

Return of Organization Exempt From Income Tax

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 07-01, 2012, and ending 06-30, 2013

B Check if applicable: C Name of organization Judeo Christian Health Clinic Inc D Employer identification no. 59-1605647 E Telephone number 1,093,296 F Name and address of principal officer: Frank Garcia 2318 W Columbus Drive, Tampa, FL 33607 H(a) Is this a group return for affiliates? H(b) Are all affiliates included? H(c) Group exemption number J Website: www.judeochristianhealthclinic.org K Form of organization: Corporation L Year of formation: 1972 M State of legal domicile: FL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here Dr. John DeBevoise Signature of officer Date Dr. John DeBevoise, Treasurer Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Douglas J Mortellaro Preparer's signature Date 02-13-2014 Check if self-employed PTIN P01065755 Firm's name Mortellaro & Quigley CPAs LLC Firm's EIN Firm's address 278 Crystal Grove Blvd Lutz FL 33548 Phone no. 813-909-4211

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**See schedule O, item 09**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 335,094 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**THE CLINIC OPERATES A FREE MEDICAL CLINIC AND LAB FOR THE MEDICALLY INDIGENT. THE CLINIC RECORDED 39,283 PATIENT ENCOUNTERS DURING THE YEAR. 4,686 OF THESE ENCOUNTERS WERE MEDICAL PATIENT VISITS.**

4b (Code: \_\_\_\_\_) (Expenses \$ 125,210 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**THE CLINIC WAS FORMED TO PROVIDE HEALTH CARE TO ALL WHO ARE UNABLE TO PAY FOR SUCH CARE. THE CLINIC OPERATES A PHARMACY IN PROVIDING SUCH HEALTH CARE. THE CLINIC RECORDED 39,283 PATIENT ENCOUNTERS DURING THE YEAR. 30,581 OF THESE ENCOUNTERS WERE FILLED PRESCRIPTIONS.**

4c (Code: \_\_\_\_\_) (Expenses \$ 73,862 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**THE ORGANIZATION OPERATES A FREE DENTAL CLINIC. THE CLINIC RECORDED 39,283 PATIENT ENCOUNTERS DURING THE YEAR. 678 OF THESE ENCOUNTERS WERE DENTAL VISITS.**

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

(Expenses \$ 47,596 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **▶ 581,762**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Mortellaro & Quigley, CPAs LLC (813) 907-8211 Crystal Grove Blvd Lutz, FL 33548

