

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2011
Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Partners For Healing
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
109 W. Blackwell Street
 City or town, state or country, and ZIP + 4
Tullahoma TN 37388

D Employer identification number
62-1834800

E Telephone number
931-455-5014

G Gross receipts \$ **263,606**

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **www.partnersforhealing.org**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **M** State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Provide free primary health care for the working uninsured

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

3 Number of voting members of the governing body (Part VI, line 1a) **30**

4 Number of independent voting members of the governing body (Part VI, line 1b) **30**

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) **13**

6 Total number of volunteers (estimate if necessary) **0**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

b Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 199,707	199,707	245,384
9 Program service revenue (Part VIII, line 2g) 0	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,810	6,810	5,647
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,227	5,227	4,531
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 211,744	211,744	255,562
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4) 0	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 175,045	175,045	197,676
16a Professional fundraising fees (Part IX, column (A), line 11e) 0	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 83,312	83,312	90,990
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 258,357	258,357	288,666
19 Revenue less expenses. Subtract line 18 from line 12 -46,613	-46,613	-33,104
20 Total assets (Part X, line 16) 575,406	575,406	565,423
21 Total liabilities (Part X, line 26) 66,115	66,115	78,410
22 Net assets or fund balances. Subtract line 21 from line 20 509,291	509,291	487,013

Part II Signature Block

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

Sign Here Signature of officer **Teresa Myers** Date **Executive Director**
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name **Linda L. Bean** Preparer's signature **Linda L. Bean** Date **06/29/12** Check ☐ if self-employed PTIN **P00010143**
 Firm's name ▶ **Housholder Artman, PLLC** Firm's EIN ▶ **20-8032022**
 Firm's address ▶ **115 N Jackson St** Phone no. **931-455-4248**
Tullahoma, TN 37388-3523

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:

Provide free primary health care for the working uninsured2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **222,910** including grants of \$) (Revenue \$)**A public non-profit free health clinic for the working uninsured**

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

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

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

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

4e Total program service expenses **222,910**

Form 990 (2011) **Partners For Healing**
Part IV Checklist of Required Schedules

62-1834800

Page 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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	
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, XII, and XIII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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 Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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	2a 13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	1a	30	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		30		
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.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
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 appoint 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, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a 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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
12c		
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
15a		
b Other officers or key employees of the organization		X
15b		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Pat Williams** **109 West Blackwell Street** **TN 37388** **931-455-5014**
Tulahoma

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James Apple President	0.00	X		X				0	0	0
(2) Linda Smith Secretary	0.00	X		X				0	0	0
(3) George Jensen Treasurer	0.00	X		X				0	0	0
(4) Michael Greene Vice President	0.00	X		X				0	0	0
(5) Brenda Cannon Board Member	0.00	X						0	0	0
(6) Rev Don Dixon Executive Committee	0.00	X						0	0	0
(7) Pam Goodwin Executive Committee	0.00	X						0	0	0
(8) Brian Linerode Executive Committee	0.00	X						0	0	0
(9) Stan McNabb Executive Committee	0.00	X						0	0	0
(10) Jordan Ennis Board Member	0.00	X						0	0	0
(11) Dudley Tipps Board Member	0.00	X						0	0	0
(12) Dot Watson Executive Committee	0.00	X						0	0	0
(13) Dr. Al Brandon Board Member	0.00	X						0	0	0
(14) Margaret Hale Board Member	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Ann Cline Executive Committee	0.00	X						0	0	0
(16) Bobby Couch Board Member	0.00	X						0	0	0
(17) Don Crownover Board Member	0.00	X						0	0	0
(18) Fran Marcum President Emeritus	0.00	X						0	0	0
(19) Rada Fults Board Member	0.00	X						0	0	0
(20) Jeff Ridner Board Member	0.00	X						0	0	0
(21) Rimda Gupta Board Member	0.00	X						0	0	0
(22) James Henry Board Member	0.00	X						0	0	0
(23) John Labar Board Member	0.00	X						0	0	0
(24) Joe Lester Board Member	0.00	X						0	0	0
(25) Eugene London Board Member	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Shelly Turner Board Member	0.00	X						0	0	0
(16) Belinda Riddle Board Member	0.00	X						0	0	0
(17) Ken Stewart Board Member	0.00	X						0	0	0
(18) Steven Stewart Board Member	0.00	X						0	0	0
(19) Rev Paul Purdue Executive Committee	0.00	X						0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2011) **Partners For Healing**

