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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No 1545-0052





2013

Open to Public Inspection


For calendar year 2013, or tax year beginning 07-01-2013 , and ending 06-30-2014

Name of foundation ANDALUSIA HEALTH SERVICES INC		<b>A Employer identification number</b>  63-0793474	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 56		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code ANDALUSIA, AL 36420		<b>B Telephone number</b> (see instructions)  (334) 222-3138	
<b>G</b> Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 3,118,479		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments	5	5		
	4 Dividends and interest from securities. . . . .	166,043	166,043		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	6,912			
	b Gross sales price for all assets on line 6a 155,822				
	7 Capital gain net income (from Part IV , line 2) . . .		6,912		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .			27,630	
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	172,960	172,960	27,630	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .	7,200	3,600		3,600
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	6,500	3,250		3,250
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions)	4,590			
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	3,045	1,214		1,831
	24 <b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	21,335	8,064		8,681
	25 Contributions, gifts, grants paid . . . . .	148,175			148,175
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	169,510	8,064		156,856
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	3,450			
	b <b>Net investment income</b> (if negative, enter -0-)		164,896		
	c <b>Adjusted net income</b> (if negative, enter -0-)			27,630	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	33,186	25,804	25,804
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)	930,081	 939,490	922,464
	b	Investments—corporate stock (attach schedule) . . . . .	1,529,357	 1,504,235	1,581,357
	c	Investments—corporate bonds (attach schedule). . . . .	507,016	 562,156	588,854
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	 965			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,000,605	3,031,685	3,118,479	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	2,247,455	2,247,455	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	753,150	784,230	
	30	Total net assets or fund balances (see page 17 of the instructions) . . . . .	3,000,605	3,031,685	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .	3,000,605	3,031,685		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	3,000,605
2	Enter amount from Part I, line 27a . . . . .	2	3,450
3	Other increases not included in line 2 (itemize) ▶  _____	3	27,630
4	Add lines 1, 2, and 3 . . . . .	4	3,031,685
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	3,031,685

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a	OHIO EDISON CO	P	2009-03-09	2013-08-28
b	US WEST	P	1998-07-13	2013-11-18
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 57,712		48,910	8,802
b 98,110		100,000	-1,890
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			8,802
b			-1,890
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	6,912
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012	149,082	3,093,173	0 048197
2011	151,976	2,968,961	0 051188
2010	185,493	2,822,903	0 065710
2009	146,975	2,715,526	0 054124
2008	148,519	2,446,599	0 060704

2	Total of line 1, column (d). . . . .	2	0 279923
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . .	3	0 055985
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5. . . . .	4	2,978,297
5	Multiply line 4 by line 3. . . . .	5	166,740
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	1,649
7	Add lines 5 and 6. . . . .	7	168,389
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	156,856

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		1	3,298
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .			
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	
3 Add lines 1 and 2. . . . .		3	3,298
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		5	3,298
6 Credits/Payments			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	3,131	
b Exempt foreign organizations—tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments Add lines 6a through 6d. . . . .		7	3,131
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	167
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10	
11 Enter the amount of line 10 to be Credited to 2014 estimated tax Refunded		11	

Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .	1b		No
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c Did the foundation file Form 1120-POL for this year?. . . . .	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .	2		No
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	3		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .	4a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?. . . . .	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .	5		No
If "Yes," attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) AL			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	9		No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶NONE				
14	The books are in care of ▶JONES & ASSOCIATES P C Telephone no ▶(334) 222-3138			
	Located at ▶218 S THREE NOTCH ST ANDALUSIA AL ZIP +4 ▶36420			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶			

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?. . . . .	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i> ). . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1 ), (2), or (3), or section 4940(d)(2)? (see instructions).

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

No

b

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

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.

## Part VIII

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

NONE

**Total** number of others receiving over \$50,000 for professional services. . . . . 1

## Part IX-A

**1**

2

3

4

## Part IX-B

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 N/A

2

All other program-related investments See page 24 of the instructions

3

**Total.** Add lines 1 through 3



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	2,976,676
b	Average of monthly cash balances. . . . .	1b	46,976
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	3,023,652
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	3,023,652
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	45,355
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,978,297
6	Minimum investment return. Enter 5% of line 5. . . . .	6	148,915

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	148,915
2a	Tax on investment income for 2013 from Part VI, line 5. . . . .	2a	3,298
b	Income tax for 2013 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	3,298
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	145,617
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	27,630
5	Add lines 3 and 4. . . . .	5	173,247
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	173,247

Part XII

Qualifying Distributions (see instructions)


1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	156,856
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	156,856
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	156,856
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				173,247
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only. . . . .			125,695	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2013				
a From 2008. . . . .				
b From 2009. . . . .				
c From 2010. . . . .				
d From 2011. . . . .				
e From 2012. . . . .				
f Total of lines 3a through e. . . . .				
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 156,856				
a Applied to 2012, but not more than line 2a			125,695	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .				
c Treated as distributions out of corpus (Election required—see instructions). . . . .				
d Applied to 2013 distributable amount. . . . .				31,161
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				142,086
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .				
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .				
10 Analysis of line 9				
a Excess from 2009. . . .				
b Excess from 2010. . . .				
c Excess from 2011. . . .				
d Excess from 2012. . . .				
e Excess from 2013. . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling. . . . . 