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

| (A)<br>Name and Title                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                                 |                                 |   |  |                            | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|---------------------------------|---------------------------------|---|--|----------------------------|--|---|---|
|   |  | I<br>n<br>d<br>i<br>v<br>i<br>d<br>u<br>a<br>l   | T<br>r<br>u<br>s<br>t<br>e<br>e | O<br>f<br>f<br>i<br>c<br>e<br>r | K<br>e<br>y<br>e<br>m<br>p<br>l<br>o<br>y<br>e<br>e | H<br>i<br>g<br>h<br>e<br>s<br>t<br>c<br>o<br>m<br>p<br>e<br>n<br>s<br>a<br>t<br>e<br>d | F<br>o<br>r<br>m<br>e<br>r |  |   |   |
| (1) Amy Solomon MD<br>Director              | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (2) Bill Branon<br>Director                 | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (3) Dr John DeBevoise<br>Treasurer          | 2.00   | X  |                                 | X                               |   |  | 0                          | 0  | 0   |   |
| (4) Frank Garcia<br>Secretary               | 2.00   | X  |                                 | X                               |   |  | 0                          | 0  | 0   |   |
| (5) Gayle Sierens Martin<br>Director        | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (6) Gerald Krumbholz OD<br>Director         | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (7) Jean Aertker DNP ARNP<br>Director       | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (8) Jessica Kendall<br>Director             | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (9) Jim Davis<br>Director                   | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (10) Leo Alvarez<br>Director                | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (11) Leslie Reiner<br>Director              | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (12) Manuel Alvarez Jr<br>Vice President    | 1.00   | X  |                                 | X                               |   |  | 0                          | 0  | 0   |   |
| (13) Monsignor Laurence Higgins<br>Director | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |
| (14) Phil Baumann<br>Director               | 1.00   | X  |                                 |                                 |   |  | 0                          | 0  | 0   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and director/trustee) |                 |               |               |                       |                                     |             | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------|---------------|---------------|-----------------------|-------------------------------------|-------------|--|---|---|
|  |  | I n d i v i d u a l   | D i r e c t o r | T r u s t e e | O f f i c e r | K e y e m p l o y e e | H i g h e s t c o m p e n s a t e d | F o r m e r |  |   |   |
| (15) Rev Jim Holmes<br>Director                                | 1.00   | X   |                 |               |               |                       |                                     |             | 0  | 0   | 0   |
| (16) Richard Birnholz<br>Director                              | 1.00   | X   |                 |               |               |                       |                                     |             | 0  | 0   | 0   |
| (17) Robert Hart DDS<br>Director                               | 1.00   | X   |                 |               |               |                       |                                     |             | 0  | 0   | 0   |
| (18) Robert Yelverton MD<br>Director                           | 1.00   | X   |                 |               |               |                       |                                     |             | 0  | 0   | 0   |
| (19) Sheriff David Gee<br>Director                             | 1.00   | X   |                 |               |               |                       |                                     |             | 0  | 0   | 0   |
| (20) Stephen Welden MD<br>Director                             | 1.00   | X   |                 |               |               |                       |                                     |             | 0  | 0   | 0   |
| (21) Steve Horne<br>Director                                   | 1.00   | X   |                 |               |               |                       |                                     |             | 0  | 0   | 0   |
| (22) Sylvia D Campbell MD<br>President                         | 2.00   | X   |                 | X             |               |                       |                                     |             | 0  | 0   | 0   |
| (23) Kelly Bell<br>Executive Director                          | 40.00  |   |                 |               |               | X                     |                                     |             | 79,568   |   |   |
| (24)   |  |   |                 |               |               |                       |                                     |             |  |   |   |
| (25)   |  |   |                 |               |               |                       |                                     |             |  |   |   |
| <b>1b Sub-total</b>  |  |   |                 |               |               |                       |                                     |             |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                 |               |               |                       |                                     |             |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                 |               |               |                       |                                     |             | <b>79,568</b>  | <b>0</b>  | <b>0</b>  |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|---|--|--|----------------------|--|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>               | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>  |                      |  |   |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>  |                      |  |   |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b> 94,746   |                      |  |   |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>  |                      |  |   |   |  |
|   | <b>e</b> Government grants (contributions) . .   | <b>1e</b>  |                      |  |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above   | <b>1f</b> 746,066  |                      |  |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |  |                      |  |   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |  | 840,812              |  |   |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> <u>Eye Clinic</u>  | Business Code<br>900099  | 11,122               | 11,122   |   |   |  |
|   | <b>b</b> <u>Medical &amp; Dental Clinic</u>  | 900099   | 3,284                | 3,284  |   |   |  |
|   | <b>c</b> _____   |  |                      |  |   |   |  |
|   | <b>d</b> _____   |  |                      |  |   |   |  |
|   | <b>e</b> _____   |  |                      |  |   |   |  |
|   | <b>f</b> All other program service revenue . . . . .   |  |                      |  |   |   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . . ▶  |  | 14,406               |  |   |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶   |  | 47,034               | 47,034   |   |   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶  |  |                      |  |   |   |  |
|   | <b>5</b> Royalties . . . . . ▶   |  |                      |  |   |   |  |
|   | <b>6a</b> Gross rents . . . . .  | (i) Real   | (ii) Personal        |  |   |   |  |
|   |  | <b>b</b> Less: rental expenses . . . . .                           |                      |  |   |   |  |
|   |  | <b>c</b> Rental income or (loss) . . . . .                         |                      |  |   |   |  |
|   |  | <b>d</b> Net rental income or (loss) . . . . . ▶                   |                      |  |   |   |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | (ii) Other           | 100,000  |   |   |  |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      | 101,400  |   |   |  |
|   |  | <b>c</b> Gain or (loss) . . . . .                                  |                      | (1,400)  |   |   |  |
|   |  | <b>d</b> Net gain or (loss) . . . . . ▶                            |                      | (1,400)  | (1,400)                                 |   |  |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ 94,746<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . a |  |                      |  |   |   |  |
|   |  | <b>b</b> Less: direct expenses . . . . . b                         |                      | 91,044   |   |   |  |
|   |  | <b>c</b> Net income or (loss) from fundraising events . . . . . ▶  |                      | 51,606   |   |   |  |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . a   |  |                      |  |   |   |  |
| <b>b</b> Less: direct expenses . . . . . b                                      |  |  |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶                |  |  |                      |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . a |  |  |                      |  |   |   |  |
|   | <b>b</b> Less: cost of goods sold . . . . . b  |  |                      |  |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶  |  |                      |  |   |   |  |
| Miscellaneous Revenue   |  | Business Code  |                      |  |   |   |  |
| <b>11a</b> _____  |  |  |                      |  |   |   |  |
| <b>b</b> _____  |  |  |                      |  |   |   |  |
| <b>c</b> _____  |  |  |                      |  |   |   |  |
| <b>d</b> All other revenue . . . . .  |  |  |                      |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                   |  |  |                      |  |   |   |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                           |  |  | 940,290              | 60,040   | 0                                       | 39,438  |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 80,966                | 60,725                          | 8,097                                  | 12,144                      |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| 7 Other salaries and wages   | 287,671               | 231,798                         | 28,005                                 | 27,868                      |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  |                       |                                 |  |                             |
| 10 Payroll taxes   | 30,009                | 24,007                          | 3,001                                  | 3,001                       |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 5,582                 |                                 | 5,582                                  |                             |
| d Lobbying   |                       |                                 |  |                             |
| e 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   | 729                   |                                 |  | 729                         |
| 13 Office expenses   | 3,436                 | 2,405                           | 687                                    | 344                         |
| 14 Information technology  | 6,509                 | 5,858                           | 651                                    |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 24,517                | 19,568                          | 2,589                                  | 2,360                       |
| 17 Travel  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 14,907                | 12,671                          | 1,491                                  | 745                         |
| 23 Insurance   | 10,017                | 8,514                           | 1,002                                  | 501                         |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>Pharmacy Drugs &amp; Supplies</b>   | 134,635               | 134,635                         |  |                             |
| b <b>Eye Clinic Supplies</b>   | 13,154                | 13,154                          |  |                             |
| c <b>Medical Clinic Supplies</b>   | 8,973                 | 8,973                           |  |                             |
| d <b>Womens Health Clinic Exp's</b>  | 25,053                | 25,053                          |  |                             |
| e All other expenses   | 49,400                | 34,401                          | 10,443                                 | 4,556                       |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 695,558               | 581,762                         | 61,548                                 | 52,248                      |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)               |           | (B)         |
|---|--|-------------------|-----------|-------------|
|   |  | Beginning of year |           | End of year |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 204,469           | 1         | 268,440     |
|   | <b>2</b> Savings and temporary cash investments  | 442,711           | 2         | 738,938     |
|   | <b>3</b> Pledges and grants receivable, net  |                   | 3         |             |
|   | <b>4</b> Accounts receivable, net  |                   | 4         |             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                   | 5         |             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4985(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         |             |
|   | <b>7</b> Notes and loans receivable, net   |                   | 7         |             |
|   | <b>8</b> Inventories for sale or use   |                   | 8         |             |
|   | <b>9</b> Prepaid expenses and deferred charges   |                   | 9         |             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 964,370       |           |             |
|   | <b>b</b> Less: accumulated depreciation  | 10b 588,637       | 390,639   | 10c 375,733 |
|   | <b>11</b> Investments - publicly traded securities   | 901,379           | 11        | 807,119     |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   |                   | 12        |             |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  |                   | 13        |             |
|   | <b>14</b> Intangible assets  |                   | 14        |             |
|   | <b>15</b> Other assets. See Part IV, line 11   | 243,578           | 15        | 256,174     |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 2,182,776  | 16                | 2,446,404 |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 229               | 17        | 245         |
|   | <b>18</b> Grants payable   |                   | 18        |             |
|   | <b>19</b> Deferred revenue   |                   | 19        |             |
|   | <b>20</b> Tax-exempt bond liabilities  |                   | 20        |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                   | 21        |             |
|   | <b>22</b> 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        |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                   | 23        |             |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                   | 24        |             |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  |                   | 25        |             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 229               | 26        | 245         |
| <b>Net Assets of Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |           |             |
|   | <b>27</b> Unrestricted net assets  | 1,249,666         | 27        | 1,185,541   |
|   | <b>28</b> Temporarily restricted net assets  | 694,430           | 28        | 1,008,534   |
|   | <b>29</b> Permanently restricted net assets  | 238,451           | 29        | 252,084     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |           |             |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                   | 30        |             |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                   | 31        |             |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                   | 32        |             |
| <b>33</b> Total net assets or fund balances                         | 2,182,547  | 33                | 2,446,159 |             |
| <b>34</b> Total liabilities and net assets/fund balances            | 2,182,776  | 34                | 2,446,404 |             |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 940,290   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 695,558   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 244,732   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 2,182,547 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 18,880    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |           |
| <b>7</b>  | Investment expenses  | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 2,446,159 |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis              | X   |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| <b>3a</b> | 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? . . . . .  |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .  |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Judeo Christian Health Clinic Inc**

Employer identification number

**59-1605647**

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

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

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

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

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Percentage, and Unit. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 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; b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 465,362  | 389,921  | 507,448  | 482,294  | 746,063  | 2,591,088 |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or bus. under sec 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   | 465,362  | 389,921  | 507,448  | 482,294  | 746,063  | 2,591,088 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          | 2,591,088 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  | 465,362  | 389,921  | 507,448  | 482,294  | 746,063  | 2,591,088 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 61,997   | 49,516   | 45,578   | 47,894   | 47,034   | 252,019   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  | 61,997   | 49,516   | 45,578   | 47,894   | 47,034   | 252,019   |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  | 527,359  | 439,437  | 553,026  | 530,188  | 793,097  | 2,843,107 |

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

**Section C. Computation of Public Support Percentage**

|  |           |       |   |
|--|-----------|-------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 91.14 | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | 89.25 | % |