62-1834800

Page **9****Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	35,620			
	d Related organizations	1d				
	e Government grants (contributions)	1e	146,340			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	63,424			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		245,384			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,647	5,647		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 35,620 of contributions reported on line 1c). See Part IV, line 18	a	10,963			
	b Less: direct expenses	b	8,044			
	c Net income or (loss) from fundraising events		2,919			2,919
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a Other income			1,612	1,612		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			1,612			
12 Total revenue. See instructions.			255,562	7,259	0	2,919

Form **990** (2011)

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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	180,830	140,596	40,234	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,846	9,550	7,296	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,750		6,750	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	201	201		
13 Office expenses	5,623	2,653	2,970	
14 Information technology				
15 Royalties				
16 Occupancy	13,577	10,182	3,395	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,680	5,370	1,310	
23 Insurance	4,161	3,324	837	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Clinic supplies	19,642	19,642		
b Patient services	16,001	16,001		
c Contracted medical services	11,691	11,691		
d Miscellaneous	5,391	2,745	2,646	
e All other expenses	1,273	955	318	
25 Total functional expenses. Add lines 1 through 24e	288,666	222,910	65,756	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	140,244	1	2,226
	2 Savings and temporary cash investments	243,560	2	395,434
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	30,874	4	12,925
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	1,451
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 221,777		
	b Less: accumulated depreciation	10b 68,390	10c 160,728	153,387
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		16 575,406	16 565,423	
Liabilities	17 Accounts payable and accrued expenses	5,463	17	5,909
	18 Grants payable		18	
	19 Deferred revenue	60,652	19	72,501
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26 66,115	78,410
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		454,485	27	435,786
28 Temporarily restricted net assets		21,640	28	18,061
29 Permanently restricted net assets		33,166	29	33,166
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		509,291	33	487,013
34 Total liabilities and net assets/fund balances		575,406	34	565,423

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	255,562
2	Total expenses (must equal Part IX, column (A), line 25)	2	288,666
3	Revenue less expenses. Subtract line 2 from line 1	3	-33,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	509,291
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10,826
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	487,013

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

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

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

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

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

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

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

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

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. ▶ See separate instructions.

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

Partners For Healing

Employer identification number

62-1834800**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and

(iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, 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						

12 Gross receipts from related activities, etc. (see instructions) 1213 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 %15 Public support percentage from 2010 Schedule A, Part II, line 14 15 %16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2011

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

Partners For Healing

62-1834800

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Partners For Healing

Employer identification number

62-1834800

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	J & M Hiatt P.O. Box 1688 Tullahoma TN 37388	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Sanders Foundation P.O. Box 627 Winchester TN 37398	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	American City Bank P.O. Box 1030 Tullahoma TN 37388	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Cubic Golf Club 1308 S Washington St Tullahoma TN 37388	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Clayton Family Foundation 3340 Lakeview Dr Knoxville TN 37919	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Harton Regional Medical Center 1801 N Jackson St Tullahoma TN 37388	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Partners For Healing

62-1834800

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SIM&S 400 SW Atlantic St Tulahoma TN 37388	\$ 5,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**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. ► See separate instructions.

OMB No. 1545-0047

2011Open to Public
Inspection

Name of the organization

Employer identification number

Partners For Healing**62-1834800****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 6/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	33,166	33,166	33,166		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	33,166	33,166	33,166		

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

- a Board designated or quasi-endowment ▶ %
 b Permanent endowment ▶ 100.00 %
 c Temporarily restricted endowment ▶ %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,000		30,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		191,777	68,390	123,387
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				153,387

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	255,562
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	288,666
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-33,104
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,561
9	Total adjustments (net). Add lines 4 through 8	9	-1,561
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-34,665

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	311,578
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	56,016
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	56,016
3	Subtract line 2e from line 1	3	255,562
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	255,562

