

**MORTELLARO AND QUIGLEY CPAS LLC
278 CRYSTAL GROVE BLVD
LUTZ FL 33548-6460
(813)909-4211**

October 16, 2012

Judeo Christian Health Clinic, Inc.
4120 1/2 N. MacDill Avenue
Tampa FL 33607-6717

Dear Client,

Enclosed is your 2011 federal return, Form 990. The return should be signed and dated by an officer before filing. Please review the return and retain a copy for your records.

The federal Form 990 does not show a refund or balance due. Your tax obligation is exactly met. Mail the return on or before November 15, 2012 to:

Department of The Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Your business is appreciated. Please call if you have any questions.

Sincerely,

Douglas J Mortellaro CPA

Return of Organization Exempt From Income Tax

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization name, address, EIN, and tax status.

Part I Summary table with columns for Revenue, Expenses, and Assets/Liabilities.

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.

Signature area for officer with fields for signature and date.

Paid Preparer Use Only section with fields for preparer name, firm name, and address.

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 283,284 including grants of \$) (Revenue \$)

THE CLINIC OPERATES A FREE MEDICAL CLINIC AND LAB FOR THE MEDICALLY INDIGENT. THE CLINIC RECORDED 35,904 PATIENT ENCOUNTERS DURING THE YEAR. 6,001 OF THESE ENCOUNTERS WERE MEDICAL PATIENT VISITS.

4b (Code:) (Expenses \$ 101,689 including grants of \$) (Revenue \$)

THE CLINIC WAS FORMED TO PROVIDE HEALTH CARE TO ALL WHO ARE UNABLE TO PAY FOR SUCH CARE. THE CLINIC OPERATES A PHARMACY IN PROVIDING SUCH HEALTH CARE. THE CLINIC RECORDED 35,904 PATIENT ENCOUNTERS DURING THE YEAR. 27,981 OF THESE ENCOUNTERS WERE FILLED PRESCRIPTIONS.

4c (Code:) (Expenses \$ 64,514 including grants of \$) (Revenue \$)

THE ORGANIZATION OPERATES A FREE DENTAL CLINIC. THE CLINIC RECORDED 35,904 PATIENT ENCOUNTERS DURING THE YEAR. 614 OF THESE ENCOUNTERS WERE DENTAL VISITS.

See Attachment #3 for details to line 4d, Other Program services.

4d Other program services (Describe in Schedule O.) (Expenses \$ 47,510 including grants of \$) (Revenue \$)

4e Total program service expenses 496,997

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their fulfillment status (e.g., '1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A').

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Yes No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? N/A 1c
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 13
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 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 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N/A 7h
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the organization make any taxable distributions under section 4966? N/A 9a
b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? N/A 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a X
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. N/A 14b

Part VI

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 3 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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: -> See attachment #4

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
Sylvia D. Campbell, M.D. President	2.00	X			X				0	0	0
Manual Alvarez, Jr. Vice President	1.00	X			X				0	0	0
Phil Baumann Director	1.00	X							0	0	0
Richard Birnholz Director	1.00	X							0	0	0
Bill Brannon Director	1.00	X							0	0	0
Jim Davis Director	1.00	X							0	0	0
Dr. John DeBevoise Treasurer	2.00	X			X				0	0	0
Frank Garcia Secretary	1.00	X			X				0	0	0
Sheriff David Gee Director	1.00	X							0	0	0
Robert Hart, D.D.S. Director	1.00	X							0	0	0
Monsignor Laurence Higgins Director	1.00	X							0	0	0
Rev Jim Holmes Director	1.00	X							0	0	0
Jessica L. Kendall Director	1.00	X							0	0	0
Gerald Krumbholz, O.D. Director	1.00	X							0	0	0
Steve Horne											

