## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ā	For the 2	013 calendar year, or tax year beginning APRIL 1 , 2013, and end	ling MAF	CH 31	, 20 14	
В	Check if ap	plicable: C Name of organization FOOTHILLS CARING CORPS, INC.		D Employe	er identification nu	ımber
	Address ch	ange Doing Business As			26-4341807	
	Name char	ge Number and street (or P.O. box if mail is not delivered to street address) Room/	suite	E Telephon	ne number	
	Initial return	PO BOX 831			480 488-1105	
	Terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended r	eturn CAREFREE, AZ 85377-831		<b>G</b> Gross re	ceipts \$	685,661
	Application	pending F Name and address of principal officer: DEBBRA DETERMAN, EXEC. DIR.	H(a) Is this a	group return for s	subordinales? 🔲 Yes	✓ No
		SAME AS ABOVE			included? 🗌 Yes	
î.	Tax-exemp	t status:	If "I	No," attach a	list. (see instructio	ns)
J	Website:		H(c) Group	exemption	number 🕨	
K	Form of org	anization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation: 2009	M State	of legal domicile:	AZ
P	art I	Summary				
	1 B	riefly describe the organization's mission or most significant activities: OUR	MISSION IS T	O ENHANC	CE THE QUALIT	Y OF
ç	L	FE AND PROMOTE THE INDEPENDENCE OF HOMEBOUND RESIDENTS IN THE I	FOOTHILLS C	OMMUNITY	. OUR GOAL IS	S TO
Jan		ELP HOMEBOUND INDIVIDUALS REMAIN LIVING INDEPENDENTLY IN THEIR OW				Ē
/err	2 0	heck this box ▶☐ if the organization discontinued its operations or disposed	d of more that	n 25% of i	ts net assets.	
Governance	3 N	umber of voting members of the governing body (Part VI, line 1a)		. 3		14
δο	4 N	umber of independent voting members of the governing body (Part VI, line 1	b)	4		14
Activities	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5		7
ξį	6 T	otal number of volunteers (estimate if necessary)		6		575
Ac	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a		0
	b N	et unrelated business taxable income from Form 990-T, line 34		. 7b		0
	İ		Prior Y	ear	Current Ye	ar
e	8 C	ontributions and grants (Part VIII, line 1h)		359,326		402,322
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		55,152		50,036
	10 lr	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0		1,680
œ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		209,460		231,623
	12 T	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		623,938	8	685,661
	<b>13</b> G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0		
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0		
ģ	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		263,794		292,113
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0		
ф	ЬТ	otal fundraising expenses (Part IX, column (D), line 25)	51 2 347		- YHE 25	1205.75
ũ	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		280,013		341,208
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		543,807		633,321
	19 R	evenue less expenses. Subtract line 18 from line 12		80,131		52,340
Ses of			Beginning of C	urrent Year	End of Ye	
ssets or Balances	20 T	otal assets (Part X, line 16)		324,555		376,895
Net As Fund B	21 T	otal liabilities (Part X, line 26)		0		
_		et assets or fund balances. Subtract line 21 from line 20		324,555		376,895
	art II	Signature Block				
Un	der penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and sta nd complete, Declaration of preparer (other than officer) is based on all information of which prepa	atements, and to	the best of m	ny knowledge and	I belief, it is
tru	e, correct, a		irei rias ariy kilov	vicage.		
۵.		Louis Amatusiak		-1.		
Sig	110	Signature of officer		ate		
He	re	LOUIS W. MATUSIAK CPA TREASUR	ER 6	-30-	2014	
_		Type or print name and title	Doto		- PTIN	
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [	if	
	eparer			self-emp	pioyea	
	e Only	Firm's name		m's EIN ▶		
		Firm's address >	Ph	one no.	□v	, DNa
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)	* * * * .		Yes	No No

