IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning JUL 1 , 2014, and ending JUN 30

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service Information about Form 8879-EO and its instructions is at www.irs.gov/form	887960
Name of exempt organization	Employer identification number
HEALTHCORPS, INC.	26-1269358
Name and title of officer	
MICHELLE BOUCHARD	
PRESIDENT	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, to on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applical than 1 line in Part I.	t, then leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 5,602,451.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	,,,,,, 2b
3a Form 1120-POL check here 🕨 🔲 b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, fine 5)	4b
5a Form 8868 check here ▶ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b
Part II Declaration and Signature Authorization of Officer	
intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceeding the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an debit) entry to the financial institution account indicated in the tax preparation software for payment of the organizeturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financia processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries at payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic rorganization's consent to electronic funds withdrawal.	ressing the return or refund, and (c) an electronic funds withdrawal (direct ization's federal taxes owed on this continuous fractions. Treasury Financial Agent at I institutions involved in the and resolve issues related to the
Officer's PIN: check one box only	
X lauthorize RSM US LLP	to enter my PIN 26126
ERO firm name	Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	electronically filed return. If I have arities as part of the IRS Fed/State
Officer's signature ▶ Date ▶	
Part III Certification and Authentication	·
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 26003603614 do not enter all zeros	
certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (Mele-File Providers for Business Returns.	e organization indicated above. I F) Information for Authorized IRS
ERO's signature ► RSM US LLP Date ►	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form To the IRS Unless Requested To Do	o So

LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14

Form **8879-EO** (2014)

EXTENDED TO MAY 16, 2016 Return of Organization Exempt From Income Tax 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.

Department of the Tressury Internal Revenue Service

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

OMB No. 1545-0047

A	For ti	e 2014 calendar year, or tax year beginning JUL 1, 2014 and ending	ıa J	UN 30, 20	15	1 Maria de la companya de la company
В	Check i epplica			D Employer ide		ation number
	Add	HEALTHCORPS, INC.				
느	Nan chan loitia			26	-12	869358
	laitia rebir Final rebir	75 BROAD STREET		E Telephone nu	mber	742-2875
	lenni aled	City or town, state or province, country, and ZIP or foreign postal code	- 	G Bossreceipts \$	<u> </u>	6,154,521.
	Ame	URG) 3.TTSP:7 YP/373YP 3.TTP 4 0 0 0 4	ŀ			
	Appl	F Name and address of principal officer MTCHRT.T.R BOTTCHARD		H(a) Is this a gro	ib ter	um □Yes ⊠ No
	pend	SAME AS C ABOVE	1	H(b) Are all subording		
1	Tax-ex	empt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or 1	527	the state of the s		and the contract of the contra
		te: WWW.HEALTHCORPS.ORG		H(c) Group exem		st. (see instructions)
			Vear of	Hornstinn 200	71	State of legal domicile: NY
	artil		1041 0	riotitiados, 200	/ [W	OTATA OI INDA BOLLICUS, TA T
ø	1	Briefly describe the organization's mission or most significant activities: HEALTHC)RPS	TS A PR	7 <u>8</u> 0	TTTE
Governance		HEALTH MOVEMENT WHICH IS FIGHTING THE OBEST	PY 2	AND MENTA	7. R	RSTT.TRNCE
Ĕ	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more t	han 25% of ite no	+ 200	
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	8
জ	4	Number of independent voting members of the governing body (Part VI, line 1b)		************	4	8
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	101
3	6	Total number of volunteers (estimate if necessary)			6	50
Ö	7a	Total unrelated business revenue from Part VIII, column (C), line 12	********		7a	0.
	Ь	Net unrelated business tax and acone from Formess-Time 34			7b	0.
				Fio Year	V	Current Year
ē	8	Contributions and grants (art VII, the 1h)	T	8 0 54,39	1	6,016,311.
en	9	Program service revenue (Part VIII, line 2g)			7.	0.
Rovenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,09		1,201.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-255,43		-415,061.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,813,059	5.	5,602,451.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	T	{).	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			١.	0.
8	15			4,311,903		4,606,819.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		(7.	0.
ž	b	Total fundraising expenses (Part IX, column (D), line 25) \(\sqrt{256,750}.	-2.50			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,072,227		2,660,350.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,384,128		7,267,169.
	19	Revenue less expenses. Subtract line 18 from line 12		428,927	-	-1,664,718.
\$ 0F			Begit	nning of Current Ye	15	End of Year
Fund Datan	20	Total assets (Part X, line 16)		4,820,731		3,629,852.
듩	21	Total liabilities (Part X, line 26)		429,770		903,609.
		Net assets or fund balances, Subtract line 21 from line 20		4,390,961	•	2,726,243.
		Signature Block				
Und	er beus	lies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tement	is, and to the best o	my kr	rovviedge and belief, it is
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prep	arer ha	s any knowledge.		-
		1/10/12 Bons				
Sîgı	n.	Signature of officer		Date		1.
Her	e	MICHELLE BOUCHARD, PRESIDENT			7/	10
		Type or print name and title		T T	7	
		Print/Type preparer's name Preparer's signature	Date	9 Check		PTIII
Paid		STEVEN LAPSKER		n self-em	loyed	₽00850484
	arer -	Firm's name ▶ RSM US LLP		Firm's EIN		2-0714325
Use	Only	Firm's address 1185 AVENUE OF THE AMERICAS		.		
		NEW YORK, NY 10036-2602		Phone no. 2	12-	372-1000
Viay	the If	S discuss this return with the preparer shown above? (see instructions)				X Yes No
	0-11 10					Form 990 (2014)