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

|   |           |       |   |
|---|-----------|-------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | 8.86  | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | 10.75 | % |

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

**Judeo Christian Health Clinic Inc**

**59-1605647**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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



|  |   |
|--|---|
| <b>Name of organization</b><br>Judeo Christian Health Clinic Inc | <b>Employer identification number</b><br>59-1605647 |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 2          | Allegany Franciscan Ministries Inc<br>33920 US Hwy 19 N Suite 269<br>Palm Harbor, FL 34684               | \$ 80,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | Dorothy Thomas Foundation Inc<br>P O Box 10070<br>Tampa, FL 33679  | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | The Saunders Foundation<br>P O Box 10477<br>Tampa, FL 33679  | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | The Wellcare Community Foundation<br>Renaissance 2<br>Tampa, FL 33634                                    | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 7          | Ross and Cindi Alander<br>1406 Nance Avenue<br>Tampa, FL 33606   | \$ 50,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          | Don M Stichter<br>Stichter, Riedel Blain Prosser PA<br>110 E Madison Street Suite 200<br>Tampa, FL 33602 | \$ 22,852                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|  |   |
|--|---|
| <b>Name of organization</b><br>Judeo Christian Health Clinic Inc | <b>Employer identification number</b><br>59-1605647 |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 9          | Taxol Settlement Grant<br>Office of Attorney General<br>PL-01 The Capital<br><br>Tallahassee, FL 32399 | \$ 295,941                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 10         | Lightning Foundation Inc<br><br>401 Channelside Drive<br><br>Tampa, FL 33602                           | \$ 45,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 11         | HCSO Charities Inc<br><br>2008 East 8th Avenue<br><br>Tampa, FL 33605                                  | \$ 17,500                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| —          | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Judeo Christian Health Clinic Inc

Employer identification number

59-1605647

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| (i) unrelated organizations   | <b>3a(i)</b>  |    |
| (ii) related organizations  | <b>3a(ii)</b> |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      | 696,781                         | 325,577                      | 371,204        |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 79,102                          | 76,188                       | 2,914          |
| e Other <b>STMDIE</b>  |                                      | 188,487                         | 186,872                      | 1,615          |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | <b>375,733</b> |

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

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

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

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

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) <b>Beneficial Interest in assets held</b>                             |                |
| (2) <b>by others</b>  | 252,085        |
| (3) <b>Accrued Interest</b>   | 4,089          |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 256,174        |

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (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 organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| <b>Part XI</b> |  | <b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |           |
|----------------|--|---|-----------|
| <b>1</b>       | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 1,012,176 |
| <b>2</b>       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |   |           |
| <b>a</b>       | Net unrealized gains on investments  | <b>2a</b>   | 18,880    |
| <b>b</b>       | Donated services and use of facilities   | <b>2b</b>   |           |
| <b>c</b>       | Recoveries of prior year grants  | <b>2c</b>   |           |
| <b>d</b>       | Other (Describe in Part XIII.)   | <b>2d</b>   |           |
| <b>e</b>       | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b>   | 18,880    |
| <b>3</b>       | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 993,296   |
| <b>4</b>       | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                   |   |           |
| <b>a</b>       | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b>   | (1,400)   |
| <b>b</b>       | Other (Describe in Part XIII.)   | <b>4b</b>   | (51,606)  |
| <b>c</b>       | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b>   | (53,006)  |
| <b>5</b>       | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 940,290   |

| <b>Part XII</b> |   | <b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |          |
|-----------------|---|---|----------|
| <b>1</b>        | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 748,564  |
| <b>2</b>        | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |   |          |
| <b>a</b>        | Donated services and use of facilities  | <b>2a</b>   |          |
| <b>b</b>        | Prior year adjustments  | <b>2b</b>   |          |
| <b>c</b>        | Other losses  | <b>2c</b>   |          |
| <b>d</b>        | Other (Describe in Part XIII.)  | <b>2d</b>   |          |
| <b>e</b>        | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b>   |          |
| <b>3</b>        | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 748,564  |
| <b>4</b>        | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                      |   |          |
| <b>a</b>        | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b>   | (1,400)  |
| <b>b</b>        | Other (Describe in Part XIII.)  | <b>4b</b>   | (51,606) |
| <b>c</b>        | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b>   | (53,006) |
| <b>5</b>        | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 695,558  |

**Part XIII Supplemental Information**

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

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

|                 |   | (a) Event #1  | (b) Event #2        | (c) Other events | (d) Total events                |         |
|-----------------|---|---|---------------------|------------------|---------------------------------|---------|
|                 |   | <u>Testimonial</u>  | <u>Flavor Tampa</u> | <u>3</u>         | (add col. (a) through col. (c)) |         |
|                 |   | (event type)  | (event type)        | (total number)   |                                 |         |
| Revenue         | 1   | Gross receipts . . . . .  | 133,255             | 35,035           | 17,500                          | 185,790 |
|                 | 2   | Less: Contributions . . . . .   | 94,746              |                  |                                 | 94,746  |
|                 | 3   | Gross income (line 1 minus line 2) . . . . .                            | 38,509              | 35,035           | 17,500                          | 91,044  |
| Direct Expenses | 4   | Cash prizes . . . . .   |                     |                  |                                 |         |
|                 | 5   | Noncash prizes . . . . .  |                     |                  |                                 |         |
|                 | 6   | Rent/facility costs . . . . .   |                     |                  |                                 |         |
|                 | 7   | Food and beverages . . . . .  | 31,435              |                  |                                 | 31,435  |
|                 | 8   | Entertainment . . . . .   |                     |                  |                                 |         |
|                 | 9   | Other direct expenses . . . . .   | 1,331               | 17,634           | 1,206                           | 20,171  |
|                 | 10  | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                     |                  |                                 |         |
| 11              | Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶ |   |                     |                  |                                 | 39,438  |

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

Judeo Christian Health Clinic Inc

59-1605647

**01. Members or stockholder classes and rights (Part VI, line 6)**

The Organization has 175 members having the right to vote on issues brought before the board and the right to vote for the members of the board of directors.

**02. Member election for additional members (Part VI, line 7a)**

The Board of Directors of the organization elects the officers.

The members of the organization elect the Board of Directors.

**03. Form 990 governing body review (Part VI, line 11)**

The Organization provided a copy of the Form 990 to the board of directors and officers in advance of its' January 2014 board meeting. Board members were given an opportunity to provide comments, ask questions, and give recommendations. All such questions, revisions, and recommendations were addressed before the return was filed.

**04. Conflict of interest policy compliance (Part VI, line 12c)**

Compliance with policies was addressed at meeting of the board in January 2014.

**05. CEO, executive director, top management comp (Part VI, line 15a)**

The process for determining compensation of key employees of the organization involves a review by the board of directors of the employment history of employees, comparisons with other organizations and deliberations to arrive of appropriate compensation.

**06. Other officer or key employee compensation (Part VI, line 15b)**

Kelly Bell is listed in Part VII as a key employee with wages of \$79,568. While Kelly  
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

Employer identification number

Judeo Christian Health Clinic Inc

59-1605647

does not meet the Form 990 definition of a key employee, the Clinic considers her to be a key employee under their definition.