Check if Schedule O contains a response or note to any line in this Part III.    Briefly decirble the organization's mission: OUR MISSION IS TO ENHANCE THE QUALITY OF LIFE AND PROMOTE THE INDEPENDENCE OF HOMEBOUND RESIDENTS IN THE FOOTHLIS COMMUNITY, OUR GOAL IS TO HELP HOMEBOUND INDIVIDUALS REMAIN LIVING INDEPENDENTLY IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE.    Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E22.    If "Yes," describe these new services on Schedule O.   Did the organization cease conducting, or make significant changes in how it conducts, any program services?   If "Yes," describe these changes on Schedule O.   Did the organization cease conducting, or make significant changes in how it conducts, any program services?   If "Yes," describe these changes on Schedule O.   Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 50 (IC)(s) and 501 (IC)(4) organizations are required to report the amount of grants and allocations to others, the total despress, and reversul, if any, for each program service reported.   Application of the organization of the program service reported.   Code:	Part	
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(Expenses \$ 101,050 including grants of \$ ) (Revenue \$ )	4d	Other program services (Describe in Schedule Q.)
	<b>⊤u</b>	
		/

Part	IV Checklist of Required Schedules			Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	/	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		/
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>V</b>
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		1
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		/
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	· /	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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Form 9	90 (2013)			Page 4
Part	IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No ✓
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>▼</b>
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		· ·
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		✓_
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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		/
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 disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
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		<b>✓</b>
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? <i>If "Yes," complete Schedule R, Part I </i>	33		<b>/</b>
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	35b		· /
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? <i>If "Yes," complete Schedule R</i> ,	36		_
38	Part VI	37		<b>✓</b>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance	

the Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-26 included in line 1st. Enter -0-If not applicable.  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed for the calendar year ending with or within the year covered by this return  Note, if the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  Bit 1st east one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions)  If 1st east one is reported on line 2a, did the organization file and interest in, or a signature or other authority over, a financial account in a foreign country;  If 1st east one is reported to a file organization file and interest in, or a signature or other authority over, a financial account in a foreign country;  If 1st east one of the foreign country:  Bit 1st east one of the foreign country:  If 1st east one of the foreign country:  See instructions for filing requirements for Form TD F90-221, Report of Foreign Bank and Financial Accounts.  Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file than selection 170(c).  By If 1st east one list and organization include with every solicitation an express statement that such contributions or gifts were not tax deductible organizations.  By If 1st east one tax deductible?  Organizations between the payor?  Organizations between the payor?  By If 1st erganization expression on the file of the goods or services provided?  By If 1st erganization expression on the file of the organization				Yes	No
c Did the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 First least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 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 accounts)  5 A Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year?  5 B Uid any taxable party notify the organization that t was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5 D Uid any taxable party notify the organization that they are a party to a prohibited tax shelter transaction at any time during the tax year?  5 D Uid any taxable party notify the organization that they are a party to a prohibited tax shelter transaction at any time during the tax year?  5 D Uid any taxable party notify the organization that they are not many time during the tax year?  5 D Uid any taxable party notify the organization that they are not many time during the tax year?  6 D Uid the organization sellation include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  6 D Uid the organization sellation of the value of the goods or services provided?  7 Organizations that many receive deductible contributions under section 170(c).  9 D Uid the organization sellation to the value of the goods or services	1a			115	
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  10 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  10 bit 14 sat in tide a Form 1990-Tro trins year?  11 bit 14 sat in tide a Form 1990-Tro trins year?  12 bit 14 sat in tide a Form 1990-Tro trins year?  13 bit 14 sat in tide a Form 1990-Tro trins year?  14 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; less as a bank account, securities account, or other financial accounts.  15 bit 14 sat in the form 1990-Tro trins year?  16 bit 14 sat yith a prohibited tax shelter transaction at any time during the tax year?  17 bit 14 sat year the name of the foreign country; less as a bank account, securities account or other financial accounts.  18 bit 14 sat year the name of the foreign country; less as a party to a prohibited tax shelter transaction at any time during the tax year?  18 bit 14 sat year and the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  19 bit 14 sat year year year year year year year year	b		(a, a))	E	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization fille all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a V  1b If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  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; level as a bank account, securities account, or other financial accountry?  5b If "Yes," enter the name of the foreign country; level as a bank account, securities account, or other financial accountry?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6d Does the organization solicit any contributions that were not tax deductible as charitable contributions?  6d If "Yes" did the organization include with evers solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," indicate the number of Forms 8282 filed during the year  7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Forms 8282?  7d If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Forms 8282?  7d If the organization receive a contribution of cash, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization sell, exchan	С				20
Statements, filed for the calendar year ending with or within the year covered by this return 2 / 2 b b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  10 bif the organization have unrelated business gross income of \$1,000 or more during the year?  11 l'Yes," has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0  35 b if 'Yes," has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0  36 b if Yes," has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0  37 b if 'Yes," anter the name of the foreign country:  See instructions for filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization appropriate that was or is a party to a prohibited tax shelter transaction at any time during the tax year?  58 b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  79 Organizations that may receive deductible contributions under section 170(c).  80 bif the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  80 b if 'Yes," did the organization notify the donor of the value of the goods or services provided for the year of year year year year year year year year			1c	<b>✓</b>	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5b if "Yes," has it filed a Form 990-T for this year," "I*NO" to line 3b, provide an explanation in Schedule 0  3a At any time during the calendary 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 accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization and the every solicitation and express statement that such contributions or gifts were not tax deductible?  9 Did the organization that may receive deductible contributions under section 170(c).  10 Did the organization that may receive deductible contributions under section 170(c).  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  11 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  12 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to	2a			Tr S	E 11
Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-rife (see instructions)  B Did the organization have unrelated business gross income of \$1,000 or more during the year?  If Yes, "has it filed a Form 990-T for this year," If 'No' to line 3b, provide an explanation in Schedule 0  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 in a foreign country; ▶  See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts.  4a ✓  b If "Yes," enter the name of the foreign country; ▶  See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts.  4b See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts.  5b ✓  b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes" to line 5a or 5b, did the organization file Form 8988-17.  6c Does the organization solid that year solidation an express statement that such contributions or gifts were not tax deductible?  6c Organization solidation protective explanation and explanation solidation solidation include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a ✓  7b If "Yes," indicate the number of Forms 8282 filed during the year  7c If Yes, indicate the number of Forms 8282 filed during the year  9b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8293 as required?  7c If the organization make a di				45	
3a	b		2b	<b>✓</b>	
b If "Yes," has it filed a Form 990-T for this year? If "No" in in 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other studiotive over, a financial account in a foreign country (such as a bank account, securities account, or other financial account).  b If "Yes," enter the name of the foreign country; See instructions for filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts.  Save she organization aparty to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  of If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  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 or gifts were not tax deductible?  Organization students are received eductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If the organization receive any funds, directly or indirectly, on a personal benefit contract?  bid the organization receive any funds, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of cass, bosts, sippianes, or other wholes, did the organization file Form 8898 as required?  If the organization received a contribution of cass, bosts, sippianes, or other wholes, did the organization file Form 899 as possoning organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxabl			3		
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)?  b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6c 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?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7d 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?  7d If "Yes," did the organization in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1d If "Yes," indicate the number of Forms 8282 filed during the year  1d If "Yes," indicate the number of Forms 8282 filed during the year  1d If the organization received a contribution of qualified intellectual propert, did the organization file a Form 1098-C?  1d Sponsoring organizations maintaining donor advised funds and section 509(e)(3) supporting organizations mai	За				<u> </u>
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts??)  b If "Yes," enter the name of the foreign country:   b If "Yes," enter the name of the foreign country:   b Was the organization party to a prohibitoted tax shelter transaction at any time during the tax year?   b Did any taxable party notify the organization that it was or is a party to a prohibitoted tax shelter transaction?   c If "Yes," to line 5a or 5b, did the organization file Form 8886-7?   c If "Yes," did the organization nave 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?   c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization include with every solicitation an express statement that such contributions and services provided to the payor?  c Did the organization receive a payment in excess of \$75 made partly as a contribution of the payor?  b If "Yes," indicate the number of Forms 8282 filed during the year  C Did the organization major that pay premiums on a personal benefit contract?   If If the organization receive any funds, directly or indirectly, on a personal benefit contract?   If If the organization receive any funds, directly or indirectly, on a personal benefit contract?   If If the organization receive any funds, directly or indirectly, on a personal benefit contract?   If If the organization receive any funds, directly or indirectly, on a personal benefit contract?   If If the organization receive any funds of the payor premiums on a personal benefit contract?   If If the organization receive any funds	b	· · · · · · · · · · · · · · · · · · ·	3b		
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the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	g		7g		<b>V</b>
organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  Ital  Jet 14a  Jet 14b  Jet 17b  Jet 17c  Jet 17	ĥ				<b>√</b>
organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of fax-exempt interest received or accrued during the year.  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  Ida   Figure 19a   10a   11a   12a   12a   12b   12a   13a   13a   13b   13b   13c   14b   Figure 19a   14b   Figure 20a   14b   14b   14b   14b   14c   14c   14c   14d   14	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		TAG	W
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?		organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1111	15-13	
a Did the organization make any taxable distributions under section 4966?		organization, have excess business holdings at any time during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.	SMI	14 MI	-A 60
Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	а	Did the organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders	10	i i i	-70		No. of
a Gross income from members or shareholders	_	· · · · · · · · · · · · · · · · · · ·	FA	100	72
a Gross income from members or shareholders			30	1.50	1.8
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  14a Did the organization is licensed to issue qualified health plans in more than one state?  15a  16a  17b  17c  18a  18a  18a  18a  18a  18a  18a  18			St X	357	MA
against amounts due or received from them.)	_			A V	St.
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	D		100		1.0
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40-		40-	8 .4	
Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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			12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  Italy  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  13a  13a  13a			1		
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  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		· · · · · · · · · · · · · · · · · · ·	132		
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	a		ioa		E9 8
the organization is licensed to issue qualified health plans	Ь		588	SO DEL	PS _
c Enter the amount of reserves on hand		and the state of t	1 M	1113	UV-3
14a Did the organization receive any payments for indoor tanning services during the tax year?	С	100	5 8	133	1/4
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b			14a		7
			-		
		parties of the control of the contro	_	990	(2013)

