surviving Corporation is required by the TNCA. Approval of the Plan of Merger by the members of the Company and the Surviving Corporation was not required as neither corporation has members. The Plan of Merger was approved in accordance with the TNCA by the Board of Directors of the Company on November 20, 2012, and by the Board of Directors of the Surviving Corporation on December 11, 2012.

THIRD: The Public Interest Division of the Office of Tennessee Attorney General reviewed the Plan of Morger and by letter dated April 24, 2013, notified the Surviving Corporation that it will take no action regarding the Merger.

FOURTH: These Articles of Merger and the Merger shall be effective at 12:00 a.m. (CST) on July 1, 2013.

Executed on this ____ day of June. 2013, by the undersigned, duly authorized officers.

Name: Dames A. Baker, Jr.
Title: President

Frayser-Millington North Shelby Mental Health
Center, Inc., a Tennessee nonprofit corporation

By:

Name:

Southeast Mental Health Center, Inc., a Tennessee nonprofit corporation

AMENDED & RESTATED BYLAWS

OF

Alliance Healthcare Services

<u>ARTICLE I</u> ORGANIZATION

- 1.1 Name. The Name of the Corporation shall be Alliance Healthcare Services (hereinafter the "Corporation"). It is intended that the Corporation shall maintain the status of a corporation which is exempt from federal income taxation under Section 501(a) of the Internal Revenue Code of 1986 as amended or any corresponding provisions of any future federal tax laws (hereinafter referred to as the "Code"), as a corporation described in Section 501(c)(3) of the Code.
- 1.2 Principal Office. The principal office of the Corporation shall be located at any place either within or outside the State of Tennessee as designated in the Corporation's most current Annual Report filed with the Secretary of State of Tennessee. The Corporation may have such other offices, either within or without the State of Tennessee, as the Board of Directors of the Corporation ("Board") may deem advisable from time to time.
- 1.3 Registered Office. The Corporation shall maintain a registered office in the State of Tennessee as required by Tennessee law. The address of the registered office may be changed from time to time by the Board.

ARTICLE II Purpose, Mission and Powers

- 2.1 Purpose. The purpose of the Corporation is set forth in its Articles of Incorporation, as from time to time amended or restated (the "Articles"). Namely the Corporation is organized for charitable purposes within the meaning of I.R.C. § 501(c)(3) of the Code, as amended.
- 2.2 Mission. The Corporation has developed a mission statement expressing its purpose, direction, and objectives, which shall be reviewed from time to time and modified by the Board as circumstances dictate. It shall disseminate its statement of mission in such manner as the Board shall determine.
- 2.3 Powers. The Corporation is organized to engage in any activity, and to exercise any and all powers, rights and privileges, afforded a non-profit corporation under the Tennessee Nonprofit Corporation Act.

<u>ARTICLE III</u> <u>NO CAPITAL SHARES</u>

3.1 No Capital Shares. The Corporation shall have no capital shares or shareholders, and its business and affairs shall not be conducted for private pecuniary gain or profit, nor shall any of the Corporation's gain, profit or property inure to the

incorporators thereof, nor officer or director thereof, except with respect to compensation for services rendered, but the Corporation's entire gain, profit, net earnings and property shall be devoted exclusively to the charitable and other uses and purposes set out in the Articles of Incorporation.

ARTICLE IV NO MEMBERS

4.1 Members. There shall be no Members of the Corporation as such, however the Corporation shall have a Board of Directors which shall, in addition to the duties and responsibilities granted to it by these Bylaws, perform all duties required for the governance of the Corporation.