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	346,243
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	56,016
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,561
e	Add lines 2a through 2d	2e	57,577
3	Subtract line 2e from line 1	3	288,666
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	288,666

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference \$ -1,561

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Book / Tax Depreciation Difference \$ 1,561

Part XIV Supplemental Information (continued)

**SCHEDULE G
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding
Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011Open To Public
Inspection

Name of the organization

Partners For Healing

Employer identification number

62-1834800**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants
- b ☐ Internet and email solicitations f ☐ Solicitation of government grants
- c ☐ Phone solicitations g ☐ Special fundraising events
- d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Laughter</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	46,583			46,583
	2 Less: Charitable contributions	35,620			35,620
	3 Gross income (line 1 minus line 2)	10,963			10,963
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	6,285			6,285
	8 Entertainment				
	9 Other direct expenses	1,759			1,759
	10 Direct expense summary. Add lines 4 through 9 in column (d)				8,044
11 Net income summary. Combine line 3, column (d), and line 10				2,919	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? 9a ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No

b If "Yes," explain:

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

2011

Open to Public
Inspection

Name of the organization

Partners For Healing

Employer identification number

62-1834800

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Return is reviewed by the Director and Treasurer before filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2011Attachment
Sequence No.**179**

Name(s) shown on return

Partners For Healing

Identifying number

62-1834800

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	900
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	5,780
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,680
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

DAA

There are no amounts for Page 2

101PARTN Partners For Healing
62-1834800
FYE: 12/31/2011

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:											
39	Computer Dell	2/01/11	900			X	0	5	HY 200DB	0	900
			900				0			0	900
Prior MACRS:											
2	Various Donated Equipment	1/01/02	13,075			X	9,152	7	HY 200DB	13,075	0
3	DELL DIM 2350 COMPUTER	3/03/03	559			X	391	5	HY 200DB	559	0
5	19 COLOR TV	7/01/03	100			X	50	5	HY 200DB	100	0
6	EKG MACHINE	7/01/03	1,000			X	500	5	HY 200DB	1,000	0
8	Building	7/22/04	139,497				139,497	39	MMS/L	22,523	3,487
9	2 exam tables from dr bard	9/01/04	2,600				2,600	7	HY 200DB	2,484	116
10	Mita DC-3060 copier	8/23/04	500				500	5	HY 200DB	500	0
11	KM-1820 Kyocera	12/31/05	1,495				1,495	5	MQ200DB	1,495	0
12	Cholestech LDX System	5/17/06	1,675				1,675	7	HY 200DB	1,301	150
13	Cholestech GDX Kit	5/17/06	1,270				1,270	7	HY 200DB	987	113
16	Toshiba e-Studio 202L Multifunction Copie	6/30/06	14,000				14,000	7	HY 200DB	10,876	1,250
19	Desktop PC	11/16/09	498			X	249	5	MQ200DB	356	57
20	Dell PC Ex Director	10/01/09	568			X	284	5	MQ200DB	406	65
21	Projector & Screen	1/14/10	748			X	374	5	MQ200DB	505	97
22	HP 6500 Office Jet	5/13/10	170			X	85	5	MQ200DB	106	26
23	Dell Computer Finance	8/14/10	741			X	370	5	MQ200DB	426	126
24	Dell Computer Disease Management	10/19/10	639			X	0	5	MQ200DB	639	0
25	Dell Computer Adm Office	11/22/10	669			X	0	5	MQ200DB	669	0
26	Copier / Fax	12/16/10	1,875			X	0	5	MQ200DB	1,875	0
27	Shredder	12/06/10	205			X	0	5	MQ200DB	205	0
29	4 Toshiba Portege M400 Table 3 of 4	6/30/06	1,700				1,700	5	HY 200DB	1,602	98
30	4 Toshiba Portege M400 Table 4 of 4	6/30/06	1,700				1,700	5	HY 200DB	1,602	98
31	Roche CoaguChek	12/01/10	1,535			X	0	7	MQ200DB	1,535	0
32	Afinion A1C	12/01/10	125			X	0	7	MQ200DB	125	0
33	Bayer A1C	12/10/10	100			X	0	7	MQ200DB	100	0
34	Cholestech and Printer	10/01/10	1,700			X	0	7	MQ200DB	1,700	0
35	Microburnan	12/01/10	1,155			X	0	7	MQ200DB	1,155	0
36	Frigidaire 4.4	2/02/10	279			X	139	5	MQ200DB	188	37
37	Wireless Router	10/04/10	346			X	0	5	MQ200DB	346	0
38	TV for Lobby	7/07/10	353			X	176	5	MQ200DB	203	60
			190,877				176,207			68,643	5,780
Other Depreciation:											
7	Land	7/22/04	30,000				30,000	0	-- Land	0	0
	Total Other Depreciation		30,000				30,000			0	0
	Total ACRS and Other Depreciation		30,000				30,000			0	0
	Grand Totals		221,777				206,207			68,643	6,680
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		221,777				206,207			68,643	6,680

