OMB No. 1545-0047

Build         Under section 50 (c), 527, of 447(a)(1) of the final Revenue Code (accept private foundation) Point of patient social security numbers on this form as it may be made public. Point Revenue Code (accept private foundation) Point Revenue Code (accept private foundation) P	_	99	0	1	Dotur	o of Organia	otion Evon	nt From Inco	mo Toy		OMB No	0. 1545-0047
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Image: Second	Ad Ad	dress cl	nange	Doing business a	IS							
Import of the provision of the organization of the org	Na Na	ime cha	nge	Number and stree	et (or P.O. bo	x if mail is not delivered	to street address)		Room/suite	E	Telephone num	ıber
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verwer         judeochrististianhealtholinic.org         verget         Provideore         Provideore           verget         Brownie roperation         Title         Accordin         Dimer >         L Vera of tomators         1972         W State of toget particulation           Verget         Summary         It is isolation of the particulation of the partin partin partin particulation of the particulation of the parti												
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Part I       Summary         1       Briefly describe the organization's mission or most significant activities:       Sae schedule O, item 09         2       Check this box ▶   if the organization's mission or most significant activities:       Sae schedule O, item 09         3       Number of holdvalas employed in calendar year 2014 (Part VI, line 1a)       3       22         4       Number of individuals employed in calendar year 2014 (Part VI, line 2a)       5       19         6       Ta       Tata innuber of volumer (semmate in coessary)       6       7         7       Total unrelated business travable income from Form 900-T, line 34       7       7       0         9       Program service revenue (Part VIII, line 1h)       7       7       7       0       11, 043         10       Investment income (Part VIII, column (A), line 34, and 70)       7       7       7       2, 2, 236       39, 9, 931         11       Investment and similar amounts paid (Part X, column (A), line 1-3)       8       10       12       3       14, 591       67       7       9       9       10       10       10       10       10       10       10       11, 043       10       10       10       10       10       10       10       10       10       10												
9900000000000000000000000000000000000					rust 🔄 Ass	ociation Uther		L Year of formation:	<b>L972</b> M State	of legal c		
ended to a set of the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of volting members of the governing body (Part VI, line 1a)       3       22         4       Number of volting members of the governing body (Part VI, line 1a)       4       22         5       Total number of individuals employed in calendar year: 2014 (Part VI, line 2a)       5       19         6       19       6       19         7       Total number of individuals employed in calendar year: 2014 (Part VI, line 2a)       6       19         9       Total number of individuals employed in calendar year: 2014 (Part VI, line 2a)       6       19         9       Total number of individuals employed in calendar year: 2014 (Part VI, line 2a)       7a       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       736, 208       576, 137         11       Other versure (Part VIII, column (A), lines 4, 4, and 7d)       47, 036       52, 438         11       Other versure (Part VIII, column (A), lines 5, 4d, 8e, 9c, 10c, and 11e)       0       18       679, 509         13       Grants and similar announds paid (Part IV, column (A), lines 5-10)       485, 050       491, 133       18         15       Salaria dising Resense (Part IX, column (A), lines 5-10)       485, 050       491, 133	I ul				ion'e mieei	on or most significa	ant activities: c	oo gabadula O	itom 09			
9       Number 10       0       22         9       4       Number 01       10       22         5       Total number 01       10       22       5       19         6       Total number 01       10 <td< td=""><td>•</td><td>· ·</td><td></td><td>be the organizati</td><td></td><td></td><td><u><u></u></u></td><td>ee scheduie 0,</td><td>Item 05</td><td></td><td></td><td></td></td<>	•	· ·		be the organizati			<u><u></u></u>	ee scheduie 0,	Item 05			
9       Number 10       0       22         9       4       Number 01       10       22         5       Total number 01       10       22       5       19         6       Total number 01       10 <td< th=""><th>nce</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	nce											
• Number of independent voting members of the governing body (Part VI, line 1a)       -       -       22         • • Number of independent voting members of the governing body (Part VI, line 1a)       -       -       -       -       22         • • Total number of independent voting members of the governing body (Part VI, line 2a)       -	'nai											
9       Number 10       0       22         9       4       Number 01       10       22         5       Total number 01       10       22       5       19         6       Total number 01       10 <td< td=""><td>ver</td><td>2</td><td>Check this h</td><td>ox 🕨 🗌 if the or</td><td>aanization</td><td>discontinued its or</td><td>perations or dispos</td><td>ed of more than 25%</td><td>of its not assots</td><td></td><td></td><td></td></td<>	ver	2	Check this h	ox 🕨 🗌 if the or	aanization	discontinued its or	perations or dispos	ed of more than 25%	of its not assots			
4       Number of independent voting members of the governing body (Part VI, line 1b)       4       22         5       Total number of volumeters (setimate in fencessary)       6       19         6       Total number of volumeters (setimate in fencessary)       7a       0         7a       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0         9       Program service revenue from Form 900-T, line 34       7a       0         9       Program service revenue (Part VIII, line 1h)       73.6, 208       57.6, 13.7         10       Investment income (Part VIII, column (A), line 34, and 7d)       6, 05.1       11, 043         11       Total revenue - add lines 81 through 11 (must equal Part VIII, column (A), line 12)       814, 591       679, 509         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0       0         14       Berefits paid to of or members (Part IX, column (A), lines 1-3)       0       0       0         15       Sataries, other compensation, employee benefits (Part IX, column (A), lines 1-3)       0       0       0         16       Portelsional fundraising expenses (Part IX, column (A), line 16)       0       0       0       0         17       Other expenses (Part IX, column (A), line 11-1(1.1/2.4e)       38	ß				0					2		22
Signal       5       Total number of individuals employed in calendar year 2014 (Part V, line 2a)       5       19         6       6       6       6         7       7       10       0         9       0       Nation unber of volunteers (estimate if necessary)       7a       0         9       0       Nation unber of volunteers (estimate if necessary)       7a       0         9       Program service revenue (Part VIII, column (A), line 34       7a       0         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       47, 0.36       52, 4.38         10       Investment income amounts paid (Part IX, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       23, 2.96       39, 891         12       Total revenue (Part IX, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       23, 2.96       39, 891         13       Grants and similar amounts paid (Part IX, column (A), lines 12)       814, 591       677, 9509         13       Banetits paid to or for members (Part IX, column (A), lines 25)       60, 7.11       381, 983       32.9, 956         14       Benetits paid to or for members (Part IX, column (A), line 25)       667, 0.33       62.0, 1.89       32.9, 956         15       Salaries, other compass. Add lines 13-17 (must equal Part IX, column (A), line 25)       667, 0.33				0	Ũ	<b>o ,</b> (	,	1b)		-		
7a       Total unrelated business revenue from Fart VIII, column (0,), line 12       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0         9       Prior Year       Current Year       736, 208       576, 137         9       Program service revenue (Part VIII, line 1n)       736, 208       576, 137         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       47, 036       52, 438         11       Total arevenue - addines 8 through 11 (must equal Part VIII, column (A), lines 12)       814, 591       679, 509         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0       14         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       485, 050       491, 133         16a       Profeesional fundraising tees (Part IX, column (A), line 25)       60, 711       381, 983       329, 056         17       Other expenses (Part IX, column (D), line 25)       60, 711       381, 983       329, 056         18       Profeesional fundraising expenses. (Part IX, column (A), line 25)       867, 033       820, 189         19       Revenue less expenses. Subtract line 18 from line 12       (140, 0, 680)       844       22       24, 438, 545       2, 272, 942         10<	ties			-	-			10) ••••••				
7a       Total unrelated business revenue from Fart VIII, column (0,), line 12       7b       0         9       Net unrelated business taxable income from Form 990-T, line 34       7b       0         9       Prior Year       Current Year       736, 208       576, 137         9       Program service revenue (Part VIII, line 1n)       736, 208       576, 137         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       47, 036       52, 438         11       Total arevenue - addines 8 through 11 (must equal Part VIII, column (A), lines 12)       814, 591       679, 509         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0       14         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       485, 050       491, 133         16a       Profeesional fundraising tees (Part IX, column (A), line 25)       60, 711       381, 983       329, 056         17       Other expenses (Part IX, column (D), line 25)       60, 711       381, 983       329, 056         18       Profeesional fundraising expenses. (Part IX, column (A), line 25)       867, 033       820, 189         19       Revenue less expenses. Subtract line 18 from line 12       (140, 0, 680)       844       22       24, 438, 545       2, 272, 942         10<	tivi						4 (Fait V, IIIe Za)			-		19
b         Net unrelated business taxable income from Form 990-T, line 34         Tb         O           90         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, line 2g)         8, 051         11, 043           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         47, 036         52, 438           10         Unvestment income (Part VIII, column (A), lines 3, 4, and 7d)         47, 036         52, 438           11         Other revenue (Part VIII, column (A), lines 1-3)         0         12, 296         39, 891           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         0         0         14           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         0         0         15           14         Benefits paid to or for members (Rat IX, column (A), lines 21)         60, 711         0         0           15         Salaries, other compenses (Part IX, column (A), line 12)         381, 983         3229, 056         867, 033         820, 189           19         Revenue less expenses         Subtract line 11 (must equal Part IX, column (A), line 25)         667, 033         820, 189           19         Revenue less expenses. Subtract line 1	Ac					• •	) line 12					
B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       31, 2043       31, 2043       31, 2043         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       23, 296       39, 891         11       Total arevenue - addities 8 through 11 (must equal Part VIII, column (A), lines 13, 4, and 7d)       23, 296       39, 891         11       Total arevenue - addities 8 through 11 (must equal Part VIII, column (A), lines 12)       814, 591       679, 509         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0       0         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       485, 050       491, 133         16       Brofessional fundraising tess (Part IX, column (A), line 25)       60, 711       381, 983       329, 056         17       Other expenses (Part IX, column (D), line 25)       60, 711       381, 983       329, 056         18       Total fundraising expenses (Part IX, column (A), line 12       (S2, 442)       (140, 680)         19       Revenue less expenses. Subtract line 18 from line 12       (S2, 442)       (140, 680)         19       Revenue less expenses. Subtract line 21 from line 20       2, 438, 461       2, 272, 962         Part II							, -			-		
8       Contributions and grants (Part VIII, line 1h)       736,208       576,137         9       Program service revenue (Part VIII, clum (A), lines 3, 4, and 7d)       8, 051       11, 043         10       Investment income (Part VIII, column (A), lines 3, 6d, 8c, 0c, 0c, and 11e)       23, 296       39, 891         12       Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 0c, 0c, and 11e)       23, 296       39, 891         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       814, 591       679, 509         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       485, 050       491, 1.33         16a       Professional fundraising tees (Part IX, column (A), line 25)       60, 711       0         17       Other expenses (Part IX, column (A), line 25)       607, 711       0       148       614       614, 680         19       Revenue less expenses. Subtract line 18 from line 12       (52, 442)       (140, 680       162, 2432       (140, 680       162, 2432       (140, 680       162, 2432, 452       2, 272, 944       24       24       24       24       24, 345, 345       2, 272, 942       24       24       24, 345, 345						110111 F 01111 990-1, 1					Current	
9       Program service revenue (Part VIII, line 2g)       8, 051       11, 043         10       Investment income (Part VIII, column (A), lines 5, 4, and 7d)       47, 036       52, 438         11       Other revenue (Part VIII, column (A), lines 5, 46, 80, 50, 50, 50, and 11e)       23, 296       39, 891         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), lines 1-3)       0       814, 591       679, 509         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0       15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       485, 050       491, 133         16a       Professional fundraising expenses (Part IX, column (A), line 25)       60, 711       0       0         17       Other expenses (Part IX, column (A), line 25)       60, 711       381, 983       3229, 056         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       867, 033       820, 189         19       Revenue less expenses. Subtract line 18 form line 12       2438, 545       2, 272, 984         21       Total liabilities (Part X, line 26)       844       22         22       Total assets (Part X, line 26)       844       22         23       Total assets (Part X, line 26)       844       22		8	Contributions	and grants (Par	t VIII line	1b)				200		
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       814,591       679,509         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       485,050       491,133         16       Professional fundraising expenses (Part IX, column (A), line 25)       60,711       0         15       Stafarjes, other expenses (Part IX, column (A), lines 25)       60,711       0         17       Other expenses (Part IX, column (A), lines 25)       60,711       381,983       3229,056         19       Revenue less expenses. Subtract line 18 from line 25)       867,033       820,189       9         19       Revenue less expenses. Subtract line 18 from line 12       (52,442)       (140,680)         19       Revenue less expenses. Subtract line 21 from line 20       2,438,545       2,272,984         21       Total labilities (Part X, line 16)       2,438,545       2,272,982         10       Total labilities of parky. I dealer that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the correct, and complete. Dealartion of preparer (signature Dealarties of parky. I dealer that 1 have examined this return. including accompanying schedules and statements, and to the best of my knowledge and belief, it is self-amployed	e			<b>-</b>		,						
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       814,591       679,509         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       485,050       491,133         16       Professional fundraising expenses (Part IX, column (A), line 25)       60,711       0         15       Stafarjes, other expenses (Part IX, column (A), lines 25)       60,711       0         17       Other expenses (Part IX, column (A), lines 25)       60,711       381,983       3229,056         19       Revenue less expenses. Subtract line 18 from line 25)       867,033       820,189       9         19       Revenue less expenses. Subtract line 18 from line 12       (52,442)       (140,680)         19       Revenue less expenses. Subtract line 21 from line 20       2,438,545       2,272,984         21       Total labilities (Part X, line 16)       2,438,545       2,272,982         10       Total labilities of parky. I dealer that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the correct, and complete. Dealartion of preparer (signature Dealarties of parky. I dealer that 1 have examined this return. including accompanying schedules and statements, and to the best of my knowledge and belief, it is self-amployed	enu		0			0,	d)					