Рa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: HEALTHCORPS IS A PROACTIVE HEALTH MOVEMENT WHICH IS FIGHTING THE
	OBESITY AND MENTAL RESILIENCE CRISIS BY EMPOWERING AMERICAN STUDENTS
	AND THEIR FAMILIES TO BECOME HEALTH AGENTS OF CHANGE FOR THEIR
	COMMUNITIES. HEALTHCORPS IS HELPING THE COUNTRY REACH THE TIPPING
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,978,625. including grants of \$) (Revenue \$
	LIKE A PEACE CORPS FOR HEALTH, HEALTHCORPS ENGAGES RECENT COLLEGE
	GRADUATES, WHO DEFER ENTRY INTO MEDICAL SCHOOL OR GRADUATE HEALTH
	PROGRAMS, TO PARTICIPATE IN PUBLIC SERVICE THROUGH A TWO-YEAR FULL TIME
	ASSIGNMENT AT A DESIGNATED HIGH SCHOOL. THE PROVEN HEALTH EDUCATIONAL
	AND PEER MENTORING PROGRAM, FOCUSED ON THE THREE PRIORITIES OF FITNESS,
	NUTRITION AND MENTAL RESILIENCE, SPANS A NETWORK OF 55 HIGH SCHOOLS IN
	11 STATES AND THE DISTRICT OF COLUMBIA. HEALTHCORPS DELIVERS ITS
	SERVICE THROUGH TWO PROGRAMS - ITS LIVING LABS OF HIGH SCHOOLS WITH A
	FULL-TIME COORDINATOR AS WELL AS ITS EDUCATOR AND ORGANIZATIONAL
	PROFESSIONAL DEVELOPMENT TRAINING CALLED HEALTHCORPS UNIVERSITY. THIS
	YEAR THE LIVING LABS PROGRAM WILL IMPACT APPROXIMATELY 33,000 STUDENTS
	AND THE HEALTHCORPS UNIVERSITY TRAININGS WILL IMPACT AN ADDITIONAL
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5,978,625.
***************************************	Form 990 (2014)
432002	101111-0-0/2014)