101PARTN Partners For Healing
62-1834800
FYE: 12/31/2011

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State Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
5-year GDS Property:								
39	Computer Dell	2/01/11	900	0	0	900	900	0
			900	0	0	900	900	0
Prior MACRS:								
2	Various Donated Equipment	1/01/02	13,075	9,152	13,075	0	0	0
3	DELL DIM 2350 COMPUTER	3/03/03	559	391	559	0	0	0
5	19 COLOR TV	7/01/03	100	50	100	0	0	0
6	EKG MACHINE	7/01/03	1,000	500	1,000	0	0	0
8	Building	7/22/04	139,497	139,497	22,523	3,487	3,487	0
9	2 exam tables from dr bard	9/01/04	2,600	2,600	2,484	116	116	0
10	Mita DC-3060 copier	8/23/04	500	500	500	0	0	0
11	KM-1820 Kyocera	12/31/05	1,495	1,495	1,495	0	0	0
12	Cholestech LDX System	5/17/06	1,675	1,675	1,301	150	150	0
13	Cholestech GDX Kit	5/17/06	1,270	1,270	987	113	113	0
16	Toshiba e-Studio 202L Multifunction Copie	6/30/06	14,000	14,000	10,876	1,250	1,250	0
19	Desktop PC	11/16/09	498	249	356	57	57	0
20	Dell PC Ex Director	10/01/09	568	284	406	65	65	0
21	Projector & Screen	1/14/10	748	374	505	97	97	0
22	HP 6500 Office Jet	5/13/10	170	85	106	26	26	0
23	Dell Computer Finance	8/14/10	741	370	426	126	126	0
24	Dell Computer Disease Management	10/19/10	639	0	639	0	0	0
25	Dell Computer Adm Office	11/22/10	669	0	669	0	0	0
26	Copier / Fax	12/16/10	1,875	0	1,875	0	0	0
27	Shredder	12/06/10	205	0	205	0	0	0
29	4 Toshiba Portege M400 Table 3 of 4	6/30/06	1,700	1,700	1,602	98	98	0
30	4 Toshiba Portege M400 Table 4 of 4	6/30/06	1,700	1,700	1,602	98	98	0
31	Roche Coaguchek	12/01/10	1,535	0	1,535	0	0	0
32	Afinion A1C	12/01/10	125	0	125	0	0	0
33	Bayer A1C	12/10/10	100	0	100	0	0	0
34	Cholestech and Printer	10/01/10	1,700	0	1,700	0	0	0
35	Microalbumin	12/01/10	1,155	0	1,155	0	0	0
36	Frigidaire 4.4	2/02/10	279	139	188	37	37	0
37	Wireless Router	10/04/10	346	0	346	0	0	0
38	TV for Lobby	7/07/10	353	176	203	60	60	0
			190,877	176,207	68,643	5,780	5,780	0
Other Depreciation:								
7	Land	7/22/04	30,000	30,000	0	0	0	0
	Total Other Depreciation		30,000	30,000	0	0	0	0
	Total ACRS and Other Depreciation		30,000	30,000	0	0	0	0
	Grand Totals		221,777	206,207	68,643	6,680	6,680	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		221,777	206,207	68,643	6,680	6,680	0