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       814,591       679,509         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0       0         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       485,050       491,133         16       Professional fundraising expenses (Part IX, column (A), line 25)       60,711       0         15       Stafarjes, other expenses (Part IX, column (A), lines 25)       60,711       0         17       Other expenses (Part IX, column (A), lines 25)       60,711       381,983       3229,056         19       Revenue less expenses. Subtract line 18 from line 25)       867,033       820,189       9         19       Revenue less expenses. Subtract line 18 from line 12       (52,442)       (140,680)         19       Revenue less expenses. Subtract line 21 from line 20       2,438,545       2,272,984         21       Total labilities (Part X, line 16)       2,438,545       2,272,982         10       Total labilities of parky. I dealer that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the correct, and complete. Dealartion of preparer (signature Dealarties of parky. I dealer that 1 have examined this return. including accompanying schedules and statements, and to the best of my knowledge and belief, it is self-amployed	ě			(	`	,, , , ,	,					/
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0         14       Benefits paid to or for members (Part IX, column (A), lines 4)       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       485, 050       491, 133         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       485, 050       491, 133         16       Professional fundraising fees (Part IX, column (D), line 25)       60, 711       381, 983       322, 056         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)	ш									· · · · · ·		
14       Benefits paid to or for members (Part IX, column (A), line 4)       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       485, 050       491, 133         16a       Professional fundraising expenses (Part IX, column (A), line 25)       60, 711       0         b       Total fundraising expenses (Part IX, column (A), line 25)       60, 711       381, 983       329, 056         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       381, 983       329, 056         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       867, 033       820, 189         19       Revenue less expenses. Subtract line 18 from line 12       (52, 442)       (140, 680)         19       Revenue less expenses. Subtract line 12 from line 20       2, 438, 461       2, 272, 984         20       Total assets (Part X, line 26)       2, 438, 461       2, 272, 982         21       Total assets or fund balances. Subtract line 21 from line 20       2, 438, 461       2, 272, 982         Vater paralles or optigrup, I detartation of prepare (attern than examined this return, including accompanying schedulae and statements, and to the best of my knowledge and belief, it is       5         Vater paralles or optigrup, I detartation of prepare (attern than examined this return, including accompanying schedulae and statements, and tone best of my knowledge and						· · · · · · · · · · · · · · · · · · ·			014	, 591		
Segues       15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       485,050       491,133         16a       Professional fundraising fees (Part IX, column (A), line 1te)       0       0         b       Total fundraising expenses (Part IX, column (D), line 25)       60,711       0         17       Other expenses (Part IX, column (A), line 25)       60,711       0         18       Total expenses (Part IX, column (A), line 14, 11f-24e)       381,983       329,056         19       Revenue less expenses. Subtract line 18 from line 12       (52,442)       (140,680)         19       Revenue less expenses. Subtract line 18 from line 12       (52,442)       (140,680)         20       Total assets (Part X, line 26)       2,438,545       2,272,984         21       Total liabilities (Part X, line 26)       84       22         22       Net assets or fund balances. Subtract line 21 from line 20       2,438,545       2,272,984         21       Total liabilities (Part X, line 26)       84       22         22       Net assets or fund balances. Subtract line 21 from line 20       2,438,545       2,272,984         22       Net assets or fund balances. Subtract line 21 from line 20       2,438,545       2,272,984         Part ophoplese       Dele       Del				•	`		,					
16a       Professional fundraising fees (Part IX, column (A), line 11e)       000/000         b       Total fundraising expenses (Part IX, column (A), line 25)       60, 711         17       Other expenses (Part IX, column (A), line 21a)       381, 983       329, 056         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       867, 033       820, 189         19       Revenue less expenses. Subtract line 18 from line 12       (52, 442)       (140, 680)         19       Revenue less expenses. Subtract line 18 from line 12       2, 438, 545       2, 272, 984         20       Total assets (Part X, line 16)       2, 438, 545       2, 272, 984         21       Total assets of fund balances. Subtract line 21 from line 20       2, 438, 461       2, 272, 962         22       Net assets or fund balances. Subtract line 21 from line 20       2, 438, 461       2, 272, 962         Under penalities 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       101         True, correct, and complete. Declaration of preparer (other han officer) is based on all information of which preparer has any knowledge.       Date         Dr. John DeBevoise, Treasurer       Declaration of preparer (other han officer) is based on all information of which preparer has any knowledge.       PointType preparers name       PointOrpo poi			-						485	050		
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       867,033       820,189         19       Revenue less expenses. Subtract line 18 from line 12       140,680         19       Revenue less expenses. Subtract line 18 from line 12       140,680         19       Revenue less expenses. Subtract line 18 from line 12       140,680         10       Total assets (Part X, line 16)       2,438,545       2,272,984         21       Total liabilities (Part X, line 26)       2,438,545       2,272,984         22       Net assets or fund balances. Subtract line 21 from line 20       2,438,461       2,272,962         Part II       Signature Block       Under prealles of perjury, 1 declare that 1 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.       Date         Dir.       John DeBevoise, Treasurer       Type or print name and title       Date         Prind       Douglas J Mortellaro       Preparer's signature       Date         Douglas J Mortellaro       Print's address > 16626 N Dale Mabry Hwy       Firm's EIN >         Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN >         Way the IRS discuss this return with the preparer shown above? (see in	ses		,		· · ·	(	( ),		400	,030		<u>191,195</u>
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       867,033       820,189         19       Revenue less expenses. Subtract line 18 from line 12       140,680         19       Revenue less expenses. Subtract line 18 from line 12       140,680         19       Revenue less expenses. Subtract line 18 from line 12       140,680         10       Total assets (Part X, line 16)       2,438,545       2,272,984         21       Total liabilities (Part X, line 26)       2,438,545       2,272,984         22       Net assets or fund balances. Subtract line 21 from line 20       2,438,461       2,272,962         Part II       Signature Block       Under prealles of perjury, 1 declare that 1 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.       Date         Dir.       John DeBevoise, Treasurer       Type or print name and title       Date         Prind       Douglas J Mortellaro       Preparer's signature       Date         Douglas J Mortellaro       Print's address > 16626 N Dale Mabry Hwy       Firm's EIN >         Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN >         Way the IRS discuss this return with the preparer shown above? (see in	eus			0		( ).	,	60 711				
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       867,033       820,189         19       Revenue less expenses. Subtract line 18 from line 12       140,680         19       Revenue less expenses. Subtract line 18 from line 12       140,680         19       Revenue less expenses. Subtract line 18 from line 12       140,680         10       Total assets (Part X, line 16)       2,438,545       2,272,984         21       Total liabilities (Part X, line 26)       2,438,545       2,272,984         22       Net assets or fund balances. Subtract line 21 from line 20       2,438,461       2,272,962         Part II       Signature Block       Under prealles of perjury, 1 declare that 1 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.       Date         Dir.       John DeBevoise, Treasurer       Type or print name and title       Date         Prind       Douglas J Mortellaro       Preparer's signature       Date         Douglas J Mortellaro       Print's address > 16626 N Dale Mabry Hwy       Firm's EIN >         Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN >         Way the IRS discuss this return with the preparer shown above? (see in	Хü								381	983		329 056
19       Revenue less expenses. Subtract line 18 from line 12       (52,442)       (140,680)         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       2,438,545       2,272,984         21       Total liabilities (Part X, line 26)       84       22         22       Net assets or fund balances. Subtract line 21 from line 20       2,438,461       2,272,962         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.       Date         Dr. John DeBevoise       Date         Signature of officer       Date         Dr. John DeBevoise, Treasurer       Type or print mame and title         PrintType preparer's name       Preparer's signature       Date         Douglas J Mortellaro       Preparer's signature       Date         Part III       Mortellaro, Clarke & Company, CPAs       Firm's EIN          Firm's address >       16626 N Dale Mabry Hwy       Phone no.         Tampa FL 33618       813–968–4084       813–968–4084         May the IRS discuss this return with the preparer shown above? (see instructions)       S	-		•	· ·	( ).		,					
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       2, 438, 545       2, 272, 984         21       Total liabilities (Part X, line 26)       84       22         22       Net assets or fund balances. Subtract line 21 from line 20       2, 438, 545       2, 272, 984         22       Net assets or fund balances. Subtract line 21 from line 20       2, 438, 461       2, 272, 962         Part II       Signature Block       2, 438, 461       2, 272, 962         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.       Date         Sign       Dr. John DeBevoise, Treasurer       Date         Type or print name and title       Date       Date         Paid       Print/Type preparer's name       Preparer's signature       Date         Douglas J Mortellaro       D1065755       Firm's admess 16626 N Dale Mabry Hwy       Phone no.         Tampa FL 33618       813–968–4084       813–968–4084         May the IRS discuss this return with the preparer shown above? (see instructions)       Store approver Reduction Act Notice, see the separate instructions.       Form 990 (2014) <td></td> <td></td> <td></td> <td></td> <td>`</td> <td>1 7</td> <td>( ),</td> <td></td> <td></td> <td></td> <td></td> <td></td>					`	1 7	( ),					
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.           Sign       Dr. John DeBevoise       Date         Signature of officer       Date         Dr. John DeBevoise, Treasurer       Date         Type or print name and title       Date         Preparer       Date         Preparer       Date         Use Only       Primt/Type preparer's name         Firm's name       Mortellaro         Primt's name       Mortellaro, Clarke & Company, CPAs         Firm's address       16626 N Dale Mabry Hwy         Tampa FL 33618       813-968-4084         May the IRS discuss this return with the preparer shown above? (see instructions)		t II	Signatu	re Block					,	/	· · · · · ·	
Sign Here       Dr. John DeBevoise Signature of officer       Date         Dr. John DeBevoise, Treasurer Type or print name and title       Date       Date         Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature       Date         Firm's name       Mortellaro       D5-11-2016       self-employed         Firm's address       16626 N Dale Mabry Hwy       Phone no.         Tampa FL 33618       813-968-4084         May the IRS discuss this return with the preparer shown above? (see instructions)									knowledge and belief, i	t is		
Sign Here       Signature of officer       Date         Dr. John DeBevoise, Treasurer Type or print name and title       Date       Check if       PTIN         Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature       Date       Check if       PTIN         Firm's name       Mortellaro       Preparer's signature       Date       Check if       P10065755         Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN       Pinterne's EIN       Pinterne's EIN         May the IRS discuss this return with the preparer shown above? (see instructions)       16626 N Dale Mabry Hwy       Phone no.       813-968-4084         May the IRS discuss this return with the preparer shown above? (see instructions)       Signature Struction Act Notice, see the separate instructions.       For Paperwork Reduction Act Notice, see the separate instructions.	true, coi	rect, an	d complete. Deci	aration of preparer (o	ther than offic	cer) is based on all inforr	nation of which prepare	r has any knowledge.				
Here       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 05-11-2016       Check if self-employed       PTIN         Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN       P01065755         Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN       Phone no.         Tampa FL 33618       813-968-4084         May the IRS discuss this return with the preparer shown above? (see instructions)	<b>_</b> .		Dr.	John DeBevo	oise							
Paid Preparer Use Only       Print/Type or print name and title       Preparer's signature       Date 05-11-2016       Check       if       PTIN         Pint/Type preparer's name       Preparer's signature       05-11-2016       Bate       Polo65755         Preparer       Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN       Polo65755         Firm's address       16626 N Dale Mabry Hwy       Phone no.       813-968-4084         May the IRS discuss this return with the preparer shown above? (see instructions)       State       No         For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2014)	Sign		Signatur	e of officer						Date		
Paid Preparer       Print/Type preparer's name       Preparer's signature       Date       Check       if       PTIN         Paid Preparer       Douglas J Mortellaro       Mortellaro       05–11–2016       Belf-employed       P01065755         Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN       P         Firm's address       16626 N Dale Mabry Hwy       Phone no.       813–968–4084         May the IRS discuss this return with the preparer shown above? (see instructions)       813–968–4084       No         For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2014)	Here		Dr.	John DeBevo	oise, T	'reasurer						
Paid       Douglas J Mortellaro       05-11-2016       P01065755         Preparer       Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN         Use Only       Firm's address       16626 N Dale Mabry Hwy       Phone no.         Tampa FL 33618       813-968-4084         May the IRS discuss this return with the preparer shown above? (see instructions)       Set - 4084         For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2014)			Type or	print name and title								
Preparer       Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN         Use Only       Firm's address       16626 N Dale Mabry Hwy       Phone no.         Tampa FL 33618       813-968-4084         May the IRS discuss this return with the preparer shown above? (see instructions)			Print/Type pre	parer's name		Preparer's signature		Date	Check	if PT	ΓIN	
Preparer Use Only       Firm's name       Mortellaro, Clarke & Company, CPAs       Firm's EIN         Ise Only       Firm's address       16626 N Dale Mabry Hwy Tampa FL 33618       Phone no.         May the IRS discuss this return with the preparer shown above? (see instructions)       813-968-4084         For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2014)	Paid		Douglas	J Mortell	aro			05-11-2016	self-employ	ed	P0106575	55
Use Only       Firm's address       16626       N       Dale       Mabry       Hwy       Phone no.         Tampa       FL       33618       813-968-4084         May the IRS discuss this return with the preparer shown above? (see instructions)	Prep	arer	Firm's name	► Mo	ortella	ro, Clarke &	Company, C	PAs	Firm's EIN			
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 (2014)	Use	Only	Firm's addres						Phone no.			
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 (2014)						-			8	<u>13–</u> 96	8-4084	
	May th	ne IRS	discuss this				nstructions)	<u> </u>				No
	For Pa	aperw	ork Reduction	on Act Notice, s	ee the se	parate instruction	s.				Form	<b>990</b> (2014)
	EEA											,