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL DIRECTOR	INDIVIDUAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
Director Gayle Sierens Martin	1.00	X							0	0	0
Director Leslie Reiner	1.00	X							0	0	0
Director Rev Michael DeArruda	1.00	X							0	0	0
Director Amy Solomon, M.D.	1.00	X							0	0	0
Director Robert Yelverton, M.D.	1.00	X							0	0	0
Director Stephen Welden, M.D.	1.00	X							0	0	0
Director Kelly Bell	1.00	X							0	0	0
Executive Director	40.00				X				76,000	0	0
1b Sub-total									76000	0	0
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									76000	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	114,462				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	367,832				
	g	Noncash contributions included in lines 1a-1f:		\$				
	h	Total. Add lines 1a-1f			482,294			
PROGRAM SERVICE REVENUE	2a Eye Clinic		Business Code					
	b	Medical & Dental		10,232	10,232			
	c			2,275	2,275			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			12,507			
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)				47,894	47,894		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross Rents		(i) Real	(ii) Personal				
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ 114,462 of contributions reported on line 1c). See Part IV, line 18		a		94,102			
	b Less: direct expenses		b		51,546			
	c Net income or (loss) from fundraising events				42,556			
	9a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances		a						
b Less: cost of goods sold		b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions				585,251	60,401			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,923	59,193	7,892	11,838
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	257,103	206,899	25,172	25,032
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	27,141	21,713	2,714	2,714
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,950		2,475	2,475
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,363	2,354	673	336
14 Information technology	4,758	4,282	476	
15 Royalties				
16 Occupancy	21,869	17,453	2,322	2,094
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,698	13,344	1,569	785
23 Insurance	9,051	7,693	905	453
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Pharmacy drugs & supplies	109,343	109,343		
b Eye Clinic supplies	15,537	15,537		
c Cleaning	8,898	6,673	1,780	445
d Medical clinic supplies	8,008	8,008		
e All other expenses	37,292	24,505	8,234	4,553
25 Total functional expenses. Add lines 1 through 24e	601,934	496,997	54,212	50,725
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
A S S E T S	1 Cash -- non-interest-bearing	203,725	1	204,469
	2 Savings and temporary cash investments	446,952	2	442,711
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 964,369		
	b Less: accumulated depreciation	10b 573,730	406,338	10c 390,639
	11 Investments -- publicly traded securities	850,490	11	901,379
	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	262,494	15	243,578
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,169,999	16	2,182,776	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	86	17	229
	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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	86	26	229
F U N D A S S E T S O R S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,284,118	27	1,249,666
	28 Temporarily restricted net assets	628,428	28	694,430
	29 Permanently restricted net assets	257,367	29	238,451
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,169,913	33	2,182,547
	34 Total liabilities and net assets/fund balances	2,169,999	34	2,182,776

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	585,251
2	Total expenses (must equal Part IX, column (A), line 25)	2	601,934
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,683
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,169,913
5	Other changes in net assets or fund balances (explain in Schedule O)	5	29,317
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,182,547

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		N/A

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization **Judeo Christian Health Clinic, Inc.** Employer identification number **59-1605647**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b)2008	(c)2009	(d)2010	(e)2011	(f)Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	444,122	465,362	389,921	507,448	482,294	2,289,147
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	444,122	465,362	389,921	507,448	482,294	2,289,147
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						2,289,147

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b)2008	(c)2009	(d)2010	(e)2011	(f)Total
9 Amounts from line 6	444,122	465,362	389,921	507,448	482,294	2,289,147
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,672	61,997	49,516	45,578	47,894	275,657
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b	70,672	61,997	49,516	45,578	47,894	275,657
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	514,794	527,359	439,437	553,026	530,188	2,564,804

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	89.25 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	89.44 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	10.75 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	10.56 %

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

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

Judeo Christian Health Clinic, Inc.