101PARTN Partners For Healing
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AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:											
39	Computer Dell	2/01/11	900			X	0	5	HY 200DB	0	900
			900				0			0	900
Prior MACRS:											
2	Various Donated Equipment	1/01/02	13,075			X	9,152	7	HY 200DB	13,075	0
3	DELL DIM 2350 COMPUTER	3/03/03	559			X	391	5	HY 200DB	559	0
5	19 COLOR TV	7/01/03	100			X	50	5	HY 200DB	100	0
6	EKG MACHINE	7/01/03	1,000			X	500	5	HY 200DB	1,000	0
8	Building	7/22/04	139,497				139,497	39	MMS/L	23,100	3,577
9	2 exam tables from dr bard	9/01/04	2,600				2,600	7	HY 200DB	2,479	121
10	Mita DC-3060 copier	8/23/04	500				500	5	HY 150DB	500	0
11	KM-1820 Kyocera	12/31/05	1,495				1,495	5	MQ200DB	1,495	0
12	Cholestech LDX System	5/17/06	1,675				1,675	7	HY 200DB	1,301	150
13	Cholestech GDX Kit	5/17/06	1,270				1,270	7	HY 200DB	987	113
16	Toshiba e-Studio 202L Multifunction Copie	6/30/06	14,000				14,000	7	HY 200DB	10,876	1,250
19	Desktop PC	11/16/09	498			X	249	5	MQ200DB	356	57
20	Dell PC Ex Director	10/01/09	568			X	284	5	MQ200DB	406	65
21	Projector & Screen	1/14/10	748			X	374	5	MQ200DB	505	97
22	HP 6500 Office Jet	5/13/10	170			X	85	5	MQ200DB	106	26
23	Dell Computer Finance	8/14/10	741			X	370	5	MQ200DB	426	126
24	Dell Computer Disease Management	10/19/10	639			X	0	5	MQ200DB	639	0
25	Dell Computer Adm Office	11/22/10	669			X	0	5	MQ200DB	669	0
26	Copier / Fax	12/16/10	1,875			X	0	5	MQ200DB	1,875	0
27	Shredder	12/06/10	205			X	0	5	MQ200DB	205	0
29	4 Toshiba Portege M400 Table 3 of 4	6/30/06	1,700				1,700	5	HY 200DB	1,602	98
30	4 Toshiba Portege M400 Table 4 of 4	6/30/06	1,700				1,700	5	HY 200DB	1,602	98
31	Roche CoaguChek	12/01/10	1,535			X	0	7	MQ200DB	1,535	0
32	Afinion A1C	12/01/10	125			X	0	7	MQ200DB	125	0
33	Bayer A1C	12/10/10	100			X	0	7	MQ200DB	100	0
34	Cholestech and Printer	10/01/10	1,700			X	0	7	MQ200DB	1,700	0
35	Microbuman	12/01/10	1,155			X	0	7	MQ200DB	1,155	0
36	Frigidaire 4.4	2/02/10	279			X	139	5	MQ200DB	188	37
37	Wireless Router	10/04/10	346			X	0	5	MQ200DB	346	0
38	TV for Lobby	7/07/10	353			X	176	5	MQ200DB	203	60
			190,877				176,207			69,215	5,875
Other Depreciation:											
7	Land	7/22/04	0				0	0	HY	0	0
	Total Other Depreciation		0				0			0	0
	Total ACRS and Other Depreciation		0				0			0	0
	Grand Totals		191,777				176,207			69,215	6,775
	Less: Dispositions and Transfers		0				0			0	0
	Net Grand Totals		191,777				176,207			69,215	6,775