Form	1990(2014) Judeo Christian Health Clinic Inc	59-1605647 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line 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?	···· 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 me	-
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	s to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 407,704 including grants of \$ ) (Reve	enue \$ )
	THE CLINIC OPERATES A FREE MEDICAL CLINIC AND LAB FOR THE MEDICALLY INDI	
	RECORDED 30,961 PATIENT ENCOUNTERS DURING THE YEAR. 4,675 OF THESE ENCOU	
	PATIENT VISITS.	
4b	(Code: ) (Expenses \$ 118,968 including grants of \$ ) (Reve	enue \$ )
	THE CLINIC WAS FORMED TO PROVIDE HEALTH CARE TO ALL WHO ARE UNABLE TO PA	
	CLINIC OPERATES A PHARMACY IN PROVIDING SUCH HEALTH CARE. THE CLINIC REC	CORDED 30,961 PATIENT
	ENCOUNTERS DURING THE YEAR. 22,581 OF THESE ENCOUNTERS WERE FILLED PRESC	CRIPTIONS.
4c	(Code:) (Expenses \$75,965 including grants of \$) (Reve	enue \$ )
	THE ORGANIZATION OPERATES A FREE DENTAL CLINIC. THE CLINIC RECORDED 30, 9	961 PATIENT ENCOUNTERS
	DURING THE YEAR. 615 OF THESE ENCOUNTERS WERE DENTAL VISITS.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 47,001 including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 649, 638	
	· · · · ·	Form <b>990</b> (2014)