<u>ARTICLE V</u> BOARD OF DIRECTORS

- 5.1 General Powers. All corporate power shall be exercised by or under the authority of, and the business and affairs of the Corporation shall be managed under the direction of, its Board of Directors, subject to any limitations set forth in the Articles of Incorporation, these Bylaws, and/or the laws of the State of Tennessee.
- individuals. However, the number of directors may be increased or decreased from time to time by the Board of Directors by amendment of these Bylaws, but no decrease shall have the effect of shortening the term of an incumbent director or reducing the number of directors below seven (7). Each director shall hold office for a term of three (3) year or until his or her successor is elected and qualified, or until his or her earlier death, resignation, or removal but under no circumstances shall a director hold an office for more than two consecutive three-year terms. A retiring director may succeed himself or herself for up to one (1) additional three-year term. Directors shall be citizens of Tennessee residing in Shelby County unless such requirements are waived by a majority of the Board electing such Direction and shall be at least eighteen years of age.
- 5.3 Removal and Resignations. At a meeting of the Board called expressly for that purpose, and on not less than seven days' written notice, any director or the entire Board may be removed, with or without cause, by the affirmative vote of the majority of the directors in office. A majority would be over 50% of the voting directors seated on the Board. In any situation in which the removal of a director is sought, such director shall be given an opportunity to be heard prior to the removal vote. Removal of a director shall also constitute removal as an officer of the Corporation and as a member of all committees of the Board of Directors or the organization. Any director of the Board may resign from the Board at any time by giving written notice to the Board. A resignation shall be effective when the notice is delivered unless the notice specifies a later effective date. Any director absent without excuse from three (3) consecutive meetings shall be deemed to have resigned.

- 5.4 Annual and Regular Meetings. An annual meeting of the Board shall be held either within or without the State of Tennessee on what annual meeting date day following the close of the Corporation's fiscal year, which shall commence on January 1 (fiscal year is July 1) of each year or such other date agreed to by the Board of Directors. The purpose of the annual meeting shall be to elect directors and officers, and for the transaction of such other business as may properly come before the meeting. If the election of directors and officers shall not be held on the day herein designated for any annual meeting of the Board of Directors, or at any adjournment thereof, the Board of Directors shall cause the election to be held at a special meeting of the Board of Directors as soon thereafter as may be convenient.
- 5.5 Regular Meetings. Notice of the date, time, and place of any regular meeting, shall be given at least seven (7) days prior thereto by written notice mailed, e-mailed, faxed or delivered personally to each director at the director's business address. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage prepaid. If notice be given by facsimile, such notice shall be deemed to be delivered when receipt of the fax is confirmed by return fax or other writing by the intended recipient. If, however, the Board designates a specific time, date, and place for its regular meetings, and such time, date, and place are on a regularly occurring basis, no notice need be given.
- 5.6 Special Meetings. Special meetings of the Board may be called by the President, or at the request of any two directors of the Corporation. The President shall fix the time and place, either within or without the State of Tennessee, of any special meeting.
- 5.7 Notice of Special Meetings. Notice of the date, time, and place of any special meeting shall be given at least seven (7) days prior thereto by written notice mailed, emailed, faxed or delivered personally to each director at the director's business address. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage prepaid. If notice be given by facsimile, such notice shall be deemed to be delivered when receipt of the fax is confirmed by return fax or other writing by the intended recipient. The business to be transacted at, or the purpose of, any special meeting of the Board of Directors must be specified in the notice of such meeting and no other business shall be transacted at that meeting. It shall be the responsibility of each director to notify the Secretary of changes in such director's address, to include e-mail address, fax number changes, or other address changes.
- 5.8 Waiver of Notice. A director may waive any notice required by the Articles of Incorporation, these Bylaws, or Tennessee law before or after the date and time stated in the notice. The waiver shall be in writing, signed by the director entitled to the notice, and filed with the minutes or corporate records. A director's attendance at or participation in a meeting shall constitute a waiver of notice of such meeting, unless the director at the beginning of the meeting, or promptly upon the director's arrival, objects to the holding of the meeting or transacting business at the meeting because the meeting is not lawfully called or convened.

- 5.9 Quorum and Voting. A majority of the total number of directors in office shall constitute a quorum for the transaction of business at any meeting of the Board of directors. Should any meeting be called and upon the holding of same, a quorum not be present, then less than a quorum may adjourn said meeting. Any voting director shall have the right to vote in person at any meeting of the Board on all questions submitted for vote, but no director may be permitted to vote by proxy.
- 5.10 Manner of Acting. The act of the majority of the directors present at a meeting at which a quorum is present shall be the act of the Board, unless otherwise required by the Articles of Incorporation or these Bylaws.
- 5.11 Vacancy on Board. If a vacancy occurs on the Board, including a vacancy resulting from an increase in the number of directors, such vacancy may be filled by the affirmative vote of a majority of the remaining directors. An individual designated to fill a director position shall serve for the unexpired term of his or her predecessor in office, or, if there is no predecessor, until the next election of directors.
- 5.12 Compensation of Directors. The directors shall serve without compensation but shall be reimbursed their reasonable expenses, if any, after submitting substantiation of such expenses to the Corporation. The prohibition against compensation set forth in this Section 5.12 shall not preclude any director from serving the Corporation in any other capacity and receiving reasonable compensation therefore.
- 5.13 Action by Written Consent. Any action of the Board of Directors may be taken without a meeting if a consent, in writing or sent by electronic means, setting forth the action to be taken is provided by a majority of all the directors and is filed in the minutes of the Board of Directors.
- 5.14 Meetings by Telephone or Teleconference. Directors of the Board or any committee may participate in a meeting of the Board or committee by means of conference telephone or similar communications equipment by which all persons participating in the meeting can hear each other at the same time. Such participation shall constitute presence in person at the meeting.
- *5.15 Salaries.* The salaries of all employees or other compensation shall be fixed by the Board of Directors.