59-1605647

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization **Judeo Christian Health Clinic, Inc.** Employer identification number **59-1605647**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Dorothy Thomas Foundation P.O. Box 10070 Tampa FL 33679	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Allegheny Franciscan Ministries, In 33920 US Hwy 19 N Suite 269 Palm Harbor FL 34684	\$ 108,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	David & Leighan Rinker Foundation 310 Okeechobee Blvd Suite 100 West Palm Beach FL 33401	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Saunders Foundation, Inc. P.O. Box 10477 Tampa FL 33679	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Lightning Foundation 401 Channel Side Drive Tampa FL 33602	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	HCSO Charities, Inc. P.O. Box 3371 Tampa FL 33601	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **Judeo Christian Health Clinic, Inc.** Employer identification number **59-1605647**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HCSO Charities, Inc. P.O. Box 3371 Tampa FL 33601	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Hannaford Brothers Co P.O. Box 1330 Salisbury NC 28145	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
Judeo Christian Health Clinic, Inc.

Employer identification number
59-1605647

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

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

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

Part IX Other Assets. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1) Beneficial Interest in assets held by others	238,453
(2) Accrued interest	5,125
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 243,578

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

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	585,251
2	Total expenses (Form 990, Part IX, column (A), line 25)	601,934
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-16,683
4	Net unrealized gains (losses) on investments	29,317
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	29,317
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	12,634

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	666,115
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	29,317
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	29,317
3	Subtract line 2e from line 1	636,798
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	-51,547
c	Add lines 4a and 4b	-51,547
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	585,251

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	653,481
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	653,481
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	-51,547
c	Add lines 4a and 4b	-51,547
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	601,934

Part XIV Supplemental Information

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

Part 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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	Testimonial (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	135,239		135,239
2	Less: Charitable contributions	114,462		114,462
3	Gross income (line 1 minus line 2)	20,777		20,777
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages	20,777	20,777
	8	Entertainment		
	9	Other direct expenses		
10	Direct expense summary. Add lines 4 through 9 in column (d)			(20,777)
11	Net income summary. Combine line 3, column (d), and line 10			

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Judeo Christian Health Clinic, Inc.

Employer identification number

59-1605647

The Organization provided a copy of the Form 990 to the board of directors and officers in advance of its' October 24, 2012 board meeting. Board members were given an opportunity to provide comments, ask questions, and give recommendations. All such questions, revisions, and recommendations were addressed before the return was filed.

Compliance with policies was addressed at annual meeting of the board on October 24, 2012.

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

Kelly Bell is listed in Part VII as a key employee with wages of \$78,923. While Kelly does not meet the Form 990 definition of a key employee, the Clinic considers her to be a key employee under their definition. We trust that including her will not pose a problem.

Depreciation and Amortization (Including Information on Listed Property)

2011

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **179**

Name(s) shown on return Judeo Christian Health Clinic, FOR FORM 990	Business or activity to which this form relates	Identifying number 59-1605647
---	---	---

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	15,698
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

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

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

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

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	15,698
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

990 PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2011 or tax period beginning 07-01 , and ending 06-30-2012.
Name of Organization Judeo Christian Health Clinic, Inc.	Employer Identification Number 59-1605647

Primary Purpose

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

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	07-01-2011 , and ending	06-30-2012.
Name of Organization Judeo Christian Health Clinic, Inc.			Employer Identification Number 59-1605647

Primary Purpose

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

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2011, or tax period beginning 07-01-2011 , and ending 06-30-2012 .
----------------------------------	--

Name of Organization Judeo Christian Health Clinic, Inc.	Employer Identification Number 59-1605647
--	---

Part III - Statement of Program Service Accomplishments

Code:	Expenses: 47,510	including Grants of:	Revenue:
-------	-------------------------	----------------------	----------

Exempt Purpose Achievements

THE ORGANIZATION OPERATES AN EYE CLINIC TO PROVIDE EYE EXAMS AND EYE GLASSES TO CLINIC PATIENTS. THE CLINIC RECORDED 35,904 PATIENT ENCOUNTERS DURING THE YEAR. 1,307 OF THESE ENCOUNTERS WERE DENTAL CLINIC PATIENT VISITS.

990 BOOKS ARE IN CARE OF

Attachment 4: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection For calendar year 2011 or tax period beginning 07-01, and ending 06-30-2012.

