		Return of Organization Exempt From Incor Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (c) benefit trust or private foundation) benefit trust or private foundation to satisfy state rep	ne i w. except black	lung Op	en to Public
	1.38	PM Return of Organization Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(1) of the Internal Revenue Code (c), 527, or 4947(a)(a)(a) of the Internal Revenue Code (c), 527, or 4947(a)(a)(a) of the Internal Revenue Code (c), 527, or 4947(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(except -	ments.	nspection
	ŀ	henefit trust or private foundation, state rep	orting require		- number
*	į	Under soot may have to use a copy of this return		Employer identific	cation number
å	asury	The organization , and enums	. 1		.000
*	700	or fax year beginning		62-T03	800
	11	endar year, or take, Name of organization Partners For Healing	loom/suite	E Telephone numb	5014
- P CION		PALOUS	(00)1110-11	931-45	5-504-
Address o		Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address)			246,244
Name ch	ange			G Gross receipts \$	
Initial ret	ļum	109 W. BIBERWE City, town or post office, state, and ZIP code	1	group return for affiliales	Yes X No
Termina	ated		H(a) Is this a	Group recommen	Yes No
Amend	ed return	Tullahoma F Name and address of principal officer:	H(b) Are all	affiliates included? No," atlach a list. (see i	nstructions)
Applica	ation pending	L Mana	, If"	No," atlach a list (see "	, , , , , , , , , , , , , , , , , , ,
اساً السا			1	_	
		(insert no.) 4947(a)(1) or 527	H(c) Group	exemption number	state of legal domicile:
		[V cor(o)(3) 501(c)	Year of formation:		<u></u>
1 Tax-	exempt statu	www.partnersiorined			and the second s
J Web	n of organizat	ion X Corporation Trust Association			a. 113 (** * * * * * * * * * * * * * * * * *
к Form Par	n of organiza	Summary summary significant activities:	gured	فيدم فالمتميز فيعالم والمالة والمواتي	**************************************
- Fal	1 Briefly	www.partnerstorm Association Other Summary describe the organization's mission or most significant activities: ovide free primary health care for the working uning	3. reserve		
_	Pr	ovide free primary		NAME OF STREET OF STREET	ga din na fizika di namana na namana na
ance		k this box if the organization discontinued its operations or disposed of more than	25% of its ne	assets.	31
E	ceks wick to t	discontinued its operations or disposed of more man	F		
Govern	2 Chec	ber of voting members of the governing body (Part VI, line 1a)	<	4	31
	3 Num	ber of voting members of the governing body (Part VI, line 1b)		· 5	14
Activities&	4 Num			6	80
2	E Tota	number of ilidividuals criss-3			0
Act	6 Tota	I number of volume 12		7b* 2	. 18 til
	7a Tota	il unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34	PI PI	ior Year	Current Year
	D IVEL	unrelated business taxable income from 990-T, line 34 unrelated business taxable income from 990-T, line 34 utributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g) estment income (Part VIII, column (A), lines 3, 4, and 7d) estment income (Part VIII, column (A), lines 3, 4, and 7d)	. L. W. J.	245,384	0
·.	8 Cor	tributions and grants (Part VIII, line 1h)			5,159
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)		5,647 4,531	10,313
Seve	10 Inve	gram service (evenue (*) 1885). estment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		255,562	240,023
		and those 8 through 11 tillust educations	1.	0	0
				- 0	0
			··	197,676	210,450
e.		and a second of the second of		0	. 0
es	15 Sal		700000000000000000000000000000000000000		
Expenses		Port IV column (1)) IIDE 201		90,990	87,487
ŭ	1 2 - 04	res synances (Part IX, column (A), lines 11a-11d, 11f-24e)		288,666	297,937
	18 To	tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		-33,104	-57,914
	19 Re	vanue loss expenses. Subtract line 18 from line 12		g of Current Year	End of Year
3 or				565,423	485,282
Assets or Balances	20 To	tal assets (Part X, fine 16)		78,410	24,291
let A		tal liabilities (Part X, line 26) t assets or fund balances. Subtract line 21 from line 20	***	487,013	460,991
 	art II	signature Block	17		
		ties of perjury. I declare that I have examined this return, including accompanying schedules and sta			owledge and belief, it is
tro	ue, correct	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any kr	owledge.	4.0
	100				
Sig		Signature of officer		Date	
He	re		cutive	Director	
		Type or print name and title rintType preparer's name Preparer's signature	1.	Date Check	at PTIN
Pale		inda L. Bean Linda L. Bean		Date Check D5/08/13 self-emp	ا" ا
	-	mis name > Housholder Artman, PLLC	ř	Firm's EIN	20-8032022
	Only	115 N Jackson St			
0,00		im's address Tullahoma, TN 37388-3523		Phone no.	931-455-4248
May		discuss this return with the preparer shown above? (see instructions)		1 a mond from	X Yes No
		k Reduction Act Notice, see the separate instructions.			Form, 990 (2012)

s Forn	n 990 (2012) Partners For Healing	62-1834800	Page 2
*******	art III Statement of Program Service Accomplishm		[-]
	Check if Schedule O contains a response to any	guestion in this Part III	<u></u>
1	Briefly describe the organization's mission:		
I	Provide free primary health care fo	r the working uninsured	المراج والمراج والمحاورة والمالية والمراج والم
	· *		
	Did the organization undertake any significant program services durin	g the year which were not listed on the	
~	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	يعمد مشقده و د مدورة ما يره كنويه وقامه و و ويده و فؤه موه و موادية و و و دو و و و و ما و ما و ما و و و و ما	ĻI 100 🖽 110
3	Did the organization cease conducting, or make significant changes in	how it conducts, any program	*
•	services?	·	Yes X No
	If "Yes," describe these changes on Schedule O.	and the state of t	
4	Describe the organization's program service accomplishments for each	th of its three largest program services, as measured by	<i>t</i>
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required		
5.0	the total expenses, and revenue, if any, for each program service repo	the contract of the contract o	•
4a	(Code:) (Expenses \$ 213,862 including	grants of \$) (Revenue \$	·)
2	(Code:)(Expenses \$ 213,862 including a public non-profit free health cli	nic for the working uninsur	ed
		and the state of t	
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	en de en en de en en el en	Ψ.,	
	in the contract of the contrac		
	and the state of t		
e de la composición della comp			-
			<u> </u>
4b	(Code:) (Expenses \$ including	grants of \$ (Revenue \$	·
	المالية	en en en skreven en e	
		,	***:
18.	· sala paga properties and sala paga paga paga paga paga paga paga p	်း ရေးဆန်းရုံးသည်။ အေရ ကောင်သည်။ သည်။ သည် အနိုင်များ။ သည် ရန်နေ့ မှ ကောင်းသား။ ရှိသော ရေးမှ ရှားသန္တေသြီး၏ အိမ်းရိသန်းသည်။	********************
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	**************************************	e e i e a nigión e siótió el mestil e se atribica de na elemente e e elementa de proprieta en en en elemente e	, grading property and a second property and a second and a second
	***************************************	e e e e e e e e e e e e e e e e e e e	
4c	(Code:) (Expenses \$ including	grants of \$) (Revenue \$	
70	Toole: Without & Williams	Alguna of the Committee of the Authorities of the Action o	
	e ne nejegelik e dibere e estre de e ne negaje drity dejlik ne ajegejene e nejegejene nete de ajn dete en de e Le ne	manistration agentistica e e e e stropero de e e mariame e ortrigiate de apriligidada de comerciales e e expre Anticologia	regional disensity on explosing designs of the expression of
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	က မောက်သော မေလ	والمراجع	gigen de la
	er ang kananan kananan kanan kanan kepapahan perjemban keradi Sang kerada di di Sing kang perjemban kanan digg Tang kananan kerada kanan kanan kanan penjahan perjemban keradi Sing kerada keradi di Sing kang penjahan kerad	kapaningan arang mangunia arang bigan balip mendilikan mendilikan arang mendilikan digipipi bilipan ang mendil Mendilikan	
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	e mangan kinan di dini dan merikan mengai kepidan 1880 dan mendilandan mendan dinangan pelabuman menjan yapan Tangan	lade e de la diguel de de la relación de la liga e en la relación de la relación de la relación de la colon de La lación de la lación de la relación de la lación de la relación de la relación de la lación de la lación de	grigoria e esta e esta e en esta e e esta en el esta en el est La compania de la co
. 3	er i ne geste tradició de entre en estrator en traggio, en itan en de entre propie e y equito e en peregana en La	en en sammen en e	inga papaga karang kandida perkinahan karang karang berang kandida karang berang berang berang berang berang b Kandida pengangkan berang
	Marina ana ang ana ana ana ana ana ang apirana ana pitang ang pitang pitang pitang pitang pipipah tantang antp 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988	na higher e an higher dha a mear a dheall an higher easar dheall e aghligh dheal ang agus a dheal higher dig sa Ta	जिल्ली हो ने किलान करों के कर कर है जिल्ला कर कर ने जा है।
	t dan menganak pertahan menganjangkan pertahan kelalah menangkan kelalah pertahan di pertahan di pertahan mendib Pertahan menganak pertahan menganjangkan pertahan pertahan pertahan pertahan pertahan pertahan pertahan pertaha	rimenginan sikirinan ang masakan sasika ang birah at sikiran dipinangan ng parakat ang sang sang saga. Sang	and a service and the constraint and an agree of the constraint.
	o en en en esta en tra procesa en encontrata de la compresa de la compresa en en entre la compresa en encontrata en la compresa de compres	િંકુ કેમીનું ના સુવધુ માનવા કુ કેલું આવાનો તે પાતાનું તેવું આ માણકો અને સામાજી કુરીએ કે માતું આ પાતાના અને આવી છ 	
	* * * * * * * * * * * * * * * * * * *	en de de engage de de de engade que de	Enter and the Control of the Control
4d.	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 213,862		