ARTICLE VI OFFICERS

6.1 Required Officers. The Corporation shall have a President, a Vice President, a Treasurer and a Secretary, each elected at the annual meeting from among the directors of the Board, and shall have such other officers as described in these Bylaws and created or elected by the Board in accordance with these Bylaws; provided that a duly elected officer may appoint one or more officers or assistant officers if authorized by the Board. Except for the offices of President and Secretary, any two or more offices may be held by the same person. Officers need not be directors of the Corporation.

- 6.2 Election and Term of Office. The officers of the Corporation shall be elected by the Board at each annual meeting of the Board and shall serve for a term commencing on election and for one year, subject to reelection for no more than three (3) consecutive one-year terms. If the election of officers shall not be made at any such meeting, it shall be made as soon thereafter as is practicable. Vacancies may be filled or new offices created and filled at any meeting of the Board. Each officer shall hold office until such officer's successor shall be duly elected or until such officer's death or until such officer shall resign or shall have been removed in the manner hereinafter provided, but under no circumstances shall an officer hold an office for more than three (3) consecutive one-year terms.
- 6.3 Removal and Resignations of Officers. The Board may remove any officer at any time with or without cause by the affirmative vote of the majority (over 50%) of the directors in office. Removal shall be without prejudice to any contract rights of the person so removed, but election shall not of itself create contract rights. An officer of the Corporation may resign at any time by delivering written notice to the Board. A resignation shall be effective when the notice is delivered unless the notice specifies a later effective date.
- Duties of Officers. The President shall preside over all meetings of the Board. The President shall make reports to the directors and perform all such other duties as are incident to this office or are properly required by the Board of Directors. The other officers shall have such authority and perform such duties in the management of the Corporation as are normally incident to their offices and as the Board of Directors may, from time to time, provide.
- 6.5 Delegation of Duties. In the case of the absence or disability of any officer of the Corporation, the Board may delegate, for the time being, the power and duties of such officer, to any other officer, or to any Director, provided that the majority of the Board concurs therein.
- 6.6 Vacancies. A vacancy in any office because of death, resignation, removal, disqualification or otherwise may be filled by the Board for the unexpired portion of the term.
- 6.7 Chief Executive Officer. The Board of Directors shall have the power to appoint a Chief Executive Officer who shall be a full-time employee of the Corporation and serve as a non-voting director of the Board, at a salary fixed by the Board of Directors. The Chief Executive Officer shall have the general supervision and management of the affairs of the Corporation, subject, however, to the control, when exercised, of the Board of Directors.
- 6.8 Deputy Executive Officer/Chief Operating Officer. The Board of Directors shall have the power to appoint a Deputy Executive Officer/Chief-Operating Officer who shall be a full-time employee of the Corporation and serve as a non-voting director of the Board, at a salary fixed by the Board of Directors. The Deputy Executive Officer/Chief Operating Officer shall have the general supervision and management of the affairs of the Corporation, subject, however, to the control, when exercised, of the Chief Executive Officer and the Board of Directors.