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
2	Various Donated Equipment	1/01/02	13,075		0	0	3,923	9,152
3	DELL DIM 2350 COMPUTER	3/03/03	559		0	0	168	391
5	19 COLOR TV	7/01/03	100		0	0	50	50
6	EKG MACHINE	7/01/03	1,000		0	0	500	500
19	Desktop PC	11/16/09	498		0	0	249	249
20	Dell PC Ex Director	10/01/09	568		0	0	284	284
21	Projector & Screen	1/14/10	748		0	0	374	374
22	HP 6500 Office Jet	5/13/10	170		0	0	85	85
23	Dell Computer Finance	8/14/10	741		0	0	371	370
24	Dell Computer Disease Management	10/19/10	639		0	0	639	0
25	Dell Computer Adm Office	11/22/10	669		0	0	669	0
26	Copier / Fax	12/16/10	1,875		0	0	1,875	0
27	Shredder	12/06/10	205		0	0	205	0
31	Roche CoaguChek	12/01/10	1,535		0	0	1,535	0
32	Afinion A1C	12/01/10	125		0	0	125	0
33	Bayer A1C	12/10/10	100		0	0	100	0
34	Cholestech and Printer	10/01/10	1,700		0	0	1,700	0
35	Microalbumin	12/01/10	1,155		0	0	1,155	0
36	Frigidaire 4.4	2/02/10	279		0	0	140	139
37	Wireless Router	10/04/10	346		0	0	346	0
38	TV for Lobby	7/07/10	353		0	0	177	176
39	Computer Dell	2/01/11	900		0	900	0	0
Form 990, Page 1			<u>27,340</u>		<u>0</u>	<u>900</u>	<u>14,670</u>	<u>11,770</u>
Grand Total			<u>27,340</u>		<u>0</u>	<u>900</u>	<u>14,670</u>	<u>11,770</u>

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	2	Various Donated Equipment	0	0	0
Page 1	1	3	DELL DIM 2350 COMPUTER	0	0	0
Page 1	1	5	19 COLOR TV	0	0	0
Page 1	1	6	EKG MACHINE	0	0	0
Page 1	1	8	Building	3,487	3,577	-90
Page 1	1	9	2 exam tables from dr bard	116	121	-5
Page 1	1	10	Mita DC-3060 copier	0	0	0
Page 1	1	11	KM-1820 Kyocera	0	0	0
Page 1	1	12	Cholestech LDX System	150	150	0
Page 1	1	13	Cholestech GDX Kit	113	113	0
Page 1	1	16	Toshiba e-Studio 202L Multifunction Copier	1,250	1,250	0
Page 1	1	19	Desktop PC	57	57	0
Page 1	1	20	Dell PC Ex Director	65	65	0
Page 1	1	21	Projector & Screen	97	97	0
Page 1	1	22	HP 6500 Office Jet	26	26	0
Page 1	1	23	Dell Computer Finance	126	126	0
Page 1	1	24	Dell Computer Disease Management	0	0	0
Page 1	1	25	Dell Computer Adm Office	0	0	0
Page 1	1	26	Copier / Fax	0	0	0
Page 1	1	27	Shredder	0	0	0
Page 1	1	29	4 Toshiba Portege M400 Table 3 of 4	98	98	0
Page 1	1	30	4 Toshiba Portege M400 Table 4 of 4	98	98	0
Page 1	1	31	Roche Coaguchek	0	0	0
Page 1	1	32	Afinion A1C	0	0	0
Page 1	1	33	Bayer A1C	0	0	0
Page 1	1	34	Cholestech and Printer	0	0	0
Page 1	1	35	Microalbumin	0	0	0
Page 1	1	36	Frigidaire 4.4	37	37	0
Page 1	1	37	Wireless Router	0	0	0
Page 1	1	38	TV for Lobby	60	60	0
Page 1	1	39	Computer Dell	900	900	0
				<u>6,680</u>	<u>6,775</u>	<u>-95</u>