<u></u> ₩.	ATILY Checklist of Required Schedules		,	,
ź			Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
_	complete Schedule A	1-1-	X	╂
. 2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Α.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> ^ </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		x
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 "		A
5	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ŀ	
	and the contract of the contra	6		x
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			. 12
	of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
ė	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	:	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>x</u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	i l		
	Schedule D, Parts XI and XII	12a	X	
Þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		ļ	
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a	;	<u> X</u>
þ	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	145	- 4	x
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		
•	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ı	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
.0	and the state of t	16		X
7	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	_	Δ.
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ.
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			-1 -
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	s. (
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			· · · · ·
	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\neg \uparrow$,

			Yes	
l	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	'		١.
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			l
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		L
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		l
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			T
и	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	A CONTRACT OF THE CONTRACT OF	240		l
	through 24d and complete Schedule K. If "No," go to line 25	24a		┝
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		╀
٤.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ı
Ċ	to defease any tax-exempt bonds?	24c		L
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
ı	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			l
ė	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			Γ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If IVes a complete Schedule I. Part I	25b		
	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	230		t
				l
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		┞
-	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		: .	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Sandana	L
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			å
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			Ö
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Ŀ
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			Г
	Schedule L, Part IV	28b		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			Η
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		L
		29	- 2	L
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ŀ	
	conservation contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		- 1	
	complete Schedule N, Part II	32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	Ì	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	T		-
	nontrolled entity within the magning of section 512/b/(12)2 if "Vers" normals to Cabadula 2, Dart V. Bas 2	1 25.	ĺ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		1. 1		
:	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1 I		
:		37		:
:		37		-

62-1834800 Form 990 (2012) Partners For Healing Page 6 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 X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. 31 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Each committee with authority to act on behalf of the governing body? \mathbf{X} Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 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 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12¢ Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization x 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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. X Own website Another's website X Upon request Other (explain in Schedule O) 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. 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

931-455-5014

TN 37388

Tullahoma

Form 990 (201	2) Partners For Healing	62-1834800	Page 7
Part VII	Compensation of Officers, Directors, Truste	es, Key Employees, Highest Compen	sated Employees, and
•	Independent Contractors		
	Check if Schedule O contains a response to ar	ny question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Hig	thest Compensated Employees	
da Complete ti	his table for all persons required to be listed. Deport compa	nestion for the calendar year ending with or within	tha

- 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.

Keek 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 (list any	bo	x, uni	Pos check ess po	erson	than o is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
· · · · · · · · · · · · · · · · · · ·	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization. (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) James Apple President	0.00	x		x				. 0	0	.0
(2) Linda Smith	0.00			-					0	
Secretary (3) George Jensen	0.00	x		x				0	0	0
Treasurer	0.00	x		x				Ö	0	0
(4)Michael Greene	0.00								: .	
Vice President (5)Brenda Cannon	0.00	Х		X				0	0	0
Board Member	0.00	x						0	0	0
(6) Rev Don Dixon Executive Committee	0.00	x						0	0	
(7) Pam Goodwin	0.00	4			-			<u>_</u>		0
Executive Committee (8) Brian Linerode	0.00	Х						0	0	0
Executive Committee	0.00	x						. 0	0	0
(9) Stan McNabb	0.00									
Executive Committee (10) Jordan Ennis	0.00	X			 			0	0	
Board Member	0.00	х	_		_			0	0	0
(11) Dudley Tipps Board Member	0.00	x						0	0	
DAA	0.00		- 1		.37	!		<u> </u>		Form 990 (2012)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (F) (A) Position Reportable Reportable Estimated Name and title Average (do not check more than one compensation compensation from hours per emount of related week box, unless person is both an from other officer and a director/trustee) compensation (list any the organizations (W-2/1099-MISC) organization from the hours for related (W-2/1099-MISC) organization nstitutional trustee cey employee director and related organizations below dotted organizations line) (12) Dot Watson 0.00 Executive Committee 0.00 X Ó 0 (13) Dr. Al Brandon 0.00 0.00 X Board Member 0 0 (14) Margaret Hale 0.00 X Ø 0.00 0 Board Member (15) Ann Cline 0.00 Executive Committee 0.00 Х 0 0 0 (16) Bobby Couch 0.00 0.00 Board Member X 0 0 0 (17)Don Crownover 0.00 0.00 X 0 0 Board Member (18) Fran Marcum 0.00 President Emeritus 0.00 0 0 0. (19) Rada Fults 0.00 0.00 Board Member Ó 0 1b Sub-total c Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) 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 Νo 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 3 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 X 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 Section B. Independent Contractors 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 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization DAA Form 990 (2012)

Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any	(d	o not	Pos check ess po	C) sition more	than o	one an	nd Highest Compensated (D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(14-2) 1033-111100)	organization and related organizations
(12) Jeff Ridner	0.00									
Board Member	0.00	X						0	0	
(13)Dr. Rimda Gupta Board Member	0.00	x						0	0	
(14) James Henry							:			
Board Member	0.00	x					_	0	0	· ·
(15) John Labar	0.00							* .		Section 1997
Board Member	0.00	Х						0	0	
(16) Joe Lester Board Member	0.00	x						0	0	(
(17) Eugene London										
Board Member	0.00	x						0	Ó	
(18) Shelly Turner	0.00				·					
Board Member	0.00	х						0	0	· · · · · · · · · · · · · · · · · · ·
(19)Belinda Riddle Board Member	0,00	x						.0	o	* ***
1b Sub-total					.,,,,		>			
 c Total from continuation sheet d Total (add lines 1b and 1c) 2 Total number of individuals (inc 			,				bove) who received more than	\$100,000 in	8 T. T
reportable compensation from	the organization	<u> </u>						·		Yes No
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line 	complete Sched	lule J of rep	l for corta	such ble (ind omp	ividu: pens	al ation	and other compensation	from the	3
organization and related organi individual									···	4
5 Did any person listed on line 1a for services rendered to the org	a receive or accr panization? If "Ye	ue c es," c	omp comp	ensa olete	tion Sch	from edul	any e J f	unrelated organization or or such person	individual	5
Section B. Independent Contractor										
Complete this table for your five compensation from the organization.	ation. Report co	mpe	eo ir nsat	iaep ion f	enae or th	e cal	end	ar year ending with or withi	n the organization's tax ye	
Name and b	(A) pusiness address	<u> </u>						Descripti	(B) on of services	(C) Compensation
<u> </u>								· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
<u>.</u>						-				
		`								
A CONTRACTOR OF THE STATE OF TH	er de rege lle d			:						
2 Total number of independent correceived more than \$100,000 or	ontractors (included	ding l	but r	ot li	mite	d to t	hose	e listed above) who		