Name of Organization Judeo Christian Health Clinic, Inc. Employer Identification Number 59-1605647

Part VI - Line 20

Individual Name

or

Business Name:

Mortellaro & Quigley, CPA's, LLC

Street Address 278 Crystal Grove Blvd.

U.S. Address:

Zip code 33548

City Lutz

State FL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (813)909-4211

Fax Number (813)909-4112

990 PAGE 10, OTHER EXPENSES

Attachment 5: Form 990 Page 10, Line 24 - Other Expenses

**Open to Public
Inspection**

For calendar year 2011 or tax period beginning **07-01-2011**, and ending **06-30-2012**.

Name of Organization

Judeo Christian Health Clinic, Inc.

Employer Identification Number

59-1605647

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Telephone	7,163	5,373	716	1,074
Equipment Rental	5,854	4,390	1,171	293
Newsletter	5,794	2,607	2,318	869
Miscellaneous Expenses	4,656	3,492	931	233
Postage	4,494	2,247	1,348	899
Printing & Reproduction	4,059	2,232	1,218	609
Dental Clinic supplies	2,685	2,685		
Licenses & Taxes	1,971	1,479	453	39
Advertising	510			510
Gifts	106		79	27
Total:	37,292	24,505	8,234	4,553

2011 Federal Depreciation Schedule

Judeo Christian Health Clinic, Inc.
59-1605647

09-24-2012

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
Buildings														
0														
AFCL Floor Care	12-20-01	S/LMM	39	1,400	0	0	0	0	0	1,400	343	36	379	1,021
Awning	07-20-01	S/LMM	39	575	0	0	0	0	0	575	149	15	164	411
Awning	06-11-01	S/LMM	39	500	0	0	0	0	0	500	130	13	143	357
Building & Improvmts	01-01-72	NONE		122,588	0	0	0	0	0	122,588	24,517	0	24,517	98,071
Charles Tile Marble	01-30-02	S/LMM	39	17,645	0	0	0	0	0	17,645	4,276	452	4,728	12,917
Consultants	06-30-99	S/LMM	39	6,375	0	0	0	0	0	6,375	1,948	163	2,111	4,264
Consulting	06-30-99	S/LMM	39	8,350	0	0	0	0	0	8,350	2,556	214	2,770	5,580
Doors & Hardware	06-30-99	S/LMM	39	7,873	0	0	0	0	0	7,873	2,412	202	2,614	5,259
Gulf Tile	02-25-02	S/LMM	39	15,709	0	0	0	0	0	15,709	3,778	403	4,181	11,528
Hurricane Film	07-08-99	S/LMM	39	1,444	0	0	0	0	0	1,444	439	37	476	968
Impact Fee	06-30-99	S/LMM	39	4,812	0	0	0	0	0	4,812	1,470	123	1,593	3,219
New Bldg & Renov	06-30-99	S/LMM	39	412,399	0	0	0	0	0	412,399	126,262	10,574	136,836	275,563
New Floors	06-30-99	S/LMM	39	10,848	0	0	0	0	0	10,848	3,320	278	3,598	7,250
Paving Parking Lot	05-31-95	S/LMM	39	650	0	0	0	0	0	650	219	17	236	414
Reseal Pavement	11-01-99	S/LMM	39	1,600	0	0	0	0	0	1,600	473	41	514	1,086
Roof	06-30-99	S/LMM	39	10,208	0	0	0	0	0	10,208	3,127	262	3,389	6,819
16 Assets			Subtotals:	622,976	0	0	0	0	0	622,976	175,419	12,830	188,249	434,727
16 Assets			Totals:	622,976	0	0	0	0	0	622,976	175,419	12,830	188,249	434,727
0														
Defibulator AED	07-29-04	200DBHY	7	1,974	0	0	0	0	0	1,974	1,885	88	1,973	1
Modem	08-31-95	200DBHY	5	536	0	0	0	0	0	536	536	0	536	0
Pharmacy Fixtures	06-30-99	200DBHY	7	29,418	0	0	0	0	0	29,418	27,841	0	27,841	1,577
QSI Data System	08-31-95	200DBHY	5	9,365	0	0	0	0	0	9,365	9,365	0	9,365	0
QSI Data System	05-31-95	200DBHY	7	1,000	0	0	0	0	0	1,000	714	0	714	286
Surge Port	08-31-95	200DBHY	5	93	0	0	0	0	0	93	93	0	93	0
6 Assets			Subtotals:	42,386	0	0	0	0	0	42,386	40,434	88	40,522	1,864
6 Assets			Totals:	42,386	0	0	0	0	0	42,386	40,434	88	40,522	1,864