Form 990 (2	
Part IV	(

14)	Judeo	Christian	Health	Clinic	Inc
Checklist of	Requir	red Schedul	es		

4	In the experimentation described in section $E(1/c)/2$ or $4047/c)/(1)$ (other then a private foundation)? If "Ves."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	- 23	
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		<u></u>
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		21
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	11.0		v
А	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		- 23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	-		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	77	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20-	If "Yes," complete Schedule G, Part III	19 20a		X
20а ь	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		X

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23		Х
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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):	28a		Х
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		Λ
b	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
Ũ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
-	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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 • • • • • • • • • • • • • • • • • •	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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	37		Х
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	38	Х	

Form 990 (2014)

_	1 990 (2014) Judeo Christian Health Clinic Inc 59-16	)5647	F	age <b>5</b>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable •••••••• 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	· · 1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return <b> 2a</b>	19 2b	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	-		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	•• 5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	· · 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	•• 6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	•• 6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	•• 7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	•• 7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	•• 7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	• • 8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	•• <u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•• 9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	_		
	against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	•• 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	•• 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand <b>13c</b>			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	· · 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	•• 14b		

Form	990 (2014) Judeo Christian Health Clinic Inc 59-1605		F	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI •••••••••••••••••••••••••••••••••••			٠X
Sec	tion A. Governing Body and Management			<b>.</b>
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>····· 1a 22</b>	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b 22</b>	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			37
•	any other officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	· 3 · 4		X X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?          Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		Δ	
74	one or more members of the governing body?	. 7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		21	
~	stockholders, or persons other than the governing body?	. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	- 8a	Х	
b	Each committee with authority to act on behalf of the governing body?	- 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	· 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	· 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	· 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-	v	
12	describe in Schedule O how this was done         Did the organization have a written whistleblower policy?	· 12c	X X	
13 14	Did the organization have a written document retention and destruction policy?	· 13 · 14	X	
14	Did the process for determining compensation of the following persons include a review and approval by	. 14	Λ	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>FL</b>			
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.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
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, address, and telephone number of the person who possesses the organization's books and records:	_		
	Mortellaro, Clarke & Company, CPAs (813)968-4084, 16626 N. Dale Mabry Hwy, Tampa,	FL 3	3618	3

Form 990 (20	14) Judeo Christian Health Clinic Inc	59-1605647	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or v tax year.	within the	

• 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.