Form 990 (2012) Partners For Healing 62-1834800

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

(A) Name and title ◆	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dolted line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Ken Stewart	0.00									
Board Member	0.00	x						o	О	ď
(13) Steven Stewart	0.00									
Board Member	0.00	x			ĺ			0	. 0	
(14) Rev Paul Purdue			-							-
Executive Committee	0.00	x						0	0	(
(15) Lane Yoder	0.00									
Board Member	0.00	x						0:	0	O
(16)										
. , , , , , , , , , , , , , , , , , , ,										
(17)	, ,								***************************************	
								<u> </u>		
(18)										
e propagaja provinci encereralização de alema granda								and the second second		
(19)								· ·		
	ا جوه او ما در د د د موساند د د د د د د و د و د و د و د و د د د د									
1b Sub-total		ecti	оп А				>			
Total number of individuals (increportable compensation from	cluding but not li	mite				ed al	pove) who received more than	\$100,000 in	
3 Did the organization list any foemployee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organidividual 5 Did any person listed on line 1a for services rendered to the organization and related organization and related organization and related organization and related organizations.	rmer officer, dire complete Sched 1a, is the sum izations greater a receive or acci	ector ule of rep than	for corta \$150 omp	such ble (0,000 ensa	indi comp o? If	ividua ens "Yes from	al ation s," co	n and other compensation omplete Schedule J for suc vunrelated organization or	from the	3 4 5
Section B. Independent Contractor			- 1	1						
Complete this table for your five compensation from the organize	ation. Report co	mpe	ed ir nsat	ioep ion f	enae or th	e cal	end	ar year ending with or with	in the organization's tax ye	
Name and b	(A) pusiness address							Descripti	(B) on of services	(C) Compensation
	*,						1 2, 4 3			
							- 12			
	***	·								
						, .				
			;				4			
2 Total number of independent or received more than \$100,000 o	ontractors (include	ding	but r	ot li	mite	d to t	hosi	e listed above) who		
AAC	r compensation	nom	uie	orga	ıııza	uon I	_			Form 990 (2012)

	art '	Statement of Reve Check if Schedule (s a resnonse	to any question in	this Part VIII		
		Officer, is concedure to	Soritain	o u response	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Rovenue excluded from tax under sections 512, 513, or 514
nts	2 1a	Federated campaigns	1a					
<u> </u>	<u> </u>	Membership dues	1b					
15,	2	Fundraising events	1c	39,26	8			
֓֞֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֞֞֞֞֓֓֓֓֡֓֡֡֡֡	<u> </u>	Related organizations	1d					
Sign	6	Government grants (contributions)	1e	128,30	4			
:£:	5	f All other contributions, gifts, grants, and similar amounts not included above		F.C. 051	_			
<u> </u>	5	· · · · · · · · · · · · · · · · · · ·	1f	56,97				
Ö	2 2	Noncash contributions included in lines 1a-1 Total. Add lines 1a-1f	n 🍑 ,		224,551			
Program Service Revenue Contributions, Giffs, Grants	•	TOTAL FIGURES TA-11	<u>i periodo de estable.</u>	Buan, Code	***************************************			
Ven	2a							
8	t							
3	c	* * * * * * * * * * * * * * * * * * * *						
. <u>%</u>	d	i Tanggaran ang kanakan ang	erie e netanaga i		ļ			
E E	e	l 						
Ę,		All other program service rever Total. Add lines 2a-2f						Į.
_	تـــــــــــــــــــــــــــــــــــــ	Investment income (including d			<u> </u>		1	
	-	and other similar amounts)			5,159	5,159		
	4	Income from investment of tax-	exempt bor	nd proceeds	,		<u> </u>	
	5	Royalties		• •		·		
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4			
٠.	C	Rental inc. or (loss)		<u> </u>				
	7a	Net rental income or (loss) Gross amount from (i) Securities		(ii) Other				
	-	sales of assets other than inventory		(a) Onlei	-			
:	ь	Less; cost or other		.				
		basis & sales exps.						
	C	Gain or (loss)						
		Net gain or (loss)		>				
ā	8a	Gross income from fundraising event						
Revenue		(not including \$ 39,2	68					
		of contributions reported on line 1c).	ا	10 316				
Other	h	See Part IV, line 18 Less: direct expenses	a	10,316 6,221				
ŏ		Net income or (loss) from fundra	isino even		4,095			4,095
		Gross income from gaming activities.	7					
	,176	See Part IV, line 19						
		Less direct expenses	b					
		Net income or (loss) from gamir	ig ac <u>tivities</u>	<u>,,,,,,,,</u>				
	10a	Gross sales of inventory, less						
٠.	á	returns and allowances	a	-				
× 1		Less: cost of goods sold Net income or (loss) from sales	of inventer	,				
*		Miscellaneous Revenue	or inventory	Busn, Code				
	11a	Other income			6,218	6,218		
	b			•			· · · · · · · · · · · · · · · · · · ·	
	C	ر. در وزرد ردادی در در میان درگر رواید و بودیده کرد و در						
8		All other revenue	موالا ويُدَّا وَالْمُوا مِنْ مِنْ مِنْ اللَّهِ عَلَيْهِ مِنْ اللَّهِ عَلَيْهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ					
		Total. Add lines 11a-11d			6,218			
	12	Total revenue. See instructions		<u></u>	240,023	11,377	0	4,095

Statement of Functional Expenses "Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 192,008 138,419 53,589 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes
Fees for services (non-employees): 18,442 9,070 9,372 Management Legal and the first of the control of the 7,800 7,800 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees G Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 495 495 Office expenses 7,277 2,204 5,073 Information technology 14 Royalties 15 14,683 11,013 3,670 Occupancy 16 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 10,947 9,094 1,853 22 Insurance 4,499 3,632 867 23 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.) Clinic supplies 29,080 29,080 Contracted medical servic 4,258 4,258 Patient services 3,309 3,309 3,187 Communications 2,390 797 e All other expenses 1,952 1,054 898 297,937 25 Total functional expenses. Add lines 1 through 24e 213,862 84,075 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 🚩 🔲

following SOP 98-2 (ASC 958-720)

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 2,226 3,919 Cash—non-interest bearing Savings and temporary cash investments 395,434 Pledges and grants receivable, net 12,925 11,600 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 1,451 1,588 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a
b Less: accumulated depreciation 10b 231,421 76,371 153,387 10c 155,050 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 Other assets, See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 485,282 565,423 16 17 Accounts payable and accrued expenses 5,909 17 7,317 Grants payable 18 18 72,501 16,974 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 78,410 24,291 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 435,786 409,936 27 28 Temporarily restricted net assets 18,061 28 17,889 Permanently restricted net assets 33,166 29 Net Assets or Fund 29 33,166 Organizations that do not follow SFAS 117 (ASC 958), check here > complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 487,013 460,991 33 485,282 Total liabilities and net assets/fund balances ... 565,423 Form 990 (2012)