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2011 Federal Depreciation Schedule

Judeo Christian Health Clinic, Inc.
59-1605647

09-24-2012

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
Furniture & Fixtures														
0														
2 Sofas Burdines	08-30-02	200DBHY	7	2,473	0	0	0	0	0	2,473	2,473	0	2,473	0
75 Chairs wait rm	10-16-00	200DBHY	7	2,249	0	0	0	0	0	2,249	2,249	0	2,249	0
Blinds	06-30-99	200DBHY	7	477	0	0	0	0	0	477	451	0	451	26
Computer	10-04-99	200DBHY	5	1,015	0	0	0	0	0	1,015	1,015	0	1,015	0
Dell Computer	10-22-04	200DBHY	5	1,166	0	0	0	0	0	1,166	1,165	0	1,165	1
Directors Desk	01-18-00	200DBHY	7	530	0	0	0	0	0	530	522	0	522	8
Furniture & Fixtures	01-01-72	200DBHY	7	90,375	0	0	0	0	0	90,375	0	0	0	90,375
Laptop Comptr RX	11-21-05	200DBHY	5	985	0	0	0	0	0	985	984	0	984	1
New Dell Computer	01-04-07	200DBHY	5	2,253	0	0	0	0	0	2,253	2,125	128	2,253	0
New Dell Server	02-01-07	200DBHY	5	3,500	0	0	0	0	0	3,500	3,298	202	3,500	0
New Phone System	09-07-04	200DBHY	7	4,187	0	0	0	0	0	4,187	3,999	187	4,186	1
Table Top & Base	10-09-00	200DBHY	7	380	0	0	0	0	0	380	380	0	380	0
Vanity Sink	12-28-07	200DBHY	5	2,200	0	0	0	0	0	2,200	1,819	253	2,072	128
Water Cooler	03-19-08	200DBHY	5	1,020	0	0	0	0	0	1,020	844	118	962	58
14 Assets		Subtotals:		112,810	0	0	0	0	0	112,810	21,324	888	22,212	90,598
14 Assets		Totals:		112,810	0	0	0	0	0	112,810	21,324	888	22,212	90,598
Office Equipment														
0														
Canon Copier	01-02-97	200DBHY	5	740	0	0	0	0	0	740	770	0	770	0
Furniture & Fixtures	01-01-72	200DBHY	7	32,552	0	0	0	0	0	32,552	0	0	0	32,552
2 Assets		Subtotals:		33,292	0	0	0	0	0	33,292	770	0	770	32,552
2 Assets		Totals:		33,292	0	0	0	0	0	33,292	770	0	770	32,552
Grant 2007														
0														
Electrical Pharmacy	06-30-99	S/LMM	39	1,088	0	0	0	0	0	1,088	334	28	362	726
Renovations Eye Clin	06-30-99	S/LMM	39	72,717	0	0	0	0	0	72,717	22,259	1,864	24,123	48,594
2 Assets		Subtotals:		73,805	0	0	0	0	0	73,805	22,593	1,892	24,485	49,320
2 Assets		Totals:		73,805	0	0	0	0	0	73,805	22,593	1,892	24,485	49,320

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2011 Federal Depreciation Schedule