1 is the organization described in section 501(c)(3) or 4947(3(1) (other than a private foundation)? 2 is the organization engage in direct or indicts of private of Contribution? 3 is the organization engage in direct or indicts of Direct analysis and whites on behalf of or in opposition to candidate for public office? 3 is the organization engage in direct or indicts of Direct analysis and whites on behalf of or in opposition to candidate for public office? 4 Section 501(6)(4) organization, bit the organization engage in loobying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 is the organization as defined in Revenue Procedure 98-197 if "Yes," organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," organization should be provide advice on the distribution or investment of amounts in secur during or accounts? If "Yes," organization should be provide advice on the distribution or investment of amounts in secur during or accounts? If "Yes," organization should be provided adviced by the organization receive or hold a conservation essentient, including essentiate to preserve open space, the environment, historic land reases, or historic structures if "Yes," organization Schedule D, Part II 5 bit the organization report an amount in Part X, iins 21, for secrory or custodial account liability, serve as a custodian for amounts in such stilled in Part X, iins 21, for secrory or custodial account liability, serve as a custodian for amounts in such stilled in Part X, iins 10 private organization report an amount for investments - propriets Schedule D, Part X II 6 bit the organization report an amount for investments - propriets in Part X, iins 10 private in Part X, iins 10 priv				Yes	No
2 is the organization required to complete Schedule of Contributors 3 ibit the organization or nages in direct or indirect political campaing activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(6)(3) organizations. Diff the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 is the organization a section 501(k)(4), 501(k)(5), or 501(k)(6),	1	•			
9 Did the organization engage in direct or indirect political campalgn activities on behalf of or in opposition to candidates for public officer if "Yes," complete Schedule C, Part II 4 Section 01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 (ft)) election in effect during the fax year? ("Yes," complete Schedule C, Part II S is the organization accessors (or office)(4, 501(c)(c)), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II 5 X 5 Did the organization mexicine and any donor advased funds or any similar runds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the properties Schedule D, Part II 5 X T Did the organization reserve to robid a conservation easement, including easements to preserve open gase, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part II 7 X X Did the organization material collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part II 8 X X X X X X X X X		If "Yes," complete Schedule A	1		
Section 501(\$)\$ organizations. Did the organization engage in lobbying activities, or have a section 501(\$) election in effect during the tax year? if "Yes," complete Schedule C, Part II 4	2		2	X	
during the tax year? If "Yes," complete Schedule C, Part II 5 is the organization a section 501(6)4, 501 (6)5, or 601 (6)6 organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 id the organization maintain any olonor advised funds or any similar runtion of accounts (If "Yes," complete Schedule D, Part II 7 id the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 id the organization meintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 id 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 order counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 id the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permannet endowments, or quest-indowments? If "Yes," complete Schedule D, Part V 11 if the organization services? If yes," complete Schedule D, Part V 12 iii the organization report an amount for fand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 13 iii the organization report an amount for fand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 14 iii the organization report an amount for whe assets in Part X, line 10? If "Yes," complete Schedule D, Part X 15 iii the organization report an amount for the assets in Part X, line 10? If "Yes," complete Schedule D, Part X 16 iii the organization report an amount for the liabilities in Part X, line 10? If "Yes," complete Schedule D, Part X 17 iii the organization separate in organization	3		3		X
5 Is the organization a section 601/c(i/s), 501/c(i/s), or 501/c(i/s) organization that receives membership dues, assessments, or similar amount as defined in Revenue Procedure 96.1991 if "Pies," complete Schedule C, Part III and the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such 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 III Did the organization maintain collections or whorks of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account itsibility, serve as a custodian for amounts not listed in Part X or provide ordatic occraeling, debt management, credit repair, or debt megatizations are vices? If "Yes," complete Schedule D, Part IV Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, II If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V II 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 II Did the organization report an amount for other assets 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 II Did the organization report an amount for other assets 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 X II II Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Par	4		4	Х	
6 Did the organization maintain any donor advised funds or any similar funds or accounts (if "Yes," complete Schedule D, Part II 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 Did the organization area on the organization area of the organization area or the organization of the organization or the organization or the organization or the organization o	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
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bit the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Policy the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Policy 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 cerebit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 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. Did the organization a nawer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as a spolicable. Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 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 VIII. 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 VIII. Did the organization report an amount for investments - organization in Part X, line 16? If "Yes," complete Schedule D, Part X III. Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III. Did the organization separate or consolidated financial statements for the lax year include a clothorte that addresses the organization included in consolidated, independent audited financial statements for the lax year? If "Yes," complete Schedule D, Part X III. Did the organization as chool described in section 170(b)(1)(V)(iii)? If "Yes," complete Schedu	ь		6		Х
Bid the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III S X 10 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 V 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 11 If the organization senser to any of the following questions is "Yes," then complete Schedule D, Part V, III, VIII, III, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Is X 12 Is X 11	7		_		v
Schedule D, Part III 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 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 12 Did the organization report an amount for fand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - organize related 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 VIII 13 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 X III 14 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 X 11 Did the organization shalphing for uncertain tax positions under FIN 48 /LSC 740/1 If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate or consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII so prional 12 Did the organization have aggregate revenues or expenses of more than \$1,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$1,000,000	_		7		
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 liated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - coher 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 2 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 2 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 X III 2 Did the organization's lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 12 Did the organization is lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 Did the organization is pearate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII 12 Did the organization as school described in section 170(b)(1)(A)(0)(i) "Yes," complete Schedule D, Part X IIII 13 Did the organization report on Part IX, column	8	Schedule D, Part III	8		х
Bi **Ves, ** complete Schedule D, Part IV 10 10 10 10 10 10 10 1	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IV, III, III, IX, or X as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 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 3 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 4 Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VIII 5 Did the organization amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization is passage to proceed in Part X, line 16? If "Yes," complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statements for the tax year of the Yes," complete Schedule D, Part X 12 Did the organization answered "No" to line 12a, then completing Schedule D, Part X AI and XIII soptional 13 X 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and programs service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for rary foreign organization report at total of			9		Х
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		19		x
	20a				
			20b		