Form	990 (2012) Partners For Healing	62-1834800			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in the	is Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)		1		40,	
2	Total expenses (must equal Part IX, column (A), line 25)		2	2	97,	937
3	Revenue less expenses. Subtract line 2 from line 1		3	- !	57,	914
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, col	umn (A))	4	48	87,	013
5	Net unrealized gains (losses) on investments	- Compression of the contract	5			
6	Donated services and use of facilities	,	6		28,	926
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9		2,9	966
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must eq	ual Part X, line				
	33, column (B))		10	46	60,9	991
Pa	t XII Financial Statements and Reporting					
1	Check if Schedule O contains a response to any question in the	is Part XII		<u></u>	ا <u>د به واد که و</u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrua	1 Other		_		
	If the organization changed its method of accounting from a prior year or checke	d "Other," explaîn în				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an indepe	ndent accountant?	y arangan arangan ang arang	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the ý	ear were compiled or				
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and	separate basis	*,			
b	Were the organization's financial statements audited by an independent account	ant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the y	ear were audited on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and	separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	esponsibility for oversight		1 1		
	of the audit, review, or compilation of its financial statements and selection of ar	independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process duri	ng the tax year, explain in				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit	or audits as set forth in	•			
	the Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
Ь	If "Yes," did the organization undergo the required audit or audits? If the organiza	ition did not undergo the				4 7
	required audit or audits, explain why in Schedule O and describe any steps taken	to undergo such audits		3b		
				For	n 99 0	(2012)

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

2012

Open to Public Inspection

Name of the organization	Partners Fo	r Healing		· -					ification numbe	er .	
Part I Re		/ Status (All organization	ns must c	omplete	this c	art.) S					
		ise it is: (For lines 1 through 11							· ·		
	£ .	sociation of churches describe		-							
	described in section 170(b)(1)		30 (11) 5051.15	(5),							
		rice organization described in	section 17	O(b)(1)(A)	an.						
		ed in conjunction with a hospita				h)(1)(A)(iii). Ent	er the h	ospital's nan	ne.	
city, and s	=	or in our j-monor man a moopin		ccc.		~/(- /(- /)	· /			,	
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	n, check this box										
g Since Aug	ust 17, 2006, has the organiza	ition accepted any gift or contr	ibution fror	n any of t	hе			********			· - -
following r							•				
(i) A pers	on who directly or indirectly o	ontrols, either alone or togethe	er with pers	ons desci	ibed in	(ii) and			1	Yes	No
(iii) be	low, the governing body of the	supported organization?							11g(i)	
(II) A fam	ily member of a person descri	bed in (i) above?			• • • • • • • • • • • • • • • • • • • •				11g(l		
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	e following information about t		**********					******			·
(i) Name of supported	(II) EIN	(iii) Type of organization	(lv) is the	organization	(v) Did	you notify		s the	(vii) Amoun	of mone	atary
organization		(described on lines 1–9		isted in your		nization in of your	organizat	ion in col.	Sug	port	
		above or IRC section (see Instructions))	governing	document?		port?		5.7	S		
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62-1834800 Schedule A (Form 990 or 990-EZ) 2012 Partners For Healing Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2011 Schedule A, Part II, line 14 33 1/3% support test—2012. 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 33 1/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

instructions

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Partners For Healing 62-1834800

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.

800	If the organization fails to stion A. Public Support						
	ndar year (or fiscal year beginning in)	(0) 2000	(h) 2000	(=) 2010	(4) 7011	(=) 2012	(6) Total
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		<u> </u>				*
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.)						
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		e .	,			11.0
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				<u> </u>		·
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,		•				
•	Total support. (Add lines 9, 10c, 11, and 12.)	organization's first	second third to	With or fighter you	ar as a section E04	(0)(3)	
13 14	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the	_					
14	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her	0			ar as a section 501		> [
14 Sect	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Su	e Ipport Percent	age			<u> </u>	>
14 Sect	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop hereion C. Computation of Public Support percentage for 2012 (line 8,	e Ipport Percent , column (f) divided	age by line 13, colum	ın (f))		15	%
14 Sect 15	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Support percentage for 2012 (line 8, Public support percentage from 2011 Sche	e Ipport Percent , column (f) divided edule A, Part III, lin	age by line 13, colume 15	ın (f))		15	% %
14 Sect 15 16 Sect	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop her ion C. Computation of Public Support percentage for 2012 (line 8, Public support percentage from 2011 Scheion D. Computation of Investme	e Ipport Percent , column (f) divided edule A, Part III, lin nt Income Per	age I by line 13, colum e 15 centage	ın (f))		15	%
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14 Sect 16 Sect 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop heroion C. Computation of Public Support percentage for 2012 (line 8, Public support percentage from 2011 Scholon D. Computation of Investme Investment income percentage from 2012 (linvestment income percentage from 2011 33 1/3% support tests—2012, If the organ	pport Percent column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (f) Schedule A, Part I nization did not che	age I by line 13, colume 15 centage divided by line 13 II, line 17 eck the box on line	on (f)), column (f)	more than 33 1/39	15 16 17 18 6, and line	% %
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14 Sect 16 Sect 17 18 19a b	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here ion C. Computation of Public Support percentage for 2012 (line 8, Public support percentage from 2011 School ion D. Computation of Investme Investment income percentage for 2012 (linvestment income percentage from 2011 33 1/3% support tests—2012. If the organ 17 is not more than 33 1/3%, check this bot	pport Percent , column (f) divided edule A, Part III, lin nt Income Per ne 10c, column (f) Schedule A, Part I nization did not che ox and stop here. nization did not che is box and stop he	age I by line 13, colume 15 centage divided by line 13 II, line 17 seck the box on line The organization of the column 15 are. The organization 15 a	column (f) column (f) c 14, and line 15 is qualifies as a public 4 or line 19a, and ion qualifies as a p	more than 33 1/39 cly supported organ line 16 is more tha ublicly supported o	15 16 17 18 6, and line nization n 33 1/3%, and organization	%

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2012

Open to Public

Schedule D (Form 990) 2012

Name of the organization Employer identification number Partners For Healing 62-1834800 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total πumber of conservation easements 2a b Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d |
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