The process for determining compensation of key employees of the organization involves a review by the board of directors of the employment history of employees, comparisons with other organizations and deliberations to arrive of appropriate compensation.

### 07. Governing documents, etc, available to public (Part VI, line 19)

The Organization's governing documents, conflict of interest policy, and financial statements are made available to the public upon request and on the Organization's web site.

### 08. List of other expenses (Part IX, line 24e)

|           |          |
|-----------|----------|
| Telephone | \$ 5,677 |
|-----------|----------|

|         |       |
|---------|-------|
| Postage | 5,177 |
|---------|-------|

|                    |       |
|--------------------|-------|
| Licenses & Permits | 1,685 |
|--------------------|-------|

|               |       |
|---------------|-------|
| Miscellaneous | 5,995 |
|---------------|-------|

|                  |       |
|------------------|-------|
| Equipment rental | 5,410 |
|------------------|-------|

|                   |       |
|-------------------|-------|
| Cleaning Supplies | 8,938 |
|-------------------|-------|

|                       |       |
|-----------------------|-------|
| Printing & Stationary | 4,657 |
|-----------------------|-------|

|            |       |
|------------|-------|
| Newsletter | 5,708 |
|------------|-------|

|                        |       |
|------------------------|-------|
| Dental Clinic supplies | 5,197 |
|------------------------|-------|

|                   |     |
|-------------------|-----|
| Gifts & Donations | 247 |
|-------------------|-----|

|                      |     |
|----------------------|-----|
| Dues & subscriptions | 709 |
|----------------------|-----|

|       |           |
|-------|-----------|
| Total | \$ 49,400 |
|-------|-----------|

Name of the organization

Employer identification number

Judeo Christian Health Clinic Inc

59-1605647

09. General explanation attachment

The Clinic's Primary exempt purpose is to provide free health, dental, and eye care to medically indigent persons who do not qualify for public assistance and have other resource for their health care. The Clinic's mission statement is: In the belief that we should do justly, love mercy, and walk humbly with our God, the Judeo Christian Health Clinic provides free, quality, timely, and compassionate health care to the medically indigent residents of the Tampa Bay area who have no other resources for their health care.

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Attachment  
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Judeo Christian Health Clinic In

FORM 990 - 1

59-1605647

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|           |   |                              |                  |
|-----------|---|------------------------------|------------------|
| <b>1</b>  | Maximum amount (see instructions) . . . . .   | <b>1</b>                     |                  |
| <b>2</b>  | Total cost of section 179 property placed in service (see instructions) . . . . .   | <b>2</b>                     |                  |
| <b>3</b>  | Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .  | <b>3</b>                     |                  |
| <b>4</b>  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .  | <b>4</b>                     |                  |
| <b>5</b>  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . | <b>5</b>                     |                  |
| <b>6</b>  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| <b>7</b>  | Listed property. Enter the amount from line 29 . . . . .  | <b>7</b>                     |                  |
| <b>8</b>  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .  | <b>8</b>                     |                  |
| <b>9</b>  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .   | <b>9</b>                     |                  |
| <b>10</b> | Carryover of disallowed deduction from line 13 of your 2011 Form 4562 . . . . .   | <b>10</b>                    |                  |
| <b>11</b> | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .                      | <b>11</b>                    |                  |
| <b>12</b> | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .   | <b>12</b>                    |                  |
| <b>13</b> | Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶ . . . . .   | <b>13</b>                    |                  |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

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

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

**Section A**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>17</b> | MACRS deductions for assets placed in service in tax years beginning before 2012 . . . . .   | <b>17</b> | 14,907 |
| <b>18</b> | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/> |           |        |

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>21</b> | Listed property. Enter amount from line 28 . . . . .  | <b>21</b> |        |
| <b>22</b> | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . | <b>22</b> | 14,907 |
| <b>23</b> | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .   | <b>23</b> |        |

**For Paperwork Reduction Act Notice, see separate instructions.**



**Statement of Program Service Accomplishments****2012 01**

Name(s) as shown on return

Judeo Christian Health Clinic Inc

Your Social Security Number

59-1605647

**Form 990, Part III(a)****Program Service Code****Program Service Expenses**

\$47596

**Grants and allocations included in above expense**

\$0

**Program Services Revenue**

\$0

**Explanation**

THE ORGANIZATION OPERATES AN EYE CLINIC TO PROVIDE EYE EXAMS AND EYE GLASSES TO CLINIC PATIENTS. THE CLINIC RECORDED 39,283 PATIENT ENCOUNTERS DURING THE YEAR. 1,228 OF THESE ENCOUNTERS WERE EYE CLINIC PATIENT VISITS.

Federal Supporting Statements

2012 PG01

Name(s) as shown on return

FEIN

Judeo Christian Health Clinic Inc

59-1605647

Form 990, Schedule D, Part VI, Line 1e  
Investments - Other

Statement #D1e

| <u>Description<br/>of Investment</u> | <u>Cost/basis<br/>(Investment)</u> | <u>Cost/basis<br/>(Other)</u> | <u>Depr</u>    | <u>Book<br/>Value</u> |
|--------------------------------------|------------------------------------|-------------------------------|----------------|-----------------------|
| Furniture & Fixtures                 | 0                                  | 112,809                       | 112,772        | 37                    |
| Furniture & Fixtures Eye Clini       | 0                                  | 33,292                        | 33,292         | 0                     |
| Furniture & Fixtures - RX            | 0                                  | 42,386                        | 40,808         | 1,578                 |
| Total                                | <u>0</u>                           | <u>188,487</u>                | <u>186,872</u> | <u>1,615</u>          |

Name(s) as shown on return

FEIN

Judeo Christian Health Clinic Inc

59-1605647

All other

| <u>Description</u>     | <u>Amount</u>     |
|------------------------|-------------------|
| Individual Donations   | \$ 39,956         |
| Church Donations       | 22,645            |
| Memorial Donations     | 5,746             |
| Holiday Solicitation   | 38,691            |
| Special Mailing        | 27,436            |
| Foundations Donations  | 239,000           |
| Organization Donations | 372,592           |
| <b>Total:</b>          | <b>\$ 746,066</b> |

All other expenses

| <u>Description</u>     | <u>Amount</u>    |
|------------------------|------------------|
| Telephone              | \$ 4,257         |
| Postage                | 2,589            |
| Licenses & Permits     | 1,263            |
| Miscellaneous          | 4,496            |
| Equipment rental       | 4,057            |
| Cleaning supplies      | 6,703            |
| Printing & Stationary  | 2,561            |
| Newsletter             | 2,569            |
| Dental Clinic Supplies | 5,197            |
| Dues & Subscriptions   | 709              |
| <b>Total:</b>          | <b>\$ 34,401</b> |

All other expenses

| <u>Description</u>    | <u>Amount</u>    |
|-----------------------|------------------|
| Telephone expenses    | \$ 568           |
| Postage               | 1,553            |
| Licenses & Permits    | 388              |
| Miscellaneous         | 1,199            |
| Equipment rental      | 1,082            |
| Cleaning supplies     | 1,788            |
| Printing & Stationary | 1,397            |
| Newsletter            | 2,283            |
| Gifts & Donations     | 185              |
| <b>Total:</b>         | <b>\$ 10,443</b> |



Name(s) as shown on return

FEIN

Judeo Christian Health Clinic Inc

59-1605647

All Other expenses

| <u>Description</u>    | <u>Amount</u>   |
|-----------------------|-----------------|
| Telephone expenses    | \$ 852          |
| Postage               | 1,035           |
| Licenses & Permits    | 34              |
| Miscellaneous         | 300             |
| Equipment rental      | 271             |
| Cleaning Supplies     | 447             |
| Printing & Stationary | 699             |
| Newsletter            | 856             |
| Gifts & Donations     | 62              |
| <b>Total:</b>         | <b>\$ 4,556</b> |

Gross Receipts

| <u>Description</u>         | <u>Amount</u>     |
|----------------------------|-------------------|
| Testimonial Dinner Revenue | \$ 116,394        |
| Testimonial Silent Auction | 14,386            |
| Testimonial Live Auction   | 2,475             |
| <b>Total:</b>              | <b>\$ 133,255</b> |

\* Item was disposed  
of during current year.