<u>ARTICLE VII</u> <u>CONTRACTS, LOANS, CHECKS, AND DEPOSITS</u>

- 7.1 Contracts. The Board may authorize any officer or agent to enter into any contract and execute and deliver any instruments in the name of and on behalf of the Corporation. Such authority may be general or confined to specific instances.
- 7.2 Corporate Loans. No loans shall be contracted on behalf of the Corporation, and no evidences of indebtedness shall be issued in the Corporation's name, unless authorized by a resolution of the Board. Such authority shall be confined to specific instances.
- 7.3 Checks, Drafts, Etc. All checks, drafts or other orders for the payment of money, notes, or other evidences of indebtedness issued in the name of the Corporation shall be signed by such officer or agent of the Corporation and in such manner as shall, from time to time, be determined by resolution of the Board.
- 7.4 Deposits. All funds of the Corporation not otherwise employed shall be deposited, from time to time, to the credit of the Corporation in such banks, trust companies and other depositories as the Board may select.
- 7.5 Gifts. The Board of Directors may accept on behalf of the Corporation any contribution, gift, bequest or devise for the general purpose or for any specific purpose of the Corporation which is not contrary to law or the Articles.

ARTICLE VIII COMMITTEES

- 8.1 Committee. The Board of Directors may appoint one or more committees of the Board. The committees may consist of one or more persons who have an interest in the purpose and advancement of the cause of the Corporation. The President with the approval of the majority of the Board of Directors, shall appoint the chair and designate members for each committee, and each committee shall be required to make regular minutes of their transactions and shall report the same to the Board at the next regular scheduled meeting.
- 8.2 Authority of Committees. Each committee of the Board may exercise the Board's authority invested in such committee by the Board except a committee may not (i) authorize distributions; (ii) approve or recommend dissolution, merger or sale or pledge or transfer all or substantially all of the Corporation's assets; (iii) elect or appoint or remove directors or fill vacancies on the Board or any of its committees, or (iv) adopt, amend or repeal the Articles of Incorporation or Bylaws of the Corporation.
- 8.3 Meetings. Committees shall be governed by the same notice and waiver requirements as those of the Board of Directors as set forth herein.

- 8.4 Quorum and Voting. Committees shall be governed by the same quorum and voting requirements as those of the Board of Directors as set forth herein.
- 8.5 Vacancies. Any vacancy in the committees may be filled by a resolution adopted by the Board in accordance with <u>Section 8.1</u>.
- 8.6 Resignations and Removal. Any member of the committees may be removed at any time, with or without cause, by resolution adopted by the Board in accordance with Section 8.1. Any member of the committees may resign from such committee at any time by giving written notice to the Board, and resignation shall be effective when the notice is delivered unless the notice specifies a later effective date.

ARTICLE IX INDEMNIFICATION

- 9.1 Indemnification. To the extent permitted by law, any person (and the heirs, executors, and administrators of such person) made or threatened to be made a party to any action, suit, or proceeding by reason of the fact that such person is or was a director or officer of the Corporation shall be indemnified by the Corporation against any and all liability and the reasonable expenses, including attorney's fees and disbursements, incurred by such person (or by his or her heirs, executors or administrators) in connection with the defense or settlement of such action, suit, or proceeding, or in connection with any appearance therein.
- 9.2 Limits on Indemnification. Notwithstanding the above, the Corporation will indemnify a person only if such person acted in good faith and reasonably believed that his or her conduct was in the Corporation's best interests. In the case of a criminal proceeding, the person may be indemnified only if such person had no reasonable cause to believe his or her conduct was unlawful.
- 9.3 Insurance. The Corporation may maintain insurance, at its expense, to protect itself and any director, officer, employee or agent of the Corporation or another Corporation, partnership, joint venture, trust or other enterprise against any such expense, liability or loss, whether or not the Corporation would have the power to indemnify such person against such expense, liability or loss under the Business Corporation Law of the State of Tennessee.
- 9.3 Advances for Expenses. The Corporation may pay for or reimburse the reasonable expenses incurred by a director, officer, employee or agent of the Corporation who is a party to a proceeding in advance of final disposition of the proceeding to the full extent authorized or permitted by the Tennessee Nonprofit Corporation Act.