Sch	edule D (Form 990) 2012 Partners	For Healing		62	2-1834800	Page 2
P	art III Organizations Maintainin	g Collections of A	rt, Historical Tr	easures, or 0	Other Similar As	sets (continued)
. 3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records, o	check any of the foll	owing that are a	significant use of its	
a	Public exhibition	d Loa	an or exchange pro	grams		
b	}−	e Ott	ner			
c						
4	Provide a description of the organization's of	ollections and explain he	w they further the c	organization's exe	empt purpose in Part	
	XIII.					
5	During the year, did the organization solicit	or receive donations of a	rt, historical treasur	es, or other simil	ar	
	assets to be sold to raise funds rather than	to be maintained as part	of the organization	's collection?		Yes No.
P	art IV Escrow and Custodial Ar	rangements. Comp	lete if the organ	ization answe	red "Yes" to For	n 990, Part IV,
-	line 9, or reported an amou					
1a	Is the organization an agent, trustee, custoo	lian or other intermedian	for contributions o	r other assets no	t	
	included on Form 990, Part X?	<u>.</u>				Yes No
b	If "Yes," explain the arrangement in Part XII.	and complete the follow	ing table:			
						Amount
C	Beginning balance				1c	
	Additions during the year					
е	Distributions during the year	era a kan e a sinta sanininini ili da a a a a a a a a a a			1e	<u> </u>
f	Ending balance	. 6 6				
2a	Did the organization include an amount on F	orm 990, Part X, line 21	?			Yes No
	If "Yes," explain the arrangement in Part XIII					
⊗P:	irt V Endowment Funds. Comp	lete if the organizat	ion answered "Y	es" to Form 9	990, Part IV, line	10.
× ,		(a) Current year	(b) Prior year	(c) Two years bac		
1a	Beginning of year balance	33,166	33,166	33,	166 33	,166
	Contributions				· · · · · · · · · · · · · · · · · · ·	
C	Net investment earnings, gains, and	-				
5	losses	<u> </u>	<u></u>			
	Grants or scholarships			<u></u>		
e	Other expenditures for facilities and		10	•		
	programs			:		
f	Administrative expenses					
ã	End of year balance	33,166	33,166		166 33	,166
2			ne 1g, column (a)) l	neld as:		
a	Board designated or quasi-endowment	%				
b	********					
C	Temporarily restricted endowment ▶	F 20 F F F F F F F	i i		•	
	The percentages in lines 2a, 2b, and 2c shot	, · ·				
за	Are there endowment funds not in the posse	ssion of the organization	that are held and a	administered for t	ne	<u> </u>
	organization by:	•				Yes No
	tiiktataal aasaaleeliaaa	بالمراز وأوالا والمرازع والمعارة فالماء والماء والماء	•			
i.	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	Biotod on required on C	nijerije DO		يدي مروزوا دي دي ويداد الديد ويديدونونون	
D.	Describe in Part XIII the intended uses of the	s listed as required on 5	cnedule K?	1 - 1 V 1 1 - 1 - 1 - 1	elane a arti o oce est e di arpitilifa a aja .	3b
	the Land, Buildings, and Equi			10		<u> </u>
301.24	Description of property	(a) Cost or other basis	(b) Cost or oil		(c) Accumulated	(d) Book value
2		(investment)	(a) Cost of Silver	1	depreciation	(a) book value
12	Land			0,000		30,000
	Buildings			-,		30,000
ν,	Leasehold improvements			-		
	Equipment					
	Other		20	1,421	76,371	125,050
	Add lines 1a through 1e. (Column (d) must e	oual Form 990 Dad V			10,511	155,050
vial	i i de mos re anough re (ocionis (a) must e	-quoi i oniii aao, Fail X, (Condition (D), Hitle 10(<u> </u>		T00,000

Schedule D (Form 990) 2012 Partners For Healing		62-1834800	Page 3
Part VII Investments—Other Securities. See Form 990,	Part X, line 12,		
(a) Description of security or category	(b) Book value	(c) Method of valu	uation:
(including name of security)	• •	Cost or end-of-year ma	arket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	-		
(B)	· · · · · · · · · · · · · · · · · · ·		
	·		····
(C)			
(E)			
(E)			
(G)			
Ass			
(1)		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 990,	Part Y line 12		
(a) Description of investment type	(b) Book value	(c) Method of valu	odion
(a) Description of threshing it type	(h) poor saids	Cost or end-of-year ma	
		3337 31,2 37 33.1 11.3	
(1)	 		······································
(2)			, t
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(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.		•	N-X D11 -
(a) Description			(b) Book value
(1) (2)	•		
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			<u>·</u>
(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.	<u></u>		
1. (a) Description of Jiability	(b) Book value	T	
(1) Federal income taxes		-	
(2)		\dashv	
(3)	 	-	
		\dashv	
(4)		\dashv	
(5)		-	
(6)		_	
(7)	·	_	
(8)		\dashv	
(9)		\dashv	
(10)	· ·		
(11)		\dashv	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the			
liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the ter	xt of the footnote has	been provided in Part XIII	

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Schedule D (Form 990) 2012 Partners For Healing		62-1834800	Page 4
Part XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Retu	irn
. 1 Total revenue, gains, and other support per audited financial statements			1 305,278
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	65,255	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			2e 65,255
3 Subtract line 2e from line 1	e a singe e e district più eje ale e	Transcription of the second	3 240,023
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 XIII.)	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.)			5 240,023
Part XII Reconciliation of Expenses per Audited Financial State			
Total expenses and losses per audited financial statements			1 331,300
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	36,329	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Àdd lines 2a through 2d			2e 36,329
3 Subtract line 2e from line 1			3 294,971
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 XIII.)		2,966	
c Add lines 4a and 4b	•	4	4c 2,966
c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5 297,937
Part XIII Supplemental Information		Access of the second	<u> </u>
information. Part XII, Line 4b - Expense Amounts Include Book / Tax Depreciation Difference	**********	turn - Othe	**********************
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Part	XIII	Supp	oleme	ntal in	formati	on (conti	nued)				, ie		1 * +0			
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SCHEDULE G (Form 990 or 990-EZ)

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

Dopartment of the Treasury Internal Revenue Service Name of the organization Employer identification numb 62-1834800 Partners For Healing 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations 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? 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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundralser) from activity fundralser listed in organization control of col. (i) contributions' Yes No 2 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

Schedule G (Form 990 or 990-EZ) 2012 Partners For Healing 62-1834800 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 (b) Event #2 (c) Other events (d) Total events Paint for Partn (add col. (a) through None (event type) (event type) (total number) col. (c)) Revenue 49,584 49,584 1 Gross receipts 39,268 2 Less: Contributions 39,268 3 Gross income (line 1 minus 10,316 10,316 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 3,175 7 Food and beverages 3,175 8 Entertainment 3,046 3,046 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 6,221) 11 Net income summary. Combine line 3, column (d), and line 10 4,095 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. (b) Pull tabs/instant (d) Total gaming (add ĭe (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c))

ā				······································		
Reve	å	Gross revenue				
-	: 77					
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary.	Add lines 2 through 5 in column (c)'	· e gang v e et ett strom gengt ett spragt ett spragt	<u>(</u>
	8	Net gaming income summ	nary. Combine line 1, column d, an	d line 7	: >	
9	Ent	er the state(s) in which the	organization operates gaming acti	vities:		

	·						
					1. 5		
0a	Were any of the organiza	ation's gaming licenses	revoked, suspended	or terminated du	ring the tax year?		Yes No
b	If "Yes," explain:				****		
		×					· · · · · · · · · · · · · · · · · · ·
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a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

Sch	edule G (Form 990 or 990-EZ) 2012	2 Partne	rs For	Healing	62-1	834800	Page 3
11	Does the organization operate ga	ming activities with	nonmembers'	?		Yes	☐ No
12	Is the organization a grantor, ben	eficiary or trustee of	a trust or a m	ember of a partnership or	other entity		
	formed to administer charitable ga	aming?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	☐ No
13	Indicate the percentage of gamine	g activity operated in): ·	-			
a	The organization's facility		e Adams as as a succession of			13a	%
b	An outside facility					13b	%
14	Enter the name and address of th	e person who prepa	res the organ	ization's gaming/special e	vents books and		
	records:						
	Name >			,			
	Address ▶				A mandra a separa di Series de Arenda de	i. Manadan saman na mpaning	
•							
15a	Does the organization have a con		-		- -		
	revenue?	(1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	والمراورة فتناوي والأوراة فالمواجر	ranja ya kiya kiya kiya kikin ki ka ƙafara ya s		Yes	No
b	If "Yes," enter the amount of gami	ing revenue receive	by the organ	nization > \$	and the		
	amount of gaming revenue retains		> \$		·		
c	If "Yes," enter name and address	of the third party:					
		4					
	Name >		والواعزة وكالمتحرية مردادان		*********	***	
			* .				
	Address ►	والمحاج فالمؤلج والمعاد والماد		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				* .	•		
16	Gaming manager information:					•	
	Name No. 1			No.	·		
	Name >	فتطلقه وتواجعه وممعط	وووي الإنجاج المرفي الأساف والما	وروم په ۱۳۶۶ و دوره له م ټو م ځام که د م پاتو و پو		e e e la la grada	
	Gaming manager compensation	• «			•		
4.	Canning industries combelles and it	*	**********				
	Description of services provided				•		
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	Director/officer	Employee	Inden	endent contractor			
		p.o/co		ondoni donaboloi		<i>.</i>	-
17	Mandatory distributions:	1. 1					
•	Is the organization required under	state law to make o	haritable dist	ibutions from the gaming	proceeds to		
	retain the state gaming license?					Yes	No
b	Enter the amount of distributions r	equired under state	law to be dist	ributed to other exempt or	rganizations or	resignations from	٠ اســــــا
	spent in the organization's own ex	empt activities durin	g the tax yea	r ▶ \$	·		
Par	EIV Supplemental Infor	mation. Comple	ete this par	t to provide the expla	inations required by Part I	, line 2b,	
• • • •	columns (iii) and (v),	and Part III, line	s 9, 9b, 10	b, 15b, 15c, 16, and	17b, as applicable. Also d	complete this	
	part to provide any a	dditional informa	ation (see i	nstructions).			
د. اورو مامران	Name a la l	ani anggang ang ana ang ana ana an		And the second section of explanations is a first second or second			
,) 						
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SCHEDULE O (Form 990 or 990-EZ)

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.