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

(A) Name and Title	<b>(B)</b> Average	· ·		Pos eck m		han one s both ai		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below dotted line)	officient Individual trustee	er and Institutional trustee		e Key employee	/trustee) Highest compensated employee	) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		ō	tee			nsated				
<pre>(1) Sylvia D_Campbell, MD President</pre>	2.00_	Х		Х				0	0	0
(2) Manuel Alvarez, Jr. Vice President	1.00_	X		Х				0	0	0
(3) Phil_Baumann	1.00	Λ		Λ				0	0	0
Director		Х						0	0	0
(4) Richard Birnholz	1.00	Х								
Director	1 00	Å						0	0	0
(5) Bill_Branon Director	<u>1.00</u>	Х						0	0	0
(6) Jim Davis	<u>1.00</u>	Х								
Director	2 00	Λ						0	0	0
(7) Dr. John DeBevoise Treasurer	<u>2.00</u>	Х		Х				0	o	0
(8) Frank Garcia Secretary	2. <u>00</u> _	Х		Х				0	0	0
(9) Sheriff David Gee	1.00									•
Director		Х						0	0	0
(10)Robert Hart DDS	1.00	Х						0	0	0
(11)Monsignor Laurence Higgins	1.00_	Х						0	0	0
(12)Rev Jim Holmes	1.00_							Ŭ		
Director		Х						0	0	0
(13)Jessica Kendall Director	1.00	Х						0	0	0
(14)Gerald Krumbholz OD	1.00									
Director		Х						0	0	0 Form <b>990</b> (2014)

#### Form 990 (2014)

### Judeo Christian Health Clinic Inc

59-1605 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

5	6	4	7	Page <b>8</b>	

(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, ι	unless	s pers	ition ore th on is	an one both an trustee) Highest c	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	r r	al trustee		oyee	Highest compensated employee				and related organizations
(15)Steve Horne	1.00_									
	1.00	Х						0	0	0
Director		Х						0	0	o
(17)Leslie Reiner Director	1.00	Х						0	0	0
(18)Amy Solomon MD	<u>1.00</u>	Х						•	0	
	1.00	Λ						0	0	0
		Х						0	0	0
(20)Stephen Welden MD	1.00									
	1.00	Х						0	0	0
Director		Х						0	0	o
(22)Leo Alvarez	1.00_									
Director		Х						0	0	0
(23)Ron_O'Neal, DMD Director	1.00_	Х						0	0	o
(24)State Rep Janet Cruz	5.00_									
Director		Х						0	0	0
(25)Kelly Bell	40.00				Х				0	
Executive Director 1b Sub-total							•	0	0	0
c Total from continuation sheets to Part VII, Section	on A						•			
d Total (add lines 1b and 1c) · · · · · · · · ·							►	0	0	0
2 Total number of individuals (including but not limited	to those liste	d abov	/e) v	vho i	rece	ived m	ore	than \$100,000 of	•	
reportable compensation from the organization									0	Yes No
3 Did the organization list any former officer, directo	r, or trustee, I	key en	nploy	yee,	or h	ighest	com	npensated		
employee on line 1a? If "Yes," complete Schedule J										3 X
4 For any individual listed on line 1a, is the sum of rep organization and related organizations greater than	-					-				
individual				-						4 X
5 Did any person listed on line 1a receive or accrue c	-		-			-	izati	on or individual		
for services rendered to the organization? If "Yes," of	complete Sch	edule .	J for	sucl	h pe	rson				5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensat	ed independe	nt con	tract	tore	that	rocoiv	od m	ore than \$100.000	lof	
compensation from the organization. Report compe	-									
(A)								(B)		(C)
Name and business address								Description of s	services	Compensation
• Tatal much as (Vieles educed as a first	hand as a fill of the	4.1.1.1		:-!	1.2		<b>h</b> .c			
2 Total number of independent contractors (including	out not limited	u to the	use l	ISTEC	i abo	ove) wi	011			

► received more than \$100,000 of compensation from the organization

orm 99				lth Clinic Ir	nc		59-16056	47 Page 9
Part '	VIII	Statement of Revenu	le					_
		Check if Schedule O contain	s a response or n	ote to any line in this		(7)		· · · · · · · · .
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns • • •	•••• 1a					
	b	Membership dues	1b					
	с	Fundraising events	1c	99,400				
	d	Related organizations	1d					
	е	Government grants (contributi	ons) • • 1e					
	f	All other contributions, gifts, gr	ants,					
othe		and similar amounts not includ		476,737				
g	g	Noncash contributions include						
<u>9 </u>	h	Total. Add lines 1a-1f			576,137			
e				Business Code				
ven		Eye Clinic	<u> </u>	900099	7,746	7,746		
Program Service Revenue		Medical & Dental Cli		900099	3,297	3,297		
rvic	c d							
n Se	e u	-						
ograı		All other program service rever						
Pro		Total. Add lines 2a-2f			11,043			
	3	Investment income (including d		r				
	Ŭ	and other similar amounts)			53,633	53,633		
	4	Income from investment of tax-	exempt bond proc	eeds · · · 🕨	L L L	L.		
	5	Royalties • • • • • • • • • • • • • • • • • • •		•				
			(i) Real	(ii) Personal				
	6a	Gross rents · · · · · · ·						
		Less: rental expenses • • • •						
		Rental income or (loss) • • •						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	50,000					
	b	Less: cost or other basis and sales expenses	F1 10F					
		Gain or (loss)	<u>51,195</u> (1,195					
		Net gain or (loss)			/1 195	/1 195	\ \	
P		Gross income from fundraising			(1,195)	(1,195	,	
Other Revenue	ou	events (not including \$	99,400					
Rev		of contributions reported on line						
Jer		See Part IV, line 18		98,994				
đ	b	Less: direct expenses	b	59,103				
	с	Net income or (loss) from fundr	aising events		39,891			39,891
	9a	Gross income from gaming act	vities.					
		See Part IV, line 19 · · · · ·						
		Less: direct expenses •••						
	С	Net income or (loss) from gami	ng activities	· · · · · · •				
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold •••	b					
	С	Net income or (loss) from sales	of inventory · ·	· · · · · · •				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	C							
		All other revenue		L				
		Total. Add lines 11a-11d					_	
	12	Total revenue. See instruction	s	🖻	679,509	63,481	0	39,891