## Depreciation Detail Listing

Program Services  
For your records only

2012

PAGE 1

Name(s) as shown on return

Social security number/EIN

Judeo Christian Health Clinic Inc

59-1605647

| No. | Description           | Date     | Cost    | Salvage | Business percentage | Section 179 | Depreciation Basis | Life | Method | Rate  | Current depr. | Accumulated Depreciation | Prior expense | Bonus depreciation | AMT Current |
|-----|-----------------------|----------|---------|---------|---------------------|-------------|--------------------|------|--------|-------|---------------|--------------------------|---------------|--------------------|-------------|
| 1   | AFCL Floor Care       | 20011220 | 1,400   |         | 100.00              |             | 1,400              | 39   | SL MM  | 2.564 | 36            | 415                      |               |                    | 36          |
| 2   | Awning                | 20010720 | 575     |         | 100.00              |             | 575                | 39   | SL MM  | 2.564 | 15            | 179                      |               |                    | 15          |
| 3   | Awning                | 20010611 | 500     |         | 100.00              |             | 500                | 39   | SL MM  | 2.564 | 13            | 156                      |               |                    | 13          |
| 4   | Building & Improvemen | 19720101 | 122,588 | 122,588 | 100.00              |             | 0                  | 0    |        | 0     |               | 24,517                   |               |                    |             |
| 5   | Charles Tile Marble   | 20020130 | 17,645  |         | 100.00              |             | 17,645             | 39   | SL MM  | 2.564 | 452           | 5,180                    |               |                    | 452         |
| 6   | Consultants           | 19990630 | 6,375   |         | 100.00              |             | 6,375              | 39   | SL MM  | 2.564 | 163           | 2,274                    |               |                    | 163         |
| 7   | Consulting            | 19990630 | 8,350   |         | 100.00              |             | 8,350              | 39   | SL MM  | 2.564 | 214           | 2,984                    |               |                    | 214         |
| 8   | Doors & Hardware      | 19990630 | 7,873   |         | 100.00              |             | 7,873              | 39   | SL MM  | 2.564 | 202           | 2,816                    |               |                    | 202         |
| 9   | Gulf Tile             | 20020225 | 15,709  |         | 100.00              |             | 15,709             | 39   | SL MM  | 2.564 | 403           | 4,584                    |               |                    | 403         |
| 10  | Hurricane Film        | 19990708 | 1,444   |         | 100.00              |             | 1,444              | 39   | SL MM  | 2.564 | 37            | 513                      |               |                    | 37          |
| 11  | Impact Fee            | 19990630 | 4,812   |         | 100.00              |             | 4,812              | 39   | SL MM  | 2.564 | 123           | 1,716                    |               |                    | 123         |
| 12  | New Building & Renova | 19990630 | 412,399 |         | 100.00              |             | 412,399            | 39   | SL MM  | 2.564 | 10,574        | 147,410                  |               |                    | 10,574      |
| 13  | New Floors            | 19990630 | 10,848  |         | 100.00              |             | 10,848             | 39   | SL MM  | 2.564 | 278           | 3,876                    |               |                    | 278         |
| 14  | Paving Parking Lot    | 19950531 | 650     |         | 100.00              |             | 650                | 39   | SL MM  | 2.564 | 17            | 253                      |               |                    | 17          |
| 15  | Reseal Pavement       | 19991101 | 1,600   |         | 100.00              |             | 1,600              | 39   | SL MM  | 2.564 | 41            | 555                      |               |                    | 41          |
| 16  | Roof                  | 19990630 | 10,208  |         | 100.00              |             | 10,208             | 39   | SL MM  | 2.564 | 262           | 3,651                    |               |                    | 262         |
| 17  | Defibulator AED       | 20040729 | 1,974   |         | 100.00              |             | 1,974              | 7    |        | 0     |               | 1,973                    |               |                    |             |
| 18  | Modem                 | 19950831 | 536     |         | 100.00              |             | 536                | 5    |        | 0     |               | 536                      |               |                    |             |
| 19  | Pharmacy Fixtures     | 19990630 | 29,418  |         | 100.00              |             | 29,418             | 7    |        | 0     |               | 27,841                   |               |                    |             |
| 20  | QSI Data Systems      | 19950831 | 9,365   |         | 100.00              |             | 9,365              | 5    |        | 0     |               | 9,365                    |               |                    |             |
| 21  | QSI Data System       | 19950531 | 1,000   |         | 100.00              |             | 1,000              | 7    |        | 0     |               | 714                      |               |                    |             |
| 22  | Surge Port            | 19950831 | 93      |         | 100.00              |             | 93                 | 5    |        | 0     |               | 93                       |               |                    |             |
| 23  | 2 Sofa's Burdines     | 20020830 | 2,473   |         | 100.00              |             | 2,473              | 7    |        | 0     |               | 2,473                    |               |                    |             |
| 24  | 75 Chairs Waiting Roc | 20001016 | 2,249   |         | 100.00              |             | 2,249              | 7    |        | 0     |               | 2,249                    |               |                    |             |
| 25  | Blinds                | 19990630 | 477     |         | 100.00              |             | 477                | 7    |        | 0     |               | 451                      |               |                    |             |
| 26  | Computer              | 19991004 | 1,015   |         | 100.00              |             | 1,015              | 5    |        | 0     |               | 1,015                    |               |                    |             |
| 27  | Dell Computer         | 20041022 | 1,166   |         | 100.00              |             | 1,166              | 5    |        | 0     |               | 1,165                    |               |                    |             |
| 28  | Directors Desk        | 20000118 | 530     |         | 100.00              |             | 530                | 7    |        | 0     |               | 522                      |               |                    |             |
| 29  | Furniture & Fixtures  | 19720101 | 90,375  | 90,375  | 100.00              |             | 0                  | 7    |        | 0     |               |                          |               |                    |             |
| 30  | Laptop Computer for R | 20051121 | 985     |         | 100.00              |             | 985                | 5    |        | 0     |               | 984                      |               |                    |             |

\* Item was disposed  
of during current year.