2012
Open to Rublic Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Partners For Healing

Employer identification number 62-1834800

Form 990, Part VI, Line 11b - Organ	nization's Pr	cocess to	Review Fo	orm 990
Return is reviewed by the Director	and Treasure	er before	filing.	
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Form 990, Part VI, Line 19 - Govern	ing Document	s Disclo	sure Expla	anation
No documents available to the publi	.c		, and a second contract of	
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Form 990, Part XI, Line 9 - Reconci	liation of C	hanges -	Other	e dirigine dije e konfizika dijirili konfize e poli V
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Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

See separate instructions.

► Attach to your tax return

Identifying number Name(s) shown on return Partners For Healing 62-1834800 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 Reduction in limitation, Subtract line 3 from line 2, If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 4,823 14 Property subject to section 168(f)(1) election 15 769 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 5,278 MACRS deductions for assets placed in service in tax years beginning before 2012 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 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method placed in (g) Depreciation deduction period service only-see instructions) 19a 3-year property 324 5.0 200DB MO 16 5-year property 1.729 7.0 200DB MO 7-year property 61 d 10-year property e 15-year property 20-year property 25-year property Residential rental S/L 27.5 yrs. MM property MM S/L 27.5 yrs. MM Nonresidential real 39.yrs. S/L property мм Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L 40-year MM Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Form 4562 (2012)

10,947

101PARTN Partners For Healing 62-1834800

FYE: 12/31/2012

Federal Asset Report Form 990, Page 1

Ass	et Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<u>5-γε</u> 4	ar GDS Property: Nos V3560 BTX Laptop	10/05/12	649 649		x	324 324	5 MQ200DB	0	341
7-ve	ear GDS Property: 2 5080 Power Procedure Table UMF 5080	10/15/12	3,459 3,459		X	1,729 1,729	7 MQ200DB	0	1,791 1,791
	19 COLOR TV EKG MACHINE Building 2 exam tables from dr bard Mita DC-3060 copier KM-1820 Kyocera Cholestech LDX System Cholestech GDX Kit Toshiba e-Studio 202L Multifunction Copie Desktop PC Dell PC Ex Director Projector & Screen HP 6500 Office Jet Dell Computer Finance Dell Computer Disease Mamagement Dell Computer Adm Office Copier / Fax Shredder 4 Toshiba Portege M400 Table 3 of 4 4 Toshiba Portege M400 Table 4 of 4 Roche Coaguchek Afinion A1C Bayer A1C Cholestech and Printer Microlbuman Frigidaire 4.4 Wireless Router TV for Lobby	1/01/02 3/03/03 7/01/03 7/01/03 7/01/04 9/01/04 8/23/04 12/31/05 5/17/06 6/30/06 11/16/09 10/01/09 1/14/10 5/13/10 8/14/10 10/19/10 11/22/10 12/16/10 12/06/10 6/30/06 6/30/06 6/30/06 12/01/10	13,075 559 100 1,000 139,497 2,600 500 1,495 1,675 1,270 14,000 498 568 748 170 741 639 669 1,875 205 1,700 1,700 1,535 125 100 1,700 1,155 279 346 353 900		X X X X X X X X X X X X X X X X X X X	9,152 391 50 500 139,497 2,600 1,495 1,675 1,270 14,000 249 284 374 85 370 0 0 1,700 1,700 1,700 0 0 0 1,700 1,700 1,700	7 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB 6 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 6 MQ200DB 7 MQ200DB	13,075 559 100 1,000 26,010 2,600 500 1,495 1,451 1,100 12,126 413 471 602 132 552 639 669 1,875 205 1,700 1,700 1,535 100 1,700 1,155 225 346 263 900	0
Othe 7 40		7/22/04 3/27/12 _	30,000 5,536 35,536		X _	30,000 2,768 32,768	0 Land 3 MOAmort	75,323 0 0 0	5,278 0 3,537 3,537
	Total ACRS and Other Deprec Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	· .	231,421 0 0 231,421		- -	32,768 211,028 0 0 211,028		75,323 0 0 75,323	3,537 10,947 0 0 10,947

101PARTN Partners For Healing 62-1834800

FYE: 12/31/2012

State Asset Report Form 990, Page 1

Asse	t Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
<u>5-vea</u> 41	ar GDS Property: Vos V3560 BTX Laptop	10/05/12	649	324	<u> </u>	341	341	0
7_ve	ur GDS Property:		, 649	324	0	341	341	0
42		10/15/12	3,459 3,459	1,729 1,729	<u>0</u>	1,791 1,791	1,791 1,791	0
	MACRS:							,
2 3 5 6 8	Various Donated Equipment DELL DIM 2350 COMPUTER 19 COLOR TV EKG MACHINE Building	1/01/02 3/03/03 7/01/03 7/01/03 7/22/04	13,075 559 100 1,000 139,497	9,152 391 50 500 139,497	13,075 559 100 1,000 26,010	0 0 0 0 3,488	0 0 0 0 3,488	0 0 0 0
9 10 11 12	2 exam tables from dr bard Mita DC-3060 copier KM-1820 Kyocera Cholestech LDX System	9/01/04 8/23/04 12/31/05 5/17/06	2,600 500 1,495 1,675	2,600 500 1,495 1,675	2,600 500 1,495 1,451	0 0 0 0 149	0 0 0 149	0 0 0 0
20	Cholestech GDX Kit Toshiba e-Studio 202L Multifunction Copie Desktop PC Dell PC Ex Director	5/17/06 6/30/06 11/16/09 10/01/09	1,270 14,000 498 568	1,270 14,000 249 284	1,100 12,126 413 471	113 1,249 34 39	113 1,249 34 39	0 0 0 0
23 24	Projector & Screen HP 6500 Office Jet Dell Computer Finance Dell Computer Disease Marnagement	1/14/10 5/13/10 8/14/10 10/19/10 11/22/10	748 170 741 639 669	374 85 370 0	602 132 552 639 669	58 15 76 0	58 15 76 0	0 0 0 0
25 26 27 29 30	Dell Computer Adm Office Copier / Fax Shredder 4 Toshiba Portege M400 Table 3 of 4 4 Toshiba Portege M400 Table 4 of 4	12/16/10 12/16/10 12/06/10 6/30/06 6/30/06	1,875 205 1,700 1,700	0 0 1,700 1,700	1,875 205 1,700 1,700	0 0 0 0	0 0 0	0 0 0 0
31 32	Roche Coaguchek Afinion AIC Bayer AIC Cholestech and Printer	12/01/10 12/01/10 12/10/10 10/01/10	1,535 125 100 1,700	1,700 0 0 0	1,535 125 100 1,700	0 0 0 0	0	0 0 0 0
35 36 37 38	Microlbuman Frigidaire 4.4 Wireless Router TV for Lobby	12/01/10 2/02/10 10/04/10 7/07/10	1,155 279 346 353	0 139 0 176	1,155 225 346 263	0 21 0 36	0 21 0 36	0 0 0 0
39	Computer Dell	2/01/11 _	900 191,777	0 176,207	900 75,323	5,278	0 5,278	0
	Depreciation:			o e o second		•		
7 40	Land Windows Software Total Other Depreciation	7/22/04 3/27/12	30,000 5,536 35,536	30,000 2,768 32,768	0 0 0	3,537 3,537	3,537 3,537	0 0 0
	Total ACRS and Other Depreci	ation —	35,536	32,768		3,537	3,537	0
	artina i i i i i i i i i i i i i i i i i i		· · · · · · · · · · · · · · · · · · ·					*
· .	Grand Totals Less: Dispositions Less: Start-up/Org Expense		231,421 0 0	211,028 0 0	75,323 0 0	10,947 0 0	10,947 0 0	0 0 0
	Net Grand Totals		231,421	211,028	75,323	10,947	10,947	0