# 4) Judeo Christian Health Clinic Inc Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u>ت ت</u>			
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising			
<u>8b, 9</u>	b, and 10b of Part VIII.	iotai expenses	Program service expenses	Management and general expenses	expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21 · · ·							
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22 · · · · · · · · · · · · · · ·							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16 • • • • • •							
4	Benefits paid to or for members ••••••							
5	Compensation of current officers, directors,							
	trustees, and key employees ••••••••••	86,060	64,545	8,606	12,909			
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	364,481	292,563	35,959	35,959			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions) .							
9	Other employee benefits	5,400	5,130	270				
10	Payroll taxes • • • • • • • • • • • • • • • • • • •	35,192	28,154	3,519	3,519			
11	Fees for services (non-employees):							
а	Management • • • • • • • • • • • • • • • • • • •							
b	Legal • • • • • • • • • • • • • • • • • • •							
С	Accounting	6,620		6,620				
d	Lobbying • • • • • • • • • • • • • • • • • • •							
е	Professional fundraising services. See Part IV, line 17 .							
f	Investment management fees	8,038		8,038				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.) ••	33,160		33,160				
12	Advertising and promotion	1,219			1,219			
13	Office expenses	4,229	2,960	846	423			
14	Information technology	10,022	9,020	1,002				
15	Royalties • • • • • • • • • • • • • • • • • • •							
16		19,700	15,760	1,970	1,970			
17								
18	Payments of travel or entertainment expenses							
10	for any federal, state, or local public officials							
19 20	Conferences, conventions, and meetings							
20 21	Payments to affiliates							
21	Depreciation, depletion, and amortization	19,858	16,879	1,986	993			
23		10,742	9,131	1,988	537			
24	Other expenses. Itemize expenses not covered	10,742	5,151	1,074				
	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.)							
а	Pharmacy Drugs & Supplies	127,921	127,921					
b	Eye Clinic Supplies	8,675	8,675					
с	Medical Clinic Supplies	4,612	4,612					
d	Womens Health Clinic Exp's	36,886	36,886					
е	All other expenses	37,374	27,402	6,790	3,182			
25	Total functional expenses. Add lines 1 through 24e	820,189	649,638	109,840	60,711			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)							

Form 990 (2014)	0 4 4 4 4	Christian	Health	Clinic	Inc	
Part X E	alance Sheet					
Ch	ook if Sabadula O contai	no a rochanca a	r noto to an	w line in this	Port V	

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	235,929	1	218,650
2	Savings and temporary cash investments	677,994	2	581,671
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D • • • • 10a 863,783			
b	Less: accumulated depreciation         10b         484,826	366,108	10c	378,95
11	Investments - publicly traded securities	880,667	11	843,54
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	277,847	15	250,16
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,438,545	16	2,272,98
17	Accounts payable and accrued expenses •••••••••••••••••	84	17	2
18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	84	26	2
	Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and			
	complete lines 27 through 29, and lines 33 and 34.			
27		1,123,617	27	2,272,96
28	Temporarily restricted net assets	1,041,088	28	
29	Permanently restricted net assets	273,756	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here  I and			
27 28 29 30 31 32	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,438,461	33	2,272,96
34	Total liabilities and net assets/fund balances	2,438,545	34	2,272,98 Form 990 (20

59-1605647

Form	990 (2014) Judeo Christian Health Clinic Inc 5	9-160564	17	Р	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				• X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	e	579,	509
2	Total expenses (must equal Part IX, column (A), line 25)	2	ε	320,3	189
3	Revenue less expenses. Subtract line 2 from line 1	3	(1	.40,	680)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,4	38,4	461
5	Net unrealized gains (losses) on investments	5		(23,3	324)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(1,	495)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,2	272,	962
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• • •	<u></u>	÷Π
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
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		3b		
			Earm	000 /	2014)

Form 990 (2014)

# (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Inspection Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization Judeo Christian Health Clinic Inc 59-1605647 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 L A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **c Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e 🗌 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). α (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

OMB No. 1545-0047

2014

**Open to Public** 

Total

	ule A (Form 990 or 990-EZ) 2014 Jude	o Christian	Health Clir	ic Inc		59-1605647	
Pa							
	(Complete only if you chec						under
	Part III. If the organization t	ails to qualify	under the test	s listed below, j	please complet	e Part III.)	
	tion A. Public Support		1	-	-		
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf • • • • •						
3	The value of services or facilities						
	furnished by a governmental unit to the						
4	organization without charge						
4 5	The portion of total contributions by						
5	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 •						
Sec	tion B. Total Support		1	1		1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4 • • • • • • • • • •						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on •••••••						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s				• • • • • • • • • •	12	
13	First five years. If the Form 990 is for the c						
Sec	organization, check this box and stop here tion C. Computation of Public Su						
14	Public support percentage for 2014 (line 6, c			(f))		14	%
15	Public support percentage from 2013 Sched		-				%
16a	33 1/3% support test - 2014. If the organiz						,0
	box and <b>stop here.</b> The organization qualif						▶ □
b	<b>33 1/3% support test - 2013.</b> If the organiz						
	check this box and <b>stop here.</b> The organiza					· · · · · · · · · · ·	· · · ► 🔲
17a	10%-facts-and-circumstances test - 2014			-	a, or 16b, and line <sup>.</sup>	14 is	
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact				•		
	organization		-	-			· · · ► 🔲
b	10%-facts-and-circumstances test - 2013	. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization r	neets the "facts-a	nd-circumstances'	test, check this bo	ox and stop here.		
	Explain in Part VI how the organization meet	s the "facts-and-c	ircumstances" test	. The organization	qualifies as a public	ly	
	supported organization ••••••						· · · ► 🔲
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16t	o, 17a, or 17b, cheo	ck this box and see		
	instructions						🕨 🗌
EEA						Schedule A (Form 9	90 or 990-EZ) 2014

		o Christian				59-1605647	Page <b>3</b>
Pa	Int III Support Schedule for Org			• • •	•		
	(Complete only if you chec						Part II.
	If the organization fails to c	ualify under th	e tests listed b	elow, please co	omplete Part II.	.)	
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	507,448	482,294	746,063	736,208	576,137	3,048,150
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513 • • •						
4	Tax revenues levied for the						
-	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
-	organization without charge						
6	Total. Add lines 1 through 5	507,448	482,294	746,063	736,208	576,137	3,048,150
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						3,048,150
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) 2014	(f) Total
9	Amounts from line 6 • • • • • • • • • • • • •	507,448	482,294	746,063	736,208	576,137	3,048,150
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources • •	45,578	47,894	47,034	48,422	52,438	241,366
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	45,578	47,894	47,034	48,422	52,438	241,366
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on •••						
12	5						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.) • • • • • • • • • • • • • • • • • • •	553,026	530,188	793,097	784,630	628,575	3,289,516
14	First five years. If the Form 990 is for the or						0,200,020
14	organization, check this box and <b>stop here</b>						
Se	ction C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2014 (line 8, co	olumn (f) divided by	line 13, column (f)	)		15	92.66 %
16	Public support percentage from 2013 Schedu	ule A, Part III, line 1	5 • • • • • •			16	92.31 %
Se	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2014 (line	e 10c, column (f) di	vided by line 13, c	olumn (f)) •••		17	7.00 %
18	Investment income percentage from 2013 Second	chedule A, Part III,	line 17 • • • •			18	7.69 %
19a	<b>33 1/3% support tests - 2014.</b> If the organiz 17 is not more than 33 1/3%, check this box						· · · · . ► 🕅
b	33 1/3% support tests - 2013. If the organiz	zation did not check	k a box on line 14 c	or line 19a, and line	e 16 is more than 3	33 1/3%, and	
20	line 18 is not more than 33 1/3%, check this <b>Private foundation.</b> If the organization did n	•	-				. 8
	i ivate ivulivativii. Ii the organizativii ulu i	IST CHECK & DUX UII	, ושמ, טו 19	s, one on this bux a		,	