**b** Check box to indicate whether the organization is a private operating foundation described in section 14942(j)(3) or 14942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV** **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

## 1 Information Regarding Foundation Managers:

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

GWEN RYLAND  
PO BOX 56  
ANDALUSIA, AL 36420  
(334) 222-2030

**b** The form in which applications should be submitted and information and materials they should include

2013 SCHOLARSHIP APPLICATION CONSISTS OF THE FOLLOWING NAME AND ADDRESS, TELEPHONE NUMBERS, SOCIAL SECURITY NUMBER, HIGH SCHOOL ATTENDED AND DATE OF GRADUATION, COLLEGE(S) ATTENDED, FIELD OF STUDY WITHIN HEALTH CARE, COLLEGE/UNIVERSITY APPLICANT WILL ATTEND IN 2012, HAS THE APPLICANT BEEN ADMITTED, YES, THEN PROOF, NO, DATE OF NOTIFICATION, SCHOLARSHIP WILL BE FOR FALL 2012 OR SPRING 2013, FINAL SEMESTER AND YEAR FOR SCHOLARSHIP, TOTAL NUMBER OF SEMESTERS, TRANSCRIPTS FOR HIGH SCHOOL AND COLLEGE, WRITE A NARRATIVE INDICATING REASON(S) FOR APPLYING FOR A SCHOLARSHIP, CAREER PLANS, AND PREVIOUS ACCOMPLISHMENTS AND HONORS, 2 EVALUATIONS SUBMITTED FOLLOWING THE INSTRUCTIONS ON THE EVALUATION SHEET, AND SIGNATURE AND DATE WHICH INDICATES THAT THE APPLICANT IS A COVINGTON COUNTY, AL RESIDENT AND THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF THEIR KNOWLEDGE

**c** Any submission deadlines

REFLECTED ON BOTH THE LETTER TO THE APPLICANT AND THE SCHOLARSHIP APPLICATION, THE COMPLETED APPLICA

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

FOR THE PURPOSE OF PROMOTING AND IMPROVING THE HEALTH CARE SERVICES IN COVINGTON COUNTY, AL, SCHOLARSHIPS ARE MADE AVAILABLE FOR COVINGTON COUNTY, AL CITIZENS WHO WILL ENROLL IN AN INSTITUTION OF HIGHER LEARNING DURING ALL OR PART OF THE 2013-2014 SCHOOL YEAR AND WHO EXPECT TO PURSUE A HEALTH CAREER IN COVINGTON COUNTY THE APPLICANTS FOR THE SCHOLARSHIPS MUST HAVE AT LEAST A "C" AVERAGE "IN NO EVENT SHALL SEX, RACE, COLOR, NATIONAL ORIGIN, DISABILITY, CREED, RELIGION, AGE, OR POLITICAL AFFILIATION BE A FACTOR IN MAKING AWARDS " THE LETTER TO THE APPLICANTS STATES THAT A LIMITED NUMBER OF SCHOLARSHIP AWARDS ARE AVAILABLE IN THE SPECIFIC HEALTH FIELD AREAS, THE SCHOLARSHIP AMOUNT AND THE MAXIMUM NUMBER OF CHECKS AVAILABLE PER FIELD OF STUDY SCHOLARSHIP RECIPIENTS MUST PROVE THAT THEY HAVE BEEN ADMITTED TO A SCHOOL IN ONE OF THE NAMED FIELDS AND MUST SIGN A CONTRACT AGREEING TO RETURN TO WORK IN COVINGTON COUNTY PRIOR TO RECEIVING ANY SCHOLARSHIP MONIES NO SCHOLARSHIP MONIES ARE AVAIL

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	148,175
b Approved for future payment				
Total . . . . .			3b	

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2013)

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a

Transfers from the reporting foundation to a noncharitable exempt organization of

1

Cash.

1a(1)

No

2

Other assets.

1a(2)

No

b

Other transactions

1

Sales of assets to a noncharitable exempt organization.