101PARTN Partners For Healing 62-1834800

FYE: 12/31/2012

AMT Asset Report Form 990, Page 1

		Date	0.1	Bus		Basis			
Asse	t Description	In Service	Cost	<u>%</u>	179Bonus	tor Depr_	PerConv Meth	Prior	Current
E	r GDS Property:	· . *					* · · · · · · · · · · · · · · · · · · ·		
	Vos V3560 BTX Laptop	10/05/12	649		х	324	5 MQ200DB	0	341
			649			324		0	341
		•			-				
7-yea	r GDS Property:		i.						
42	5080 Power Procedure Table UMF 5080	10/15/12	3,459		Х.	1,729	7 MQ200DB	0	1,791
		=	3,459			1,729		0	1,791
			1.7				**		;
Prior 2	MACRS: 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		Х	391	5 HY 200DB	559	0
5. 6	19 COLOR TV EKG MACHINE	7/01/03 7/01/03	100 1,000		X X	50 500	5 HY 200DB 5 HY 200DB	1.000	0 0
8	Building	7/22/04	139,497			139,497	39 MM S/L	26,677	3,577
9 10	2 exam tables from dr bard Mita DC-3060 copier	9/01/04 8/23/04	2,600 500			2,600 500	7 HY 200DB 5 HY 150DB	2,600 500	0
ii	KM-1820 Kyocera	12/31/05	1,495			1,495	5 MQ200DB	1,495	ő
12 13	Cholestech LDX System Cholestech GDX Kit	5/17/06 5/17/06	1,675			1,675	7 HY 200DB	1,451	149
16	Toshiba e-Studio 202L Multifunction Copis		1,270 14,000		•	1,270 14,000	7 HY 200DB 7 HY 200DB	1,100 12,126	113 1,249
19	Desktop PC	11/16/09	498		X	249	5 MQ200DB	413	34
20. 21	Dell PC Ex Director Projector & Screen	10/01/09 1/14/10	568 748		X X	284 374	5 MQ200DB 5 MQ200DB	471 602	39 58
	HP 6500 Office Jet	5/13/10 8/14/10	170		Х	85	5 MQ200DB	132	15
23 24	Dell Computer Finance Dell Computer Disease Mamagement	10/19/10	741 639		X X	370 0	5 MQ200DB 5 MQ200DB	552 639	76 0
25	Deli Computer Adm Office	11/22/10	669		X	Ō	5 MQ200DB	669	0
	Copier/Fax Shredder	12/16/10 12/06/10	1,875 205		X	0	5 MQ200DB 5 MQ200DB	1,875 205	0
29	4 Toshiba Portege M400 Table 3 of 4	6/30/06	1,700			1,700	5 HY 200DB	1,700	0
30 31	4 Toshiba Portege M400 Table 4 of 4 Roche Coaguchek	6/30/06 12/01/10	1,700 1,535		Х	1,700	5 HY 200DB 7 MQ200DB	1,700 1,535	0
32	Afinion A1C	12/01/10	125		X	0	7 MQ200DB	125	0
33 34		12/10/10 10/01/10	100 1,700		X X	0	7 MQ200DB 7 MQ200DB	100 1,700	0
35		12/01/10	1,155		X	Ŏ.	7 MQ200DB	1,155	ŏ
36 37	Frigidaire 4.4 Wireless Router	2/02/10 10/04/10	279 346		X.	139 0	5 MQ200DB 5 MQ200DB	225 346	21 0
38	TV for Lobby	7/07/10	353		X	176	5 MQ200DB	263	36
39	Computer Dell	2/01/11 -	900		.х	0	5 HY 200DB	900	0
		=	191,777		-	176,207	ż	75,990	5,367
				w'				•	
	Depreciation: Land	7/22/04	0			0	0 HY	0	0
	Total Other Depreciation		<u>\$</u>		-	0	· · · · · · · · · · · · · · · · · · ·	. 0	0
	•	_			· .	· · · · · · · · · · · · · · · · · · ·	•		
	Total ACRS and Other Depreci	ation _	0			0		0	0
							•		
	Grand Totals Less: Dispositions and Transfers		195,885			178,260		75,990 0	7,499 0
	Net Grand Totals		195,885		.	178,260		75,990	7,499
	en e	-							

101PARTN Partners For Healing 62-1834800 Bonus Depreciation Report

FYE: 12/31/2012

			Acceptance of		•			
Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<u>Activi</u>	tv: Form 990, Page 1							
40 2 3 5 6 19 20 21 22 23 24 25 26 27 31 32 33 34 35 36 37 38 39 41 42	Various Donated Equipment DELL DIM 2350 COMPUTER 19 COLOR TV EKG MACHINE Desktop PC Dell PC Ex Director Projector & Screen HP 6500 Office Jet Dell Computer Finance Dell Computer Disease Mamagement Dell Computer Adm Office Copier / Fax Shredder Roche Coaguchek Afinion A1C Bayer A1C Cholestech and Printer Microlbuman Frigidaire 4.4 Wireless Router TV for Lobby Computer Dell Vos V3560 BTX Laptop 5080 Power Procedure Table UMF 5080	3/27/12 1/01/02 3/03/03 7/01/03 7/01/03 1/16/09 10/01/09 11/14/10 5/13/10 8/14/10 10/19/10 11/2/10/10 12/16/10 12/06/10 12/01/10 12/01/10 12/01/10 12/01/10 2/02/10 10/04/10 7/07/10 2/01/11 10/05/12 10/15/12 1990, Page 1	5,536 13,075 559 100 1,000 498 568 748 170 741 639 669 1,875 205 1,535 125 100 1,700 1,155 279 346 353 900 649 3,459		000000000000000000000000000000000000000	2,768 0 0 0 0 0 0 0 0 0 0 0 0 0	0 3,923 168 50 500 249 284 374 85 371 639 669 1,875 205 1,535 125 100 1,700 1,155 140 346 177 900 0	2,768 9,152 391 50 500 249 284 374 85 370 0 0 0 0 0 0 0 0 139 0 176 324 1,729
		Grand Total	36,984		0	4,823	15,570	16,591

05/08/2013 12:37 PM

101PARTN Partners For Healing 62-1834800 Depreciation Adjustment Report All Business Activities