# Schedule B

or 990-PF)
Department of the Treasury Internal Revenue Service

# Schedule of Contributors

OMB No. 1545-0047

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

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

Name of the organization

Organization type (check one):

Employer identification number
59-1605647

#### Judeo Christian Health Clinic Inc

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<b>3</b>	
Filers of:	Section:
Form 990 or 990-EZ	X     501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification	number

Judeo Christian Health Clinic Inc

59-1605647

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Allegany Franciscan Ministries Inc 33920 US Hwy 19 N Suite 269 Palm Harbor, FL 34684	\$ <u>85,000</u>	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	Dorothy Thomas Foundation Inc <u>P O Box 10070</u> <u>Tampa, FL 33679</u>	\$ <u>25,000</u>	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	Lightning Foundation, Inc. 401 Channelside Drive Tampa, FL 33602	\$35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4	W. Tommy Morgan, III 918 S. Golf View Street Tampa, FL 33629	\$15,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_5_	Estate of Lebrone C. Harris 1218 St. Andrews Drive Dunedin, FL 34697	\$ <u>15,000</u>	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	William Stamps Farish Fund 1100 Louisiana, Suite 2200 Houston, TX 77002	\$ <u> </u>	Person       X         Payroll       Image: Complete Part II for noncash contributions.)

Schedule B (	Form 990,	990-EZ, or	990-PF)	(2014
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Name of organization

Page	2

Employer ic	lentification	number

Judeo Christian Health Clinic Inc

59-1605647

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_7	Florida Assoc of Free Clinics P.O. Box 977 Saint Petersburg, FL 33731	\$67,800	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCH	IEDULE D	Suppler	OMB No. 1545-0047		
(Foi	m 990)	Complete if t	2014		
		Part IV, line 6, 7			
Depart	ment of the Treasury		Attach to Form 990.		Open to Public
Interna	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at www.irs.g		Inspection
	of the organization		_	Employer identif	
		ian Health Clinic		59-160	5647
Pa		<b>.</b>	ed Funds or Other Similar Funds or Acc	ounts.	
	Complete	if the organization answered "Ye			
1	Total number at en	d of year • • • • • • • • • • • • • • • • • • •	(a) Donor advised funds	(b) Funds and	other accounts
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5			s in writing that the assets held in donor advised		
	-	nization's property, subject to the orga	-		🗌 Yes 🗌 No
6	-		or advisors in writing that grant funds can be used	b	
	only for charitable	ourposes and not for the benefit of the	donor or donor advisor, or for any other purpose		
					•••• 🗌 Yes 🗌 No
Pa		vation Easements.			
		e if the organization answered "Y			
1		ervation easements held by the organ			
	=	f land for public use (e.g., recreation c		• •	rea
	Protection of n		Preservation of a certifie	d historic structure	
•	Preservation o				
2	-		ualified conservation contribution in the form of a c		he End of the Tax Year
а		ist day of the tax year.		· · 2a	
b		icted by conservation easements		· · 2b	
c	-	ration easements on a certified historic	structure included in (a)	· · 2c	
d		ration easements included in (c) acqui		20	
-		sted in the National Register		2d	
3			, released, extinguished, or terminated by the org	-	
	tax year		, · · · · · · · · · · · · · · · · · · ·		
4	· ·	where property subject to conservation	easement is located		
5			periodic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easement	nts it holds?		🗌 Yes 🗌 No
6	Staff and volunteer	hours devoted to monitoring, inspecti	ng, and enforcing conservation easements during	the year	
	<u>ــــــــــــــــــــــــــــــــــــ</u>				
7	Amount of expense	es incurred in monitoring, inspecting, a	nd enforcing conservation easements during the	year	
	►\$				
8			above satisfy the requirements of section 170(h)(4	, , , , , ,	
	and section 170(h)				··· 🗌 Yes 📋 No
9			vation easements in its revenue and expense sta		
		••	potnote to the organization's financial statements t	hat describes the	
Da		ounting for conservation easements.	ions of Art, Historical Treasures, or	Other Similar A	ccoto
Fa		te if the organization answered "			55615.
1a			(ASC 958), not to report in its revenue statement	and balance sheet	
Ĩŭ	-		held for public exhibition, education, or research in		
			e to its financial statements that describes these i		
b			(ASC 958), to report in its revenue statement and		
-	•		held for public exhibition, education, or research in		
		vide the following amounts relating to t	-		
		• •		· · · · · · ► \$	
		, ,			
2			l treasures, or other similar assets for financial ga		
	0	required to be reported under SFAS 1	<b>.</b>		
а	•			· · · · · · ► \$	
b				· · · · · · ► \$	
For F		on Act Notice, see the Instructions			Schedule D (Form 990) 2014

	ule D (Form 990) 2014 Judeo Christian			<del>.</del>		59-1605	
	rt III Organizations Maintaining C		·				sets (continued)
3	Using the organization's acquisition, accession, a	and other records, cl	neck any of the follo	owing that are a	a significa	nt use of its	
	collection items (check all that apply):	_					
а	Public exhibition	d 📃 Loa	n or exchange pro	grams			
b	Scholarly research	e 🗌 Oth	er				
С	Preservation for future generations						
4	Provide a description of the organization's collect	tions and explain ho	w they further the o	organization's e	xempt pur	rpose in Part	
	XIII.						
5	During the year, did the organization solicit or rec	eive donations of ar	t, historical treasure	es, or other sim	nilar		
	assets to be sold to raise funds rather than to be	maintained as part	of the organization'	s collection?			· · 🗌 Yes 🗌 No
Pai	t IV Escrow and Custodial Arrang						
	Complete if the organization an	swered "Yes" to	) Form 990, Pa	rt IV, line 9,	or repo	orted an amoui	nt on Form
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian o	r other intermediary	for contributions or	r other assets r	not		
	included on Form 990, Part X?						· · 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and	complete the followi	ng table:				
						Am	ount
с	Beginning balance				· · 1c		
d	Additions during the year				•• 1d		
е	Distributions during the year				· · 1e		
f	Ending balance				•• 1f		
2a	Did the organization include an amount on Form	990, Part X, line 21,	for escrow or cust	odial account li	ability?		··· 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Che	eck here if the explai	nation has been pro	ovided in Part >			
Par	t V Endowment Funds.	•					
	Complete if the organization an	swered "Yes" to	Form 990, Pa	rt IV, line 10	).		
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					., ,	
b	Contributions						
с	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	vear end balance (li	ne 1g. column (a))	held as:			
а	Board designated or quasi-endowment	,	(u))				
b	Permanent endowment • %	//					
c	Temporarily restricted endowment	%					
•	The percentages in lines 2a, 2b, and 2c should e						
3a	Are there endowment funds not in the possession		that are held and a	administered fo	or the		
•••	organization by:						Yes No
	(i) unrelated organizations						· 3a(i)
	(ii) related organizations						- 3a(ii)
b	If "Yes" to 3a(ii), are the related organizations list	ed as required on S	chedule R?				· 3b
4	Describe in Part XIII the intended uses of the org	•					
	t VI Land, Buildings, and Equipmo						
l'ui	Complete if the organization an		Form 990 Pa	urt IV line 11	a See	Form 990 Pa	rt X line 10
	Description of property	(a) Cost or oth		st or other basis		Accumulated	(d) Book value
	Description of property	(a) Cost of oth		(other)	1	preciation	(U) DOOR VAILLE
1a	Land		,		30		
b	Buildings			600 000		251 024	227 074
	•			688,908		351,834	337,074
c d	Leasehold improvements			00 000		76 250	13 003
d				90,233		76,350	13,883
e Total	Other ••••••••••••••••••••••••••••••••••••		( column (P) line :	<b>84,642</b>		56,642	28,000
Total	. Aud mies ra unough re. (Column (d) must equ	iai ruini 390, rall A		100.)			378,957