1b(1)

No

2

Purchases of assets from a noncharitable exempt organization.

1b(2)

No

3

Rental of facilities, equipment, or other assets.

1b(3)

No

4

Reimbursement arrangements.

1b(4)

No

5

Loans or loan guarantees.

1b(5)

No

6

Performance of services or membership or fundraising solicitations.

1b(6)

No

c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

1c

No

d

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a

Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes

☒ No

b

If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

\*\*\*\*\*

2014-11-17

\*\*\*\*\*

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes











☐ No

Paid Preparer Use Only


Print/Type preparer's name PHILLIP G JONES EA	Preparer's Signature	Date 2014-11-17	Check if self-employed <input type="checkbox"/>	PTIN P00924516
Firm's name	WHITE & MCCLUNG LLC		Firm's EIN	
Firm's address	218 S THREE NOTCH ST ANDALUSIA, AL 36420		Phone no (334) 222-3138	

Form 990-PF (2013)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation


(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
IVAN BISHOP 	PRESIDENT 2 00	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				
JIM KRUDOP 	V PRESIDENT 0 33	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				
WILSON H PARKER 	SEC/TREASURE 0 33	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				
ELIZABETH STARR 	DIRECTOR 0 25	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				
WAYNE BENNETT 	DIRECTOR 0 25	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				
CHARLES H ROLAND 	DIRECTOR 0 25	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				
CATHY ALEXANDER 	DIRECTOR 0 25	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				
HARMON PROCTOR 	DIRECTOR 0 25	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				
CAROLYN GRAHAM 	DIRECTOR 0 25	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				
JOHN S MERRILL 	DIRECTOR 0 25	0	0	0
PO BOX 56 PO BOX 56 ANDALUSIA,AL 364201200				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
AL LIONS SIGHT CONSERVATI AL LIONS SIGHT CONSERVATION ASSOCIATION INC 700 SOUTH 18TH STREET 700 SOUTH 18TH STREET BIRMINGHAM,AL 352331899	NONE	TAX EXEMPT	SIGHT CONSERVATION	2,500
SOUTH CENTRAL AL MENTAL H SOUTH CENTRAL ALABAMA MENTAL HEALTH CTR 19815 BAY BRANCH ROAD 19815 BAY BRANCH ROAD ANDALUSIA,AL 364201220	NONE	QUASI ST AGE	PROGRAMS FOR MENTAL HEALTH	5,000
COVINGTON COUNTY HEALTH D COVINGTON COUNTY HEALTH DEPARTMENT 23989 AL HWY 55 23989 AL HWY 55 ANDALUSIA,AL 36420	NONE	GOVT AGENCY	SUPPORT HEALTH SERVICES FOR CITIZENS	10,000
AMERICAN RED CROSS-COV CN AMERICAN RED CROSS- COVINGTON COUNTY CHAPTER 234 HILLCREST DRIVE 234 HILLCREST DRIVE ANDALUSIA,AL 36420	NONE	TAX EXEMPT	DISASTERS, FIRES, TRAINING	15,000
COV COUNTY UNITED FUND COVINGTON COUNTY UNITED FUND PO BOX 667 PO BOX 667 ANDALUSIA,AL 36420	NONE	TAX EXEMPT	SERVICES BY AGENCIES FOR HUMAN CARE	1,000
UNITED METHODIST CHILDREN UNITED METHODIST CHILDREN'S HOME 1515 DR MLK EXPY 1515 DR MLK EXPRESSWAY ANDALUSIA,AL 36420	NONE	TAX EXEMPT	FOSTER CARE CHILDREN	1,500
MEREDITH'S MIRACLES MEREDITH'S MIRACLES PO BOX 643 PO BOX 643 ANDALUSIA,AL 36420	NONE	TAX EXEMPT	SUPPLEMENTAL MEDICAL CARE	2,000
CAMP ASCCA CAMP ASCCA 5278 CAMP ASCCA DR 5278 CAMP ASCCA DR JACKSONS GAP,AL 36861	NONE	TAX EXEMPT	DIABETES MEDICAL CARE CAMP	1,000
WALLACE COMMUNITY COLLEGE WALLACE COMMUNITY COLLEGE 25 WALLACE ST 25 WALLACE ST MIDLAND CITY,AL 36350	NONE	EDUCATION	MEDICAL SCHOLARSHIPS	6,000
TROY UNIVERSITY TROY UNIVERSITY 216 ADAMS ADMIN BLD TROY,AL 36082	NONE	EDUCATION	MEDICAL SCHOLARSHIPS	12,875
LBW COMM COLLEGE LBW COMMUNITY COLLEGE PO DRAWER 1418 PO DRAWER 1418 ANDALUSIA,AL 36420	NONE	EDUCATION	MEDICAL SCHOLARSHIPS	25,500
CHAMBERLAIN COLLEGE CHAMBERLAIN COLLEGE 3005 HIGHLAND PARKWAY 3005 HIGHLAND PARKWAY DOWNERS GROVE,IL 60515	NONE	EDUCATION	MEDICAL SCHOLARSHIPS	3,125
SAMFORD UNIVERSITY SAMFORD UNIVERSITY 800 LAKESHORE DR 800 LAKESHORE DR BIRMINGHAM,AL 35229	NONE	EDUCATION	MEDICAL SCHOLARSHIPS	1,950
ALABAMA STATE UNIV ALABAMA STATE UNIVERSITY 915 S JACKSON ST MONTGOMERY,AL 36104	NONE	EDUCATION	MEDICAL SCHOLARSHIPS	1,950
SPARTAN HEALTH SCIENCES UNIVERSITY SPARTAN HEALTH SCIENCES UNIVERSITY P O BOX 989 SANTA TERESA,NM 88008	NONE	EDUCATION	MEDICAL SCHOLARSHIPS	26,250
<b>Total</b> . . . . .  <b>3a</b>				148,175