Form 990 (2013) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 **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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? . . . . . . . . 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ **ARIZONA** 17 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. ☐ Another's website ✓ 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► DEBBRA DETERMAN, FOOTHILLS CARINGS CORPS, INC. 7275 EASY ST. CAREFREE, AZ 480-488-1105

Form 990 (2013) Page **7** 

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization					C)			1	I I	
<b>(A)</b> Name and Title	(B) Average hours per	box,	unles er and	Pos neck ss pe	ition more	e than is both or/trus	n an		(E)  Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DEBBRA DETERMAN MSW, MPH	48									
EXECUTIVE DIRECTOR				✓	✓	✓		94,048	0	9
(2) JILL FORD	8									
PRESIDENT	1210-1210-1010-200-200-2	✓		1				0	0	
(3) DEBBIE WAINWRIGHT	8									
VICE PRESIDENT		1		✓				0	0	
(4) LOUIS MATUSIAK CPA	8									
TREASURER		1		1				0	o	
(5) ROSELYN SKILLMAN	4									
SECRETARY		✓		✓				0	0	
(6) BARBARA BLASUTTA	2									
DIRECTOR		✓ .						0	0	
(7) JAMES BONANNO	2									
DIRECTOR		✓						0	o	
(8) PATRICIA DALTON	2									
DIRECTOR		✓						0	0	
(9) FATHER STEVEN DART	2									
DIRECTOR		✓						0	0	
(10) KATHY HAUGNER	2									
DIRECTOR	31-531-533	✓						0	0	
(11) NORM JACOBS	2									
DIRECTOR		✓						0	0	(
(12) JUNE REILLY	2									
DIRECTOR		✓						0	0	(
(13) JEAN SEGIL	2									
DIRECTOR		1						0	0	
(14) CLYDE WYANT	2									
DIRECTOR		✓						0	0	