Ра	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			T
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		<u> </u>	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		97.22	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	26.141111111111111	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	32		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	The state of the s			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
		37		X
38	· · · · · · · · · · · · · · · · · · ·		_ :	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		Y I	

Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response or note to any line in this Part V					X
be Enter the number of Forma W2G includes in line 1a. Enter 0-If not applicable						Yes	No
De the organization comply with backup withhobing rules for reportable payments to vendors and reportable gamining (gambling) withinings to prize withmers? 2. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year occered by this return. 3. In the sum of lines 1a and 2a is greater than 250, you may be required of ender employment tax extures? 3. In the variable of the sum of lines 1a and 2a is greater than 250, you may be required to ender employment tax extures? 3. In the variable of the sum of lines 1a and 2a is greater than 250, you may be required to ender employment tax extures? 3. In the variable of the sum of lines 1a and 2a is greater than 250, you may be required to ender employment tax extures? 3. In the variable of the sum of lines 1a and 2a is greater than 250, you may be required to ender employment tax extures? 3. In the variable of the sum of lines 1a and 2a is greater than 250, you may be required to ender employment tax extures? 3. In the variable of the sum of lines 1a and 2a is greater than 250, you may be required to ender the payment of the development of the sum of t	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5.	L		
Gambling) winnings to pitze winners? 2	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b)		
22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, libed 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 file all required federal employment tax exturne? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	С	Did the organization comply with backup withholding rules for reportable payments to vendors and rules	eporta	ble gaming		oua.	7.0 H 0 /
filled for the calendary year ending with or within the year covered by this return 2		(gambling) winnings to prize winners?			1c	X	
b If all 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 \$7,000 or more during the year? 3a X b if "Yes," has it filed a Form 990.T for this year? If *No," to line 3b, provide an explanation in Schedule O 3b A any time during the celendary 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 5b If "Yes," and the the reging country Such as a bank account, securities account, or other financial account(sp. 4a X 5c e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes," to line 5a or 5b, did the organization final it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization have the organization final it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization intell it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 6d If Yes," indicate the number of Forms 8282 filed during the year 6d If Yes," indicate the number of Forms 8282 filed during the year 7d If the organization receives a proxy final, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7b Did the organization receives a premy final, directly	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 280, you may be required to e-file (see instructions) 33							
38 Did the organization have unreleted business gross incorne of \$1,000 or more during the year? 48 A tary 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, or other financial account?) 59 Diff "Yes," either the name of the foreign country." See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 50 Was the organization aparty to a prohibbet at seheler transaction at any time during the tax year? 50 Was the organization of the year as heller transaction at any time during the tax year? 51 Was 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? 52 Life the organization include with every accilication an express statement that such contributions or gifts were not tax deductible? 53 Life the organization include with every accilication an express statement that such contributions or gifts were not tax deductible? 54 Life Form 8282? 55 Life to granization notify the donor of the value of the goods or services provided? 56 Life Form 8282? 57 Life Form 8282? 58 Life Form 8282 filed during the year 59 Life the organization notify the donor of the value of the goods or services provided? 59 Life Form 8282? 50 Life the organization notify the donor of the value of the goods or services provided? 50 Life the organization seleve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 50 Life the organization receive a contribution of qualities intelligent property, did the organization foreign and provided to the programization foreign and provided to the programization foreign and contribution of cars, boats, alriplanes, or other vehicles, did the organization foreign and contribution of cars, boats, alriplanes, or other vehicles, did the organization	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b	X	
b if "Yes," has it filled a Form \$90. T for this year? if "No," to line 3b, provide an explanation in Schedule 0 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; a foreign country (such as bank account, securities account, or other financial accountry? 4b if "Yes," enter the name of the foreign country: ▶ 5ce instructions for filing requirements for FinCRIP Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c was 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 obset 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 obset the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6d obset the organization star may receive deductible contributions under section 170(c). 7d organizations that may receive deductible contributions under section 170(c). 8d if "Yes," did the organization notify the donor of the value of the goods or services provided? 7d organization star may receive deductible organization and partly for goods and services provided to the payor? 7d b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7d b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7d b if the organization received a contribution of qualified intellectual property, did the organization file Form 8599 as required? 8 b if the		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). Soe in structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). Soe in structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). So Was the organization aparty to a prohibited tax shelfer transaction at any time during the tax year? So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction? So Did was the organization have annual gross exceipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? B If "Yes," to line 5 as or 5 b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? To Organizations that may receive deductible contributions under section 170(c). B Did the organization receive a payment is excess of \$5 made partly as a contribution and partly for goods and services provided to the payor? To Did the organization receive any funds, directly or the value of the goods or services provided? To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To X Will "Yes," indicate the number of Forms 8282 filed during the year B If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To X Will "Yes," indicate the number of Forms 8282 filed during the year B If the organization receive any funds, directly or indirectly, on a personal benefit contract? To X Will "Yes," indicate the number of Forms 8282 filed during the year B If the organization receive any funds, directly organization funds for a contr					3b		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule U							X_
Form 990 (2014)	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eυ			000	(002.5)