Future Depreciation Report**FYE: 12/31/12****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
2	Various Donated Equipment	1/01/02	13,075	0	0
3	DELL DIM 2350 COMPUTER	3/03/03	559	0	0
5	19 COLOR TV	7/01/03	100	0	0
6	EKG MACHINE	7/01/03	1,000	0	0
8	Building	7/22/04	139,497	3,488	3,577
9	2 exam tables from dr bard	9/01/04	2,600	0	0
10	Mita DC-3060 copier	8/23/04	500	0	0
11	KM-1820 Kyocera	12/31/05	1,495	0	0
12	Cholestech LDX System	5/17/06	1,675	149	149
13	Cholestech GDx Kit	5/17/06	1,270	113	113
16	Toshiba e-Studio 202L Multifunction Copier	6/30/06	14,000	1,249	1,249
19	Desktop PC	11/16/09	498	34	34
20	Dell PC Ex Director	10/01/09	568	39	39
21	Projector & Screen	1/14/10	748	58	58
22	HP 6500 Office Jet	5/13/10	170	15	15
23	Dell Computer Finance	8/14/10	741	76	76
24	Dell Computer Disease Mamagement	10/19/10	639	0	0
25	Dell Computer Adm Office	11/22/10	669	0	0
26	Copier / Fax	12/16/10	1,875	0	0
27	Shredder	12/06/10	205	0	0
29	4 Toshiba Portege M400 Table 3 of 4	6/30/06	1,700	0	0
30	4 Toshiba Portege M400 Table 4 of 4	6/30/06	1,700	0	0
31	Roche CoaguChek	12/01/10	1,535	0	0
32	Afinion A1C	12/01/10	125	0	0
33	Bayer A1C	12/10/10	100	0	0
34	Cholestech and Printer	10/01/10	1,700	0	0
35	Microbuman	12/01/10	1,155	0	0
36	Frigidaire 4.4	2/02/10	279	21	21
37	Wireless Router	10/04/10	346	0	0
38	TV for Lobby	7/07/10	353	36	36
39	Computer Dell	2/01/11	900	0	0
			<u>191,777</u>	<u>5,278</u>	<u>5,367</u>

Other Depreciation:

7	Land	7/22/04	<u>30,000</u>	<u>0</u>	<u>0</u>
Total Other Depreciation			<u>30,000</u>	<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>30,000</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>221,777</u>	<u>5,278</u>	<u>5,367</u>

Future Depreciation Report**FYE: 12/31/12**

FYE: 12/31/2011

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>State</u>	<u>AMT</u>
Prior MACRS:					
2	Various Donated Equipment	1/01/02	13,075	0	0
3	DELL DIM 2350 COMPUTER	3/03/03	559	0	0
5	19 COLOR TV	7/01/03	100	0	0
6	EKG MACHINE	7/01/03	1,000	0	0
8	Building	7/22/04	139,497	3,488	3,577
9	2 exam tables from dr bard	9/01/04	2,600	0	0
10	Mita DC-3060 copier	8/23/04	500	0	0
11	KM-1820 Kyocera	12/31/05	1,495	0	0
12	Cholestech LDX System	5/17/06	1,675	149	149
13	Cholestech GDx Kit	5/17/06	1,270	113	113
16	Toshiba e-Studio 202L Multifunction Copier	6/30/06	14,000	1,249	1,249
19	Desktop PC	11/16/09	498	34	34
20	Dell PC Ex Director	10/01/09	568	39	39
21	Projector & Screen	1/14/10	748	58	58
22	HP 6500 Office Jet	5/13/10	170	15	15
23	Dell Computer Finance	8/14/10	741	76	76
24	Dell Computer Disease Management	10/19/10	639	0	0
25	Dell Computer Adm Office	11/22/10	669	0	0
26	Copier / Fax	12/16/10	1,875	0	0
27	Shredder	12/06/10	205	0	0
29	4 Toshiba Portege M400 Table 3 of 4	6/30/06	1,700	0	0
30	4 Toshiba Portege M400 Table 4 of 4	6/30/06	1,700	0	0
31	Roche Coaguchek	12/01/10	1,535	0	0
32	Afinion A1C	12/01/10	125	0	0
33	Bayer A1C	12/10/10	100	0	0
34	Cholestech and Printer	10/01/10	1,700	0	0
35	Microbuman	12/01/10	1,155	0	0
36	Frigidaire 4.4	2/02/10	279	21	21
37	Wireless Router	10/04/10	346	0	0
38	TV for Lobby	7/07/10	353	36	36
39	Computer Dell	2/01/11	900	0	0
			<u>191,777</u>	<u>5,278</u>	<u>5,367</u>

Other Depreciation:

7	Land	7/22/04	<u>30,000</u>	<u>0</u>	<u>0</u>
Total Other Depreciation			<u>30,000</u>	<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>30,000</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>221,777</u>	<u>5,278</u>	<u>5,367</u>

101PARTN Partners For Healing
62-1834800
FYE: 12/31/2011

Federal Statements

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Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Communications	\$ 1,273	\$ 955	\$ 318	\$
Total	\$ 1,273	\$ 955	\$ 318	\$ 0