	(A) Name and title	(B) Average hours per week (list any	box, office	unles	eck s pe d a d	rson lirect	e than is both or/trus	n an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	n from amount of		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fro orga and	pensation om the anization I related nizations	
(15) P	ATRICIA YATES	2	1						o	0			
(16)			Ť										
(17)													
(18)													
(19)													
(20)													
(21)													
(22)	***************************************									_			
(23)	***************************************												
(24)	***************************************												
(25)													
1b c	Sub-total		n A	•				<b>&gt;</b>	94,048				
d 2	Total (add lines 1b and 1c)							<b></b>	94,048	N #4.00.00	0 -4		
	Total number of individuals (including but reportable compensation from the organi		to th	ose	IIST	ea a	above	e) wr	no receivea mo	ore than \$100,00	O OT		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S										ed 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	ortat	ole c	om	per	satio	n ar	nd other comp	ensation from th	ne 📗		Ž.
5	Did any person listed on line 1a receive o		mper	ısati	ion	fror	n any	unr	elated organiz		al 4		<b>√</b>
Casti	for services rendered to the organization?	If "Yes," co	omple	ete S	Sch	edu	le J f	or s	uch person		5		✓
1	on B. Independent Contractors  Complete this table for your five highest of compensation from the organization. Replyear.												x
-	(A) Name and business addr	2000							(B) Description of se	onvions	(C) Compens		
NONE	Name and Business addr								Description of se	SI VICES	Compens	Sation	
2	Total number of independent contractor received more than \$100,000 of compens							tho	ose listed abo	ove) who			