Judeo Christian Health Clinic, Inc.
59-1605647

09-24-2012

Description	Date	Method	Year	Cost	Land/ Other	Prior \$179	Current \$179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
Equipment & Machinery														
0														
12 Burgundy Stools	05-19-99	200DBHY	7	720	0	0	0	0	0	720	681	0	681	39
12 Ophthalmoscopes	04-08-99	200DBHY	7	1,455	0	0	0	0	0	1,455	1,377	0	1,377	78
12 Oscope Reg Diag	04-08-99	200DBHY	7	996	0	0	0	0	0	996	942	0	942	54
12 Wall Transformers	04-08-99	200DBHY	7	3,064	0	0	0	0	0	3,064	2,900	0	2,900	164
2 Blood Pressr & Thr	03-02-02	200DBHY	7	2,000	0	0	0	0	0	2,000	2,000	0	2,000	0
3 Exam Tables	04-07-99	200DBHY	7	2,217	0	0	0	0	0	2,217	2,098	0	2,098	119
3 Halogen Lights	04-12-99	200DBHY	7	717	0	0	0	0	0	717	678	0	678	39
9 Exam Tables	04-07-99	200DBHY	7	6,391	0	0	0	0	0	6,391	6,048	0	6,048	343
Airtec Peri-Pro III	06-15-00	200DBHY	7	1,688	0	0	0	0	0	1,688	1,597	0	1,597	91
Autoclave M9 Ritter	04-12-99	200DBHY	7	2,493	0	0	0	0	0	2,493	2,359	0	2,359	134
Belmon Asst Stool	06-15-00	200DBHY	7	500	0	0	0	0	0	500	472	0	472	28
Belmon Chair	06-15-00	200DBHY	7	4,063	0	0	0	0	0	4,063	3,846	0	3,846	217
Belmon Clesta Light	06-15-00	200DBHY	7	1,462	0	0	0	0	0	1,462	1,384	0	1,384	78
Belmon Drs Stool	06-15-00	200DBHY	7	360	0	0	0	0	0	360	340	0	340	20
Belmon XCalibur Chr	06-15-00	200DBHY	7	3,543	0	0	0	0	0	3,543	3,353	0	3,353	190
Busto Plumbing	06-12-00	200DBHY	7	1,020	0	0	0	0	0	1,020	966	0	966	54
Caligon Coagucheck	06-06-00	200DBHY	7	1,280	0	0	0	0	0	1,280	1,211	0	1,211	69
Caligor	11-24-99	200DBHY	7	3,528	0	0	0	0	0	3,528	3,528	0	3,528	0
Computer RX	08-20-01	200DBHY	5	5,689	0	0	0	0	0	5,689	5,689	0	5,689	0
EKG Machine	05-04-01	200DBHY	7	3,650	0	0	0	0	0	3,650	3,451	0	3,451	199
Engle Chair	12-04-02	200DBHY	7	8,983	0	0	0	0	0	8,983	8,982	0	8,982	1
Gaylord Miller Elect	06-15-00	200DBHY	7	1,060	0	0	0	0	0	1,060	1,002	0	1,002	58
Instrument Cart	07-06-01	200DBHY	7	354	0	0	0	0	0	354	354	0	354	0
Matrix Minimizer	06-15-00	200DBHY	7	1,324	0	0	0	0	0	1,324	1,253	0	1,253	71
Matrix OL Compressor	06-15-00	200DBHY	7	2,409	0	0	0	0	0	2,409	2,279	0	2,279	130

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2011 Federal Depreciation Schedule