## Depreciation Detail Listing

2012

Program Services  
For your records only

PAGE 2

Name(s) as shown on return

Social security number/EIN

Judeo Christian Health Clinic Inc

59-1605647

| No. | Description           | Date     | Cost   | Salvage | Business percentage | Section 179 | Depreciation Basis | Life | Method    | Rate  | Current depr. | Accumulated Depreciation | Prior expense | Bonus depreciation | AMT Current |
|-----|-----------------------|----------|--------|---------|---------------------|-------------|--------------------|------|-----------|-------|---------------|--------------------------|---------------|--------------------|-------------|
| 31  | New Dell Computer     | 20070104 | 2,253  |         | 100.00              |             | 2,253              | 5    |           | 0     |               | 2,253                    |               |                    |             |
| 32  | New Dell Server       | 20070201 | 3,500  |         | 100.00              |             | 3,500              | 5    |           | 0     |               | 3,500                    |               |                    |             |
| 33  | New Phone system      | 20040907 | 4,187  |         | 100.00              |             | 4,187              | 7    |           | 0     |               | 4,186                    |               |                    |             |
| 34  | Table Top and Base    | 20001009 | 380    |         | 100.00              |             | 380                | 7    |           | 0     |               | 380                      |               |                    |             |
| 35  | Vanity Sink           | 20071228 | 2,200  |         | 100.00              |             | 2,200              | 5    | 200 DB HY | 5.76  | 127           | 2,199                    |               |                    | 128         |
| 36  | Water Cooler          | 20080319 | 1,020  |         | 100.00              |             | 1,020              | 5    | 200 DB HY | 5.76  | 58            | 1,020                    |               |                    | 58          |
| 37  | Canon Copier          | 19970102 | 740    |         | 100.00              |             | 740                | 5    |           | 0     |               | 770                      |               |                    |             |
| 38  | Furniture & Fixtures  | 19720101 | 32,552 | 32,552  | 100.00              |             | 0                  | 0    |           | 0     |               |                          |               |                    |             |
| 39  | Electrical - Pharmacy | 19990630 | 1,088  |         | 100.00              |             | 1,088              | 39   | SL MM     | 2.564 | 28            | 390                      |               |                    | 28          |
| 40  | Renovations Eye Clin  | 19990630 | 72,717 |         | 100.00              |             | 72,717             | 39   | SL MM     | 2.564 | 1,864         | 25,987                   |               |                    | 1,865       |
| 41  | 12 Burgundy Stools    | 19990519 | 720    |         | 100.00              |             | 720                | 7    |           | 0     |               | 681                      |               |                    |             |
| 42  | 12 Ophthalmoscopes    | 19990408 | 1,455  |         | 100.00              |             | 1,455              | 7    |           | 0     |               | 1,377                    |               |                    |             |
| 43  | 12 Oscope Reg Diag    | 19990408 | 996    |         | 100.00              |             | 996                | 7    |           | 0     |               | 942                      |               |                    |             |
| 44  | 12 Wall Transformers  | 19990408 | 3,064  |         | 100.00              |             | 3,064              | 7    |           | 0     |               | 2,900                    |               |                    |             |
| 45  | 2 Blood Pressure      | 20020302 | 2,000  |         | 100.00              |             | 2,000              | 7    |           | 0     |               | 2,000                    |               |                    |             |
| 46  | 3 Exam Tables         | 19990407 | 2,217  |         | 100.00              |             | 2,217              | 7    |           | 0     |               | 2,098                    |               |                    |             |
| 47  | 3 Halogen Lights      | 19990412 | 717    |         | 100.00              |             | 717                | 7    |           | 0     |               | 678                      |               |                    |             |
| 48  | 9 Exam Tables         | 19990407 | 6,391  |         | 100.00              |             | 6,391              | 7    |           | 0     |               | 6,048                    |               |                    |             |
| 49  | Air Tec Peri Pro III  | 20000615 | 1,688  |         | 100.00              |             | 1,688              | 7    |           | 0     |               | 1,597                    |               |                    |             |
| 50  | Autoclave M9 Ritter   | 19990412 | 2,493  |         | 100.00              |             | 2,493              | 7    |           | 0     |               | 2,359                    |               |                    |             |
| 51  | Belmon Asst Stool     | 20000615 | 500    |         | 100.00              |             | 500                | 7    |           | 0     |               | 472                      |               |                    |             |
| 52  | Belmon Chair          | 20000615 | 4,063  |         | 100.00              |             | 4,063              | 7    |           | 0     |               | 3,846                    |               |                    |             |
| 53  | Belmon Clesta Light   | 20000615 | 1,462  |         | 100.00              |             | 1,462              | 7    |           | 0     |               | 1,384                    |               |                    |             |
| 54  | Belmon Drs Stool      | 20000615 | 360    |         | 100.00              |             | 360                | 7    |           | 0     |               | 340                      |               |                    |             |
| 55  | Belmon Xcalibur Chair | 20000615 | 3,543  |         | 100.00              |             | 3,543              | 7    |           | 0     |               | 3,353                    |               |                    |             |
| 56  | Busto Plumbing        | 20000612 | 1,020  |         | 100.00              |             | 1,020              | 7    |           | 0     |               | 966                      |               |                    |             |
| 57  | Caligon Coaguchek     | 20000606 | 1,280  |         | 100.00              |             | 1,280              | 7    |           | 0     |               | 1,211                    |               |                    |             |
| 58  | Caligor               | 19991124 | 3,528  |         | 100.00              |             | 3,528              | 7    |           | 0     |               | 3,528                    |               |                    |             |
| 59  | Computer RX           | 20010820 | 5,689  |         | 100.00              |             | 5,689              | 5    |           | 0     |               | 5,689                    |               |                    |             |
| 60  | EKG Machine           | 20010504 | 3,650  |         | 100.00              |             | 3,650              | 7    |           | 0     |               | 3,451                    |               |                    |             |

\* Item was disposed  
of during current year.