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

Par	t VIII	Statement of Revenue					
	(len	Check if Schedule O contains a	response or note to	any line in this (A) Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क क	1a	Federated campaigns	1a	S. O. B N	revenue		312-314
Contributions, Gifts, Grants and Other Similar Amounts	ь		1b	STATE OF THE REAL PROPERTY.			
S,G	c		1c			2.200	
ar /	d		1d			10 x 10 7 m	
s, G	е	-	1e 58,591	1/2/80 P. I. I.	21 5 5 6	1 23	
ion	f	All other contributions, gifts, grants,					
the sta		and similar amounts not included above	1f 343,731		St. Barry		
a de	g	Noncash contributions included in lines 1a-1	f: \$ <b>o</b>	14 1 1 1			
<u>ರ ೯</u>	h	Total. Add lines 1a-1f		402,322			
an e			Business Code	ALL STREET			
) Ver	2a	MOBILE MEALS	624210	45,699	45,699	0	0
Program Service Revenue	b	VAN TRIPS	711110	4,337	4,337	0	0
Ğ.	С						
Sel	d	201010-000-000-000-000-000-000-000-000-0					
Lg.	e	***************************************					
<u>o</u>	f	All other program service revenue					11111111111
	3	Total. Add lines 2a–2f		50,036	Marie III David		ALLIY SELV
	٦	, ,		4 000			
	4	Income from investment of tax-exem		1,680			
	5						
	"	Royalties	(ii) Personal	THE RESIDENCE OF THE PERSON OF		THE RESERVE	All Studenting
	6a	Gross rents	M. Salamin Salam				
	Ь	Less: rental expenses			100		
	c	Rental income or (loss)	+				
	ď	Nist soutal in a case on the early					
	7a	Gross amount from sales of (i) Securities	2 3 3 3 3 4			L - 1207	and the Action
	'	assets other than inventory					
	ь	Less: cost or other basis		Harris Same			
		and sales expenses .		N N PARK			
	c	Gain or (loss)				De la	
	d	Net gain or (loss)	, , , , , <b>&gt;</b>				
enne	8a	Gross income from fundraising					
/en		events (not including \$	1	575.375	100000000000000000000000000000000000000		
Be.		of contributions reported on line 1c).					
e l		See Part IV, line 18					
Other Rev	b	Less: direct expenses	b	Arrest Control			
J		Net income or (loss) from fundrais		211,416	Section Section	0	0
	9a	Gross income from gaming activities	es.			V, = - 1	
		See Part IV, line 19	a 40,025	NA DANGE			
		Less: direct expenses	b 19,818				
		Net income or (loss) from gaming		20,207	20,207	0	0
	10a	Gross sales of inventory, les					
		returns and allowances					
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				No live State
	11a	***************************************					
	b	***************************************					
	C		0.00				
	d	All other revenue					N 11
		Total. Add lines 11a-11d	THE STATE OF THE PARTY OF THE P			ilizaren generala k	Doctor Company
	12	Total revenue. See instructions.	144 195 196 196 196 PM	685,661	70,243		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service expenses (C) Management and general expenses (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 70,278 15,502 94,048 8,268 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages . . . . . . 158,463 118,412 26,121 13,930 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 11,721 8,759 1,932 1,030 Payroll taxes . . . . . . . . . 10 27,881 20,833 4,596 2,452 11 Fees for services (non-employees): Accounting . . . . . . . 1,860 1,860 d Professional fundraising services. See Part IV, line 17 f Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 2,895 2,895 Advertising and promotion . . . . . 12 13,991 10,759 3,232 13 Office expenses . . . . . 27,975 1,159 25,042 1,774 14 Information technology . . . 14,435 7,500 2,960 3,975 Royalties . . . . . . . . . . . 15 16 38,420 38,420 17 2,934 2,934 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 2,013 233 1,683 97 20 21 Payments to affiliates . . . . . . . . 22 Depreciation, depletion, and amortization . 37,499 32,738 4,761 23 23,259 16,437 6,822 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) **MOBILE MEALS** 30,072 30.072 **EQUIP. RENTAL & COPIER CHARGES** 38,877 6,654 23,090 9,133 **FOOD & ENTERTAINMENT** С 40,458 44,952 4,494 d VAN FUEL, REPAIRS, LICENSES, ETC. 17,879 17,701 178 e All other expenses SCHEDULE O 44,147 33,283 2,883 7,981 25 Total functional expenses. Add lines 1 through 24e 633,321 368,553 172,260 92,508 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and 

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	tΧ		🗆
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	194,351	1	215,365
	2	Savings and temporary cash investments		2	
	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	
ς,	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	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		il wi	MINING SHE
		other basis. Complete Part VI of Schedule D 10a 250,295		× _9/11	
	b	Less: accumulated depreciation 10b 138,195	130,204	10c	112,100
	11	Investments—publicly traded securities		11	49,430
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	324,555	16	376,895
	17	Accounts payable and accrued expenses		17	
	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	
es	22	Loans and other payables to current and former officers, directors,		3.00	
薑		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	324,555	27	321,368
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	55,527
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ž	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ヺ <b> </b>	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	324,555	34	376,895
		<u></u>			Earm 990 (2012)

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Page	1	4

Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			85,661		
2	Total expenses (must equal Part IX, column (A), line 25)	2		63	33,321		
3	Revenue less expenses. Subtract line 2 from line 1	3		5	52,340		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Net unrealized gains (losses) on investments	5					
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					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		37	76,895		
Part	XII Financial Statements and Reporting				-		
	Check if Schedule O contains a response or note to any line in this Part XII		* * *		<u> Ц</u>		
1	Accounting method used to prepare the Form 990: ✓ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in		Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:			1	jeni,		
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1280	2.53	3,19		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a	2b	N. P.	1		
	☐ 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 or of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c	1			
	If the organization changed either its oversight process or selection process during the tax year, exschedule O.		ALC: Y				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b				
			Forr	n <b>990</b>	(2013)		