Judeo Christian Health Clinic, Inc.
59-1605647

09-24-2012

Description	Date	Method	Year	Cost	Land/ Other	Prior §179	Current §179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
Equipment & Machinery														
0														
Mobile Stands f Blnd	04-08-02	200DBHY	7	704	0	0	0	0	0	704	704	0	704	0
MW HP Quiet Air Std	06-15-00	200DBHY	7	304	0	0	0	0	0	304	287	0	287	17
MW HP Quiet Air Std	06-15-00	200DBHY	7	304	0	0	0	0	0	304	287	0	287	17
MW HP Quiet Air Std	06-15-00	200DBHY	7	304	0	0	0	0	0	304	287	0	287	17
MW HP Quiet Air Std	06-15-00	200DBHY	7	304	0	0	0	0	0	304	287	0	287	17
MW HP Quiet Air Std	06-15-00	200DBHY	7	304	0	0	0	0	0	304	287	0	287	17
MW HP Quiet Air Std	06-15-00	200DBHY	7	304	0	0	0	0	0	304	287	0	287	17
MW HP Quiet Air Std	06-15-00	200DBHY	7	304	0	0	0	0	0	304	287	0	287	17
MW HP Quiet Air Std	06-15-00	200DBHY	7	304	0	0	0	0	0	304	287	0	287	17
MW Shorty Motor	06-15-00	200DBHY	7	1,752	0	0	0	0	0	1,752	1,657	0	1,657	95
Sirona Heliodent Xry	06-15-00	200DBHY	7	3,434	0	0	0	0	0	3,434	3,250	0	3,250	184
Sirona Remote Exp St	06-15-00	200DBHY	7	175	0	0	0	0	0	175	165	0	165	10
Spiromter	04-13-99	200DBHY	7	1,838	0	0	0	0	0	1,838	1,739	0	1,739	99
Starxr Illum Slimlin	06-15-00	200DBHY	7	80	0	0	0	0	0	80	80	0	80	0
Tuning Forks	04-15-99	200DBHY	7	347	0	0	0	0	0	347	329	0	329	18
Vital Signs Monitor	04-15-99	200DBHY	7	2,100	0	0	0	0	0	2,100	1,988	0	1,988	112
Wallach Cryo Gun	04-19-99	200DBHY	7	1,294	0	0	0	0	0	1,294	1,225	0	1,225	69
Zoomstar Colposcope	04-21-99	200DBHY	7	3,980	0	0	0	0	0	3,980	3,766	0	3,766	214
43 Assets		Subtotals:		79,102	0	0	0	0	0	79,102	75,989	0	75,989	3,113
43 Assets		Totals:		79,102	0	0	0	0	0	79,102	75,989	0	75,989	3,113

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2011 Federal Depreciation Schedule

Judeo Christian Health Clinic, Inc.
59-1605647

09-24-2012

Description	Date	Method	Year	Cost	Land/ Other	Prior §179	Current §179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
83 Assets			Grand Totals:	964,371	0	0	0	0	0	964,371	336,529	15,698	352,227	612,174

* Asset disposed this year

-C Carryover basis in like-kind exchange transaction

-B Excess basis in like-kind exchange transaction

2011 DETAIL STATEMENTS

Judeo Christian Health Clinic,
59-1605647

STATEMENT #1 - Other revenue (990-EO PG 1 Line 11)

Special Events net revenue.....	31,833
TOTAL CARRIED TO 990-EO PG 1 Line 11.....	31,833

STATEMENT #2 - Other expenses (990-EO PG 1 Line 17)

Office.....	3,646
Occupancy, rent and other payments.....	23,528
Professional fees and other payments.....	5,051
Information technology.....	5,489
Other expenses.....	32,700
Pharmacy Drugs and supplies.....	107,296
Eye Clinic Supplies.....	11,029
Miscellaneous expenses.....	9,158
Cleaning supplies.....	8,616
Telephone.....	8,502
Insurance.....	9,994
Depreciation.....	16,363
TOTAL CARRIED TO 990-EO PG 1 Line 17.....	241,372

STATEMENT #3 - All other contributions etc. (990-EO PG 9 Line 1f)

Individual Donations.....	33,937
Church Contributions.....	29,230
Memorial Contributions.....	17,100
Holiday Mailing.....	36,015
Special Mailing.....	21,950
Foundation Contributions.....	196,500
Organizations Contributions.....	33,100
TOTAL CARRIED TO 990-EO PG 9 Line 1f.....	367,832

STATEMENT #4 - Investment income total rev (990 EO PG 9 Line 3)