## Depreciation Detail Listing

2012

Program Services  
For your records only

PAGE 3

Name(s) as shown on return

Social security number/EIN

Judeo Christian Health Clinic Inc

59-1605647

| No.           | Description          | Date     | Cost           | Salvage        | Business percentage | Section 179 | Depreciation Basis | Life | Method | Rate | Current depr. | Accumulated Depreciation | Prior expense | Bonus depreciation | AMT Current   |
|---------------|----------------------|----------|----------------|----------------|---------------------|-------------|--------------------|------|--------|------|---------------|--------------------------|---------------|--------------------|---------------|
| 61            | Engle Chair          | 20021204 | 8,983          |                | 100.00              |             | 8,983              | 7    |        | 0    |               | 8,982                    |               |                    |               |
| 62            | Gaylord Miller Elect | 20000615 | 1,060          |                | 100.00              |             | 1,060              | 7    |        | 0    |               | 1,002                    |               |                    |               |
| 63            | Instrument Cart      | 20010706 | 354            |                | 100.00              |             | 354                | 7    |        | 0    |               | 354                      |               |                    |               |
| 64            | Matrix Minimizer     | 20000615 | 1,324          |                | 100.00              |             | 1,324              | 7    |        | 0    |               | 1,253                    |               |                    |               |
| 65            | Matrix OL Compressor | 20000615 | 2,409          |                | 100.00              |             | 2,409              | 7    |        | 0    |               | 2,279                    |               |                    |               |
| 66            | Mobile Stands f Blnd | 20020408 | 704            |                | 100.00              |             | 704                | 7    |        | 0    |               | 704                      |               |                    |               |
| 67            | MW HP Quiet Air Std  | 20000615 | 304            |                | 100.00              |             | 304                | 7    |        | 0    |               | 287                      |               |                    |               |
| 68            | MW HP Quiet Air Std  | 20000615 | 304            |                | 100.00              |             | 304                | 7    |        | 0    |               | 287                      |               |                    |               |
| 69            | MW HP Quiet Air Std  | 20000615 | 304            |                | 100.00              |             | 304                | 7    |        | 0    |               | 287                      |               |                    |               |
| 70            | MW HP Quiet Air Std  | 20000615 | 304            |                | 100.00              |             | 304                | 7    |        | 0    |               | 287                      |               |                    |               |
| 71            | MW HP Quiet Air Std  | 20000615 | 304            |                | 100.00              |             | 304                | 7    |        | 0    |               | 287                      |               |                    |               |
| 72            | MW HP Quiet Air Std  | 20000615 | 304            |                | 100.00              |             | 304                | 7    |        | 0    |               | 287                      |               |                    |               |
| 73            | MW HP Quiet Air Std  | 20000615 | 304            |                | 100.00              |             | 304                | 7    |        | 0    |               | 287                      |               |                    |               |
| 74            | MW HP Quiet Air Std  | 20000615 | 304            |                | 100.00              |             | 304                | 7    |        | 0    |               | 287                      |               |                    |               |
| 75            | MW Shorty Motor      | 20000615 | 1,752          |                | 100.00              |             | 1,752              | 7    |        | 0    |               | 1,657                    |               |                    |               |
| 76            | Sirona Heliodont Xry | 20000615 | 3,434          |                | 100.00              |             | 3,434              | 7    |        | 0    |               | 3,250                    |               |                    |               |
| 77            | Sirona Remote Exp St | 20000615 | 175            |                | 100.00              |             | 175                | 7    |        | 0    |               | 165                      |               |                    |               |
| 78            | Spiromter            | 19990413 | 1,838          |                | 100.00              |             | 1,838              | 7    |        | 0    |               | 1,739                    |               |                    |               |
| 79            | Starxr Illum Slimlin | 20000615 | 80             |                | 100.00              |             | 80                 | 7    |        | 0    |               | 80                       |               |                    |               |
| 80            | Tuning Forks         | 19990415 | 347            |                | 100.00              |             | 347                | 7    |        | 0    |               | 329                      |               |                    |               |
| 81            | Vital Signs Monitor  | 19990415 | 2,100          |                | 100.00              |             | 2,100              | 7    |        | 0    |               | 1,988                    |               |                    |               |
| 82            | Wallach Cryo Gun     | 19990419 | 1,294          |                | 100.00              |             | 1,294              | 7    |        | 0    |               | 1,225                    |               |                    |               |
| 83            | Zoomstar Colposcope  | 19990421 | 3,980          |                | 100.00              |             | 3,980              | 7    |        | 0    |               | 3,766                    |               |                    |               |
| <b>Totals</b> |                      |          | <b>964,371</b> | <b>245,515</b> |                     |             | <b>718,856</b>     |      |        |      | <b>14,907</b> | <b>367,134</b>           |               |                    | <b>14,909</b> |

Land Amount  
Net Depreciable Cost

964,371

ST ADJ:

Next Year's Depreciation

2012

| Name                              |            |                          |          |         |        | FEIN       |           |
|-----------------------------------|------------|--------------------------|----------|---------|--------|------------|-----------|
| Judeo Christian Health Clinic Inc |            |                          |          |         |        | 59-1605647 |           |
| Form                              | Multi-Form | Description              | Date     | Basis   | Method | Life       | Deduction |
| PRG                               | 1          | AFCL Floor Care          | 20011220 | 1,400   | M      | 39         | 36        |
| PRG                               | 1          | Awning                   | 20010720 | 575     | M      | 39         | 15        |
| PRG                               | 1          | Awning                   | 20010611 | 500     | M      | 39         | 13        |
| PRG                               | 1          | Building & Improvements  | 19720101 |         | NDA    | 0          |           |
| PRG                               | 1          | Charles Tile Marble      | 20020130 | 17,645  | M      | 39         | 452       |
| PRG                               | 1          | Consultants              | 19990630 | 6,375   | M      | 39         | 163       |
| PRG                               | 1          | Consulting               | 19990630 | 8,350   | M      | 39         | 214       |
| PRG                               | 1          | Doors & Hardware         | 19990630 | 7,873   | M      | 39         | 202       |
| PRG                               | 1          | Gulf Tile                | 20020225 | 15,709  | M      | 39         | 403       |
| PRG                               | 1          | Hurricane Film           | 19990708 | 1,444   | M      | 39         | 37        |
| PRG                               | 1          | Impact Fee               | 19990630 | 4,812   | M      | 39         | 123       |
| PRG                               | 1          | New Building & Renovatio | 19990630 | 412,399 | M      | 39         | 10,574    |
| PRG                               | 1          | New Floors               | 19990630 | 10,848  | M      | 39         | 278       |
| PRG                               | 1          | Paving Parking Lot       | 19950531 | 650     | M      | 39         | 17        |
| PRG                               | 1          | Reseal Pavement          | 19991101 | 1,600   | M      | 39         | 41        |
| PRG                               | 1          | Roof                     | 19990630 | 10,208  | M      | 39         | 262       |
| PRG                               | 1          | Defibulator AED          | 20040729 | 1,974   | M      | 7          |           |
| PRG                               | 1          | Modem                    | 19950831 | 536     | M      | 5          |           |
| PRG                               | 1          | Pharmacy Fixtures        | 19990630 | 29,418  | M      | 7          |           |
| PRG                               | 1          | QSI Data Systems         | 19950831 | 9,365   | M      | 5          |           |
| PRG                               | 1          | QSI Data System          | 19950531 | 1,000   | M      | 7          |           |
| PRG                               | 1          | Surge Port               | 19950831 | 93      | M      | 5          |           |
| PRG                               | 1          | 2 Sofa's Burdines        | 20020830 | 2,473   | M      | 7          |           |
| PRG                               | 1          | 75 Chairs Waiting Room   | 20001016 | 2,249   | M      | 7          |           |
| PRG                               | 1          | Blinds                   | 19990630 | 477     | M      | 7          |           |
| PRG                               | 1          | Computer                 | 19991004 | 1,015   | M      | 5          |           |
| PRG                               | 1          | Dell Computer            | 20041022 | 1,166   | M      | 5          |           |
| PRG                               | 1          | Directors Desk           | 20000118 | 530     | M      | 7          |           |
| PRG                               | 1          | Furniture & Fixtures     | 19720101 |         | NDA    | 7          |           |
| PRG                               | 1          | Laptop Computer for RX   | 20051121 | 985     | M      | 5          |           |
| PRG                               | 1          | New Dell Computer        | 20070104 | 2,253   | M      | 5          |           |
| PRG                               | 1          | New Dell Server          | 20070201 | 3,500   | M      | 5          |           |
| PRG                               | 1          | New Phone system         | 20040907 | 4,187   | M      | 7          |           |
| PRG                               | 1          | Table Top and Base       | 20001009 | 380     | M      | 7          |           |
| PRG                               | 1          | Vanity Sink              | 20071228 | 2,200   | M      | 5          |           |
| PRG                               | 1          | Water Cooler             | 20080319 | 1,020   | M      | 5          |           |
| PRG                               | 1          | Canon Copier             | 19970102 | 740     | M      | 5          |           |
| PRG                               | 1          | Furniture & Fixtures     | 19720101 |         | NDA    | 0          |           |
| PRG                               | 1          | Electrical - Pharmacy    | 19990630 | 1,088   | M      | 39         | 28        |
| PRG                               | 1          | Renovations Eye Clinic   | 19990630 | 72,717  | M      | 39         | 1,865     |
| PRG                               | 1          | 12 Burgundy Stools       | 19990519 | 720     | M      | 7          |           |
| PRG                               | 1          | 12 Ophthalmoscopes       | 19990408 | 1,455   | M      | 7          |           |
| PRG                               | 1          | 12 Oscope Reg Diag       | 19990408 | 996     | M      | 7          |           |
| PRG                               | 1          | 12 Wall Transformers     | 19990408 | 3,064   | M      | 7          |           |
| PRG                               | 1          | 2 Blood Pressure         | 20020302 | 2,000   | M      | 7          |           |
| PRG                               | 1          | 3 Exam Tables            | 19990407 | 2,217   | M      | 7          |           |
| PRG                               | 1          | 3 Halogen Lights         | 19990412 | 717     | M      | 7          |           |
| PRG                               | 1          | 9 Exam Tables            | 19990407 | 6,391   | M      | 7          |           |
| PRG                               | 1          | Air Tec Peri Pro III     | 20000615 | 1,688   | M      | 7          |           |
| PRG                               | 1          | Autoclave M9 Ritter      | 19990412 | 2,493   | M      | 7          |           |
| PRG                               | 1          | Belmon Asst Stool        | 20000615 | 500     | M      | 7          |           |