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF SOUTH ALABAMA UNIVERSITY OF SOUTH ALABAMA 307 N UNIVERSITY BLVD 307 N UNIVERSITY BLVD MOBILE,AL 36688	NONE	EDUCATION	MEDICAL SCHOLARSHIPS	24,725
AUBURN UNIVERSITY MONTGOMERY AUBURN UNIVERSITY MONTGOMERY PO BOX 244023 MONTGOMERY,AL 36124	NONE	EDUCATION	MEDICAL SCHOLARSHIPS	7,800
<b>Total . . . . .</b>  <b>3a</b>				148,175

## TY 2013 Accounting Fees Schedule

**Name:** ANDALUSIA HEALTH SERVICES INC

**EIN:** 63-0793474

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL SERVICES	6,500	3,250		3,250

**TY 2013 Compensation Explanation****Name:** ANDALUSIA HEALTH SERVICES INC**EIN:** 63-0793474

Person Name	Explanation
IVAN BISHOP	
JIM KRUDOP	
WILSON H PARKER	
ELIZABETH STARR	
WAYNE BENNETT	
CHARLES H ROLAND	
CATHY ALEXANDER	
HARMON PROCTOR	
CAROLYN GRAHAM	
JOHN S MERRILL	

**TY 2013 Investments Corporate  
Bonds Schedule****Name:** ANDALUSIA HEALTH SERVICES INC**EIN:** 63-0793474

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	562,156	588,854

**TY 2013 Investments Corporate  
Stock Schedule****Name:** ANDALUSIA HEALTH SERVICES INC**EIN:** 63-0793474

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
INVESTMENT GRADE/INSURED TRUSTS	1,430,338	1,505,657
AL POWER CO. PFD CL A / PREFERRED ST	73,897	75,700

# TY 2013 Investments Government Obligations Schedule

**Name:** ANDALUSIA HEALTH SERVICES INC

**EIN:** 63-0793474

**US Government Securities - End of  
Year Book Value:**

345,177

**US Government Securities - End of  
Year Fair Market Value:**

323,410

**State & Local Government  
Securities - End of Year Book  
Value:**

594,313

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

599,054

TY 2013 Other Assets Schedule

**Name:** ANDALUSIA HEALTH SERVICES INC

**EIN:** 63-0793474

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PURCHASED INTEREST	965		

## TY 2013 Other Expenses Schedule

**Name:** ANDALUSIA HEALTH SERVICES INC

**EIN:** 63-0793474

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
POSTAGE AND OFFICE SUPPLIES	435	174		261
BANK SERVICE CHARGES	35	17		18
BROKER FEES	40	40		
INSURANCE				
DUES	725	362		363
ADVERTISING & PUBLICATIONS	568			568
CELL PHONE	894	447		447
INTERNET SERVICE CHARGE	348	174		174
ALLOCATION OF EXPENSES, DETAILED ABOVE, BETWEEN				
INVESTMENT AND CHARITABLE ACTIVITIES, IS BASED UPON THE				
AMOUNT PAID ON EACH ACTIVITY				



**TY 2013 Other Increases Schedule****Name:** ANDALUSIA HEALTH SERVICES INC**EIN:** 63-0793474

Description	Amount
RECOVERY OF PRIOR YEARS' SCHOLARSHIPS	27,630

# TY 2013 Taxes Schedule

**Name:** ANDALUSIA HEALTH SERVICES INC

**EIN:** 63-0793474

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	4,590			