Schedule D (Form	1990) 2014 Judeo Chri Investments - Other Securitie	<u>stian Health Clinic Inc</u> <b>S.</b>	59-16056	47 Page 3
	Complete if the organization and	swered "Yes" to Form 990, Part	IV, line 11b. See Form 990, Pa	rt X, line 12.
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial c			Cost of end-of-year market value	
	ld equity interests			
(3) Other				
(d) (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Relate		N/ line 11a Coo Forms 000 Do	d V. line 10
	Complete if the organization an	swered "Yes" to Form 990, Part	TV, line TTC. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	•		
Part IX	Complete if the organization and	sworod "Vos" to Form 000 Part	IV line 11d See Form 000 Pa	rt Vilino 15
	Complete in the organization and			
(1) Bonof	icial Interest in assets he	(a) Description		(b) Book value
(1) Bener (2) by ot		10		249,043
	ed Interest			1,123
(4)				1,120
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B)	line 15.)		250,166
Part X	Other Liabilities.			
	Complete if the organization and line 25.	swered fes to Form 990, Part	iv, line the or thi. See Form 9	90, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			-	
(8) (9)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

.

		9-1605647	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	716,480
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••		
С	Recoveries of prior year grants ••••••••••••••••••••••••••••••••••••		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	(23,327)
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	739,807
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a (1, 195)		
b	Other (Describe in Part XIII.)         4b         (59, 103)		
с	Add lines 4a and 4b	4c	(60,298)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	679,509
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	881,981
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	881,981
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a (1, 195)		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	(61,792)
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	820,189
Pa	rt XIII Supplemental Information.		

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.

SCHEDULE G	Supplemer	ntal Information	on Regar	ding Fun	draising or Gam	ning Act	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete	if the organization	answered "Ye	es" to Form 9	990, Part IV, lines 17, 18	, or 19, or i	if the	2014
Department of the Treasury								Open to Public Inspection
Internal Revenue Service Name of the organization	F Information	about Schedule G	(FOIII 990 0	990-EZ) and	TIS INSTRUCTIONS IS at w	ww.irs.gov		entification number
Judeo Christian He	ealth Clini	ic Inc					59-16	05647
					swered "Yes" to	Form 99	90, Part IV	, line 17.
Form 990-E		t required to co	•	•				
	organization rais	ed funds through a	· _	-	ities. Check all that ap			
a Mail solicitations			=		of non-government gra	ants		
<b>b</b> Internet and email					of government grants			
c Phone solicitations d In-person solicitati			g 🗀	Special fund	draising events			
2a Did the organization h		oral agreement w	ith any indivi	dual (includi	na officers directors	trustees		
0		0			sional fundraising ser			/es 🗌 No
<b>b</b> If "Yes," list the ten hi	-	, <b>.</b>		•	0			
compensated at least	0 1		, ,		0			
	-	-						
(i) Name and address	of individual		(iii) Did fund	draiser have	(iv) Gross receipts		ount paid to	(vi) Amount paid to
or entity (fundrai		(ii) Activity	custody or control of contributions?		from activity			(or retained by) organization
				-		c	ol. (i)	organization
			Yes	No				
1								
2								
2								
3								
4								
5								
6								
7								
8								
Ū								
9								
10								
Total				•••				
3 List all states in which	0	is registered or lic	censed to so	licit contribui	tions or has been notif	ied it is ex	empt from	
registration or licensing	y.							

Judeo Christian Health Clinic Inc

59-1605647 Page 2

**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.

		gibbs receipts greater than	ψ0,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Testimonial	Flavor Tampa	3_	(add col. <b>(a)</b> through col. <b>(c)</b> )
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	147,450	33,444		180,894
ш	2		99,400			99,400
	3	Gross income (line 1 minus line 2)	48,050	33,444		81,494
		inte 2)	48,050	35,444		01,494
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs • • • • • • •				
Direct Expenses	7	Food and beverages • • • • •	31,389			31,389
Dired	8	Entertainment				
	9	Other direct expenses	8,593	19,121		27,714
	10	Direct expense summary. Add lines	4 through 9 in column (d)			59,103
	11					22,391
Pa	rt	<b>III</b> 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.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expent	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)		••••••	
	8	Net gaming income summary. Subt	ract line 7 from line 1, colun	nn (d) • • • • • • • • • •		
	-	· ·				
9		nter the state(s) in which the organizat				
a		the organization licensed to conduct g		these states? ••••		···· Yes 📋 No
b	)  †	"No," explain:				
	-					
10a b		Vere any of the organization's gaming I "Yes," explain:	icenses revoked, suspende	ed or terminated during the t	ax year?	Yes 🗌 No
	_					

Department of the Treasury

Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Employer identification number

### Judeo Christian Health Clinic Inc

59-1605647

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

The Organization has 22 elected members having the right to vote on issues brought before

the board.

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

The members of the organization elect the officers.

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

May 2016. 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 October 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

Schedule O (Form 990 or 990-EZ) (2014)						Page 2
Name of the organization					Employer identification num	iber
Judeo Christian Health Cli does not meet the Form 990		on of a key e	mployee, the C	linic consid	<u>59-1605647</u> ders her to be a	
key employee under their d	efinition.					
The process for determinin	g compensa	ation of key of	employees of t	he organizat	ion involves a	
review by the board of dir	ectors of	the employme	nt history of a	employees, c	comparisons with	
other organizations and de	liberatior	ns to arrive o	of appropriate	compensatio	<u>n.</u>	
07. Governing docume	nts, etc	c, availab	le to publi	.c (Part V	/I, line 19)	
The Organization's governi	ng documer	nts, conflict	of interest p	olicy, and f	inancial	
statements are made availa	ble to the	e public upon	request and o	n the Organi	zation's web	
site.						
08. Explanation of o				or fund ba	lances (Part	<u>XI,</u> line S
09. List of other ex	penses	(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					

247

709

Gifts & Donations

Dues & subscriptions

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Judeo Christian Health Clinic Inc	59-1605647
Total \$ 49,400	
10. General explanation attachment	
The Clinic's Primary exempt purpose is to provide free health, dental, and	d eye care to
medically indigent persons who do not qualify for public assistance and h	ave other
resource for their health care. The Clinic's mission statement is: In the clinic's mission statement is:	he belief that we
should do justly, love mercy, and walk humbly with our God, the Judeo Chr.	istian Health
Clinic provides free, quality, timely, and compassionate health care to t	he medically
indigent residents of the Tampa Bay area who have no other resources for	their health
care.	

Statement of Program Service Accomplishments	2014 01					
Aame(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 \$47001 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 30,961 PATIENT ENCOUNTERS DURING THE YEAR. 889 OF THESE ENCOUNTERS WERE EYE PATIENT VISITS.						

Fe	FOR YOUR RECC		2014	PG01				
Name(s) as shown on return	FEIN							
Judeo Christian Health C	59-1	59-1605647						
Form 990, Schedule D, Part VI, Line 1e Statement #Dle Investments - Other								
Description	Cost/basis	Cost/basis		Book				
of Investment	(Investment)	(Other)	Depr	Value				
Furniture & Fixtures	0	41,516	13,516	28,000				
Furniture & Fixtures Eye Clini	0	740	740	0				
Furniture & Fixtures - RX	0	42,386	42,386	0				
Total	0	84,642	56,642	28,000				