## Next Year's Depreciation

## 2012

| Name                              |            |                          |          |       |        | FEIN       |           |
|-----------------------------------|------------|--------------------------|----------|-------|--------|------------|-----------|
| Judeo Christian Health Clinic Inc |            |                          |          |       |        | 59-1605647 |           |
| Form                              | Multi-Form | Description              | Date     | Basis | Method | Life       | Deduction |
| PRG                               | 1          | Belmon Chair             | 20000615 | 4,063 | M      | 7          |           |
| PRG                               | 1          | Belmon Clesta Light      | 20000615 | 1,462 | M      | 7          |           |
| PRG                               | 1          | Belmon Drs Stool         | 20000615 | 360   | M      | 7          |           |
| PRG                               | 1          | Belmon Xcalibur Chair    | 20000615 | 3,543 | M      | 7          |           |
| PRG                               | 1          | Busto Plumbing           | 20000612 | 1,020 | M      | 7          |           |
| PRG                               | 1          | Caligon Coagucheck       | 20000606 | 1,280 | M      | 7          |           |
| PRG                               | 1          | Caligor                  | 19991124 | 3,528 | M      | 7          |           |
| PRG                               | 1          | Computer RX              | 20010820 | 5,689 | M      | 5          |           |
| PRG                               | 1          | EKG Machine              | 20010504 | 3,650 | M      | 7          |           |
| PRG                               | 1          | Engle Chair              | 20021204 | 8,983 | M      | 7          |           |
| PRG                               | 1          | Gaylord Miller Electrica | 20000615 | 1,060 | M      | 7          |           |
| PRG                               | 1          | Instrument Cart          | 20010706 | 354   | M      | 7          |           |
| PRG                               | 1          | Matrix Minimizer         | 20000615 | 1,324 | M      | 7          |           |
| PRG                               | 1          | Matrix OL Compressor     | 20000615 | 2,409 | M      | 7          |           |
| PRG                               | 1          | Mobile Stands f Blnd     | 20020408 | 704   | M      | 7          |           |
| PRG                               | 1          | MW HP Quiet Air Std      | 20000615 | 304   | M      | 7          |           |
| PRG                               | 1          | MW HP Quiet Air Std      | 20000615 | 304   | M      | 7          |           |
| PRG                               | 1          | MW HP Quiet Air Std      | 20000615 | 304   | M      | 7          |           |
| PRG                               | 1          | MW HP Quiet Air Std      | 20000615 | 304   | M      | 7          |           |
| PRG                               | 1          | MW HP Quiet Air Std      | 20000615 | 304   | M      | 7          |           |
| PRG                               | 1          | MW HP Quiet Air Std      | 20000615 | 304   | M      | 7          |           |
| PRG                               | 1          | MW HP Quiet Air Std      | 20000615 | 304   | M      | 7          |           |
| PRG                               | 1          | MW HP Quiet Air Std      | 20000615 | 304   | M      | 7          |           |
| PRG                               | 1          | MW Shorty Motor          | 20000615 | 1,752 | M      | 7          |           |
| PRG                               | 1          | Sirona Heliodont Xry     | 20000615 | 3,434 | M      | 7          |           |
| PRG                               | 1          | Sirona Remote Exp St     | 20000615 | 175   | M      | 7          |           |
| PRG                               | 1          | Spiromter                | 19990413 | 1,838 | M      | 7          |           |
| PRG                               | 1          | Starxr Illum Slimlin     | 20000615 | 80    | M      | 7          |           |
| PRG                               | 1          | Tuning Forks             | 19990415 | 347   | M      | 7          |           |
| PRG                               | 1          | Vital Signs Monitor      | 19990415 | 2,100 | M      | 7          |           |
| PRG                               | 1          | Wallach Cryo Gun         | 19990419 | 1,294 | M      | 7          |           |
| PRG                               | 1          | Zoomstar Colposcope      | 19990421 | 3,980 | M      | 7          |           |
|                                   |            | TOTAL                    |          |       |        |            | 14,723    |

990

**Tax Exempt  
Diagnostic Summary**

**2012**

Name  
Judeo Christian Health Clinic Inc

Employer Identification #  
59-1605647

**Demographics**

**Mailing Address:**

4120 1/2 N MacDill Avenue  
Tampa, FL 33607-6717

**Phone:**

**Resident State:** FL

**Diagnostics**

**Preparer:** Douglas J Mortell

**Invoice:**

**Date:** 02-13-2014

**Return Information**

| Item on Return                 | 2012<br>Federal | 2011 Federal<br>(If available) |
|--------------------------------|-----------------|--------------------------------|
| Total Revenue                  | 940,290         | 585,251                        |
| Total Expenses                 | 695,558         | 601,934                        |
| Net Excess (Deficit)           | 244,732         | (16,683)                       |
| Net Assets or Fund<br>Balances | 2,446,159       | 2,182,547                      |

**State/City Information**

| <u>State/City</u> | <u>Taxable<br/>Revenue</u> | <u>Total<br/>Expenses</u> | <u>Change Fund<br/>Balance</u> | <u>UBIT</u> | <u>Total<br/>Tax</u> | <u>Refund/<br/>(Balance Due)</u> |
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|