Dividend Income.....	2,655
Interest Income - Banks.....	609
Interest Income - Community Foundation.....	24,408
Interest Income - Alender Fund.....	1,606
Interest Income - Certificates of Deposit.....	150
Interest Income - Brokerage Accounts.....	18,466
TOTAL CARRIED TO 990 EO PG 9 Line 3.....	47,894

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STATEMENT #5 - Investment income (B) (990-EO PG 9 Line 3b)

Divident Income.....	2,655
Interest income - Banks.....	609
Interest income - Community Foundation.....	24,408
Interest income - Alander Fund.....	1,606
Interest income - Certificates of Deposit.....	150
Interest income - Brokerage A/C.....	18,466

TOTAL CARRIED TO 990-EO PG 9 Line 3b..... 47,894

STATEMENT #6 - Inc. from fundraising events (990-EO PG 9 Line 8a)

Fund Raising Dinner.....	20,777
Fund Raising Dinner - Silent Auction.....	13,887
Fund Raising Dinner - Raffle.....	2,829
Flavor of West Tampa.....	26,609
Fishing Tournament.....	30,000

TOTAL CARRIED TO 990-EO PG 9 Line 8a..... 94,102

STATEMENT #7 - Less direct expenses (990-EO PG 9 Line 8b)

Fund raising dinner expenses.....	35,668
credit card discounts.....	566
Flavor of West Tampa expenses.....	14,068
Holiday mailing expenses.....	1,244

TOTAL CARRIED TO 990-EO PG 9 Line 8b..... 51,546

STATEMENT #8 - Occupancy (990 EO PG 10 Line 16)

Building Repairs.....	2,943
Utilities.....	18,012
Pest Control.....	914

TOTAL CARRIED TO 990 EO PG 10 Line 16..... 21,869

STATEMENT #9 - Program occupancy (990 EO PG 10 Line 16b)

Building Repairs.....	2,355
Utilities.....	14,411
Pest Control.....	687

TOTAL CARRIED TO 990 EO PG 10 Line 16b..... 17,453

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STATEMENT #10 - Managment occupancy (990 EO PG 10 Line 16c)

Building Repairs.....	294
Utilities.....	1,801
Pest Control.....	227

TOTAL CARRIED TO 990 EO PG 10 Line 16c..... 2,322

STATEMENT #11 - Fundraising occupancy (990 EO PG 10 Line 16d)

Building Repairs.....	294
Utilities.....	1,800

TOTAL CARRIED TO 990 EO PG 10 Line 16d..... 2,094

STATEMENT #12 - Other assets end yr (990-EO PG 11 Line 15)

	Beginning	Ending
Beneficial Interest/assets held by ot	257,369	238,453
Accrued Interest.....	5,125	5,125

TOTAL CARRIED TO 990-EO PG 11 Line 15..... 262,494 243,578

STATEMENT #13 - Other changes in net assets (990 EO PG 12 Line 5)

Unrealized appreciation of assets.....	48,233
Decrease in community foundation assets.....	-18,916

TOTAL CARRIED TO 990 EO PG 12 Line 5..... 29,317

STATEMENT #14 - Net unrealized gains (SCH D PG 4 Line 4)

Unrealized appreciation-Community Foundation...	-18,916
Unrealized appreciation-other securities.....	48,233

TOTAL CARRIED TO SCH D PG 4 Line 4..... 29,317

STATEMENT #15 - Other (SCH D PG 4 Line 4b)

Fund Raising Dinner expenses.....	-35,668
Flavor of West Tampa.....	-14,068
Master mailer expense.....	-1,244
Credit card fees.....	-567

TOTAL CARRIED TO SCH D PG 4 Line 4b..... -51,547

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STATEMENT #16 - Other (SCH D PG 4 Line 4b)

Fund raising dinner expenses.....	-35,668
Flavor of West Tampa Expenses.....	-14,068
Master mailer expense.....	-1,244
Credit card fees.....	-567

TOTAL CARRIED TO SCH D PG 4 Line 4b..... -51,547