<u>ARTICLE X</u> <u>MISCELLANEOUS</u>

- 10.1 Amendments. The Board shall have the power and authority to alter, amend, or repeal these Bylaws by the affirmative vote of a majority (over 50%) of the directors in office. [Is a greater majority desired?] Any notice of a meeting at which these Bylaws are to be altered, amended, or repealed shall set forth such proposed action.
- 10.2 Books and Minutes. The Corporation shall keep correct and complete books and records of account and financial statements and shall also keep minutes of the proceedings of its Board and Committees. All books and records of the Corporation may be inspected by any director or his or her accredited agent or attorney, for any proper purpose at any reasonable time.
- 10.3 Loans to Directors and Officers Prohibited. No loans or advances, other than customary travel advances, shall be made by the Corporation to any of its directors or officers.
- 10.4 No Private Inurement. The Corporation is not organized for profit and is to operate exclusively for one or more of the purposes specified in Section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, and in the promotion of social welfare in accordance with the purposes stated in the Corporation's Articles of Incorporation. The net earnings of the Corporation shall be devoted exclusively to charitable and educational purposes and shall not inure to the benefit of any private individual. No Director or person from whom the Corporation may receive any property or funds shall receive or shall be entitled to receive any pecuniary profit from the operation thereof, and in no event shall any part of the funds or assets of the Corporation be paid as salary or compensation to, or distributed to, or inure to the benefit of any director of the Board; provided, however, that (a) reasonable compensation may be paid to any director while acting as an agent, including consultant, contractor, or employee of the Corporation for services rendered in effecting one or more of the purposes of the Corporation; and (b) any director may, from time to time, be reimbursed for his or her actual and reasonable expenses incurred in connection with the administration of the affairs of the Corporation. Notwithstanding any other provision of the Articles of Incorporation or these Bylaws, the Corporation shall not engage in any activities that are not permitted: (a) for a nonprofit corporation exempt from federal corporate tax under Section 501(c)(3) of the Internal Revenue Code, or (b) for a nonprofit corporation contributions to which are tax deductible under Section 170(c)(2) of the Internal Revenue Code.
- 10.5 References to Internal Revenue Code. All references in these Bylaws to provisions of the Internal Revenue Code are to the provisions of the Internal Revenue Code of 1986, as amended, and shall include the corresponding provisions of any subsequent federal tax laws.

- 10.6 Duration and Dissolution. The Corporation shall have indefinite existence until dissolved. The Board shall have the power and authority to dissolve the Corporation by the affirmative vote of a majority (over 50%) of the directors in office. [Is a greater majority desired?]. Upon dissolution of the Corporation, after paying or making provision for payment of all liabilities of the Corporation then outstanding and unpaid, the Board of Directors of the Corporation shall distribute the assets of the Corporation in such manner as determined by the Board of Directors of the Corporation, exclusively for the charitable purposes of the Corporation within the meaning of l.R.C. § 501(c)(3) and l.R.C. § 170(c)(2), or any corresponding provision of any future federal tax laws. Any assets not so disposed of by the Board of Directors shall be disposed of by a court having equity jurisdiction in the country in which the principal office of the Corporation is then located, with the distribution of assets to be made for such charitable purposes, or to such governmental units then described under l.R.C. § 170(c)(2), or any corresponding provision of any future federal tax laws, as such court shall determine.
- 10.7 Fiscal Year. The Board shall have the power to fix, and from time to time change, the fiscal year of the Corporation.
 - 10.8 Seal. The Corporation shall have no seal.
- 10.9 Waiver of Notice. Whenever any notice is required to be given under the provisions of these Bylaws, the Articles of Incorporation or Tennessee law, a waiver thereof in writing, signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be equivalent to the giving of such notice.
- 10.10 Construction. Unless the context specifically requires otherwise, any reference in these Bylaws to any gender shall include all other genders, any reference to the singular shall include the plural and any reference to the plural shall include the singular.
- 10.11 Limitations. If at any time the Corporation is a private foundation or private operating foundation as such terms are defined in the Internal Revenue Code of 1986, as amended ("Code"), then the Corporation shall only act as permitted under the Code without subjecting the Corporation to additional taxes imposed under Subchapter A, Chapter 42, Subtitle D of the Code.
- 10.12 Exempt Status. The Corporation has been organized and will be operated exclusively for exempt purposes within the meaning of l.R.C. § 501(c)(3) and, as such, will be exempt from taxation under I.R.C. § 501(a). Any provision of these Bylaws or of the Articles of Incorporation which would in any manner adversely affect the Corporation's tax exempt status shall be void and shall be deleted or modified, as necessary to comply with all applicable federal and state requirements for the maintenance of the Corporation's tax exempt status.
- 10.13 Severability of Provisions. If any provision of these Bylaws, or its application to any person or circumstances, is held invalid or unenforceable by a court of competent jurisdiction, the remainder of these Bylaws, or the application of such provisions to persons

or circumstances other than those to which it was held to be invalid or unenforceable, shall not be affected thereby, and to this extent, the provisions of these Bylaws are severable.

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