Form	<u>Unit</u>	Asset	Description		Tax	AMT	Adjust	MT tments/ rences
MACE	RS Adj	ustments:	•		;			
Page I Pa		2 3 5 6 8 9 10 11 12 13 16 19 20 21 22 23 24 25 26 27 29 30 31 32 33 34 35 36 37 38 39 41 42	Various Donated Equipment DELL DIM 2350 COMPUTER 19 COLOR TV EKG MACHINE Building 2 exam tables from dr bard Mita DC-3060 copier KM-1820 Kyocera Cholestech LDX System Cholestech LDX System Cholestech GDX Kit Toshiba e-Studio 202L Multifunction Copier Desktop PC Dell PC Ex Director Projector & Screen HP 6500 Office Jet Dell Computer Finance Dell Computer Pinance Dell Computer Adm Office Copier / Fax Shredder 4 Toshiba Portege M400 Table 3 of 4 4 Toshiba Portege M400 Table 4 of 4 Roche Coaguchek Afinion A1C Bayer A1C Cholestech and Printer Microlbuman Frigidaire 4.4 Wireless Router TV for Lobby Computer Dell Vos V3560 BTX Laptop 5080 Power Procedure Table UMF 5080		0 0 0 0 3,488 0 0 149 113 1,249 34 39 58 15 76 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 3,577 0 0 0 149 113 1,249 34 39 58 15 76 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		000090000000000000000000000000000000000
- 		;-			7,410	7,499	<u> </u>	-89
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101PARTN Partners For Healing

62-1834800

FYE: 12/31/2012

Future Depreciation Report

Form 990, Page 1

05/08/2013 12:37 PM

FYE: 12/31/13

Date In Description AMT Asset Service Cost Tax **Prior MACRS:** Various Donated Equipment DELL DIM 2350 COMPUTER 19 COLOR TV 13,075 1/01/02 3/03/03 559 0 7/01/03 100 0 **EKG MACHINE** 7/01/03 1,000 139,497 2,600 500 Building 7/22/04 3,487 3,577 2 exam tables from dr bard Mita DC-3060 copier KM-1820 Kyocera 9/01/04 0 Ö 8/23/04 12/31/05 10 0 11 1,495 0 Cholestech LDX System
Cholestech GDX Kit
Toshiba e-Studio 202L Multifunction Copier 5/17/06 12 1,675 13 5/17/06 1,270 625 27 31 42 10 14,000 498 16 6/30/06 Desktop PC Dell PC Ex Director 27 31 19 11/16/09 20 21 22 23 10/01/09 568 Projector & Screen HP 6500 Office Jet 1/14/10 748 5/13/10 170 10 **Dell Computer Finance** 8/14/10 741 45 45 Dell Computer Disease Mamagement 10/19/10 639 0 0000 Dell Computer Adm Office Copier / Fax Shredder 25 669 11/22/10 0 26 27 29 12/16/10 1,875 12/06/10 205 4 Toshiba Portege M400 Table 3 of 4 6/30/06 1,700 4 Toshiba Portege M400 Table 4 of 4 30 6/30/06 1,700 Roche Coaguchek
Afinion A1C
Bayer A1C
Cholestech and Printer 31 1,535 12/01/10 32 33 Ŏ 12/01/10 125 0 0 12/10/10 100 34 10/01/10 1,700 1,155 279 35 Microlbuman 12/01/10 0 36 Frigidaire 4.4 16 0 16 0 22 0 2/02/10 37 38 Wireless Router TV for Lobby 10/04/10 346 353 900 22 0 7/07/10 Computer Dell Vos V3560 BTX Laptop 39 2/01/11 41 10/05/12 649 123 5080 Power Procedure Table UMF 5080 10/15/12 477 3,459 477 195,885 5,037 5,127 Other Depreciation: 7/22/04 Land 30,000 40 Windows Software 923 0 3/27/12 5,536 Total Other Depreciation 923 0 35,536 Total ACRS and Other Depreciation 923 35,536 **Grand Totals** 231,421 5,960 5,127

101PARTN Partners For Healing 62-1834800 Future Depreciation Report Form 990, Page 1

05/08/2013 12:37 PM **FYE: 12/31/13**

Asset	Description	Date In Service	Cost	State	AMT
	**************************************	*			
Prior A	MACRS:	•			
2	Various Donated Equipment	1/01/02	13,075	0	. 0
3	DELL DIM 2350 COMPUTER	3/03/03	559	ŏ	ŏ
5	19 COLOR TV	7/01/03	100	ŏ	.0
.6	EKG MACHINE	7/01/03	1,000	ŏ	Ŏ
8	Building	7/22/04	139,497	3,487	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	75	. 75
13	Cholestech GDX Kit	5/17/06	1,270	57	57
16	Toshiba e-Studio 202L Multifunction Copier	6/30/06	14,000	625	625
19 20	Desktop PC	11/16/09	498	27	27
20 21	Dell PC Ex Director	10/01/09	568	31 42	. 31 42
22	Projector & Screen HP 6500 Office Jet	1/14/10 5/13/10	748 170	10	10
23	Dell Computer Finance	8/14/10	741	45	45
24	Dell Computer Disease Mamagement	10/19/10	639	0	. 0
25	Dell Computer Adm Office	11/22/10	669	ő	, , , , , , , , , , , , , , , , , , ,
26	Copier / Fax	12/16/10	1,875	ŏ	ŏ
27	Shredder	12/06/10	205	Ŏ	ŏ
29	4 Toshiba Portege M400 Table 3 of 4	6/30/06	1,700	ŏ	Ō
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 AIC	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	Microlbuman	12/01/10	1,155	0	0
36	Frigidaire 4.4	2/02/10	279	16	16
37	Wireless Router	10/04/10	346	0	0
38	TV for Lobby	7/07/10	3.53	22	22
39	Computer Dell	2/01/11	900	0	. 0
41 42	Vos V3560 BTX Laptop 5080 Power Procedure Table UMF 5080	10/05/12	649	123	123
42	"JOBO FOWEI Floceddic Table OMF JOBO	10/15/12	3,459	477	477
			195,885	5,037	5,127
	* · ·				
	· ·				•
Other D	Depreciation:				
-	in the second se				
7	Land	7/22/04	30,000	0	0
40	Windows Software	3/27/12	5,536	923	0
	Total Other Depreciation		35,536	923	0
	•				
			_		
	Total ACRS and Other Depreciation		35,536	923	0
4.1	CT 3 00 4 3		- ده همک		
+ *	Grand Totals		231,421	5,960	5,127

5/8/2013 12:38 PM "	Fund Raising
2/9	Management & General \$ 1,054 \$ \$ 1,054
ments	Total Service Service Service 1,952 \$ 898 1,952 \$ 898 \$ \$ 898 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Federal Statements	
වි	Form 990,
101PARTN Partners For Healing 62-1834800 FYE: 12/31/2012	Description Miscellaneous Total
101PARTN 62-1834800 FYE: 12/31/	Wisce.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB	214	1545	1679

2012 Department of the Treasury ▶ Do not send to the IRS. Keep for your records. Internal Revenue Service Employer identification number Name of exempt organization Partners For Healing 62-1834800 Name and title of officer Teresa Myers Executive Director Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here Lab b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, i authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize to enter my PIÑ as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 62840854248 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Linda L. Bean ERO's signature ERO Must Retain This Form—See Instructions

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2012)

P	art V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response to any question in this Part V	ولاحجرو							
		6000000	Yes	No					
1a	***************************************	_							
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	The state of the s								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14								
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>					
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority								
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			35					
b	If "Yes," enter the name of the foreign country: ▶	4a		X					
	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 tay shelter transaction at any time distinct the toward.		********	v					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X					
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	-21					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 30							
	occapitation policit one contributions that uses not tay deductible - the stable section of	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ga							
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
7.	and services provided to the payor?	7a	********	3000000					
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c	.						
đ	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		71121211					
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.								
а	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		80000000					
0	Section 501(c)(7) organizations. Enter:								
a.	Initiation fees and capital contributions included on Part VIII, line 12								
b 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:								
' a									
. p.	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources								
2a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	12-		**************************************					
	Note. See the instructions for additional information the organization must report on Schedule O.	13a		·····					
	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	900000	X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
			990	(2012)					