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Form 990 (2014) HEALTHCORPS, INC. 26-1269358 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 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 X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official X 15a $\overline{\mathbf{x}}$ b Other officers or key employees of the organization 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 with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? 16b

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17 List the states with which a copy of this Form 990 is required to be filed ►CA, DC, FL, MA, MD, MS, NJ, NY, OH, OK, TX

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: JULLIAHANN WASHINGTON - (212)742-2875

75 BROAD STREET, NO. 2410. NEW YORK. 10004

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete 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 r (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(de	not o	Pos	itior	than	ana	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	⊢	ceran	aaa	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	0 d	93			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	raste	trus		99	ubeu		(W-Z/1099-WII3C)		organization and related
	below	dualt	цопа		nploy	st cor	.			organizations
	line)	Indiivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MEHMET OZ	0.10									
CHAIRMAN		X		X				0.	0.	0.
(2) MR. ALEXANDER C. MARKOWITS	0.10									
TREASURER		X		X				0.	0.	0.
(3) MS. JILL PLATT	0.10									
SECRETARY		Х		X				0.	0.	0.
(4) MR. JORDAN DAVIS	0.10									
BOARD MEMBER		Х						0.	0.	0.
(5) MR. THOMAS J. HIGGINS	0.10								_	
BOARD MEMBER		X						0.	0.	0.
(6) MR. ANTHONY E. MEYER	0.10								_	_
BOARD MEMBER	<u> </u>	X						0.	0.	0.
(7) MR. SEAN HEYNIGER	0.10	l								
BOARD MEMBER	ļ	X						0.	0.	0.
(8) DR. BEN LEWIS	0.10							_	_	
BOARD MEMBER	60 00	X	<u> </u>		ļ		_	0.	0.	0.
(9) MICHELLE BOUCHARD	60.00			77				242 760	^	25 505
PRESIDENT	60.00			X				242,769.	0.	37,705.
(10) JUAN BREA	60.00			37				150 260	^	22 075
CHIEF OPERATING OFFICER	E0 00		<u> </u>	X	 -		<u> </u>	158,269.	0.	22,975.
(11) FERNANDO PACHECO (THRU 8/2014)	50.00			х				70,405.	0.	4 650
VICE PRESIDENT OF FINANCE (12) DR. SHAWN HAYES (THRU 1/2015)	50.00		\vdash			-		70,405.	V •	4,652.
VICE PRESIDENT OF RESEARCH	30.00					X		159,365.	0.	13,783.
VICE FRESIDENT OF RESEARCH	 				-	<u> </u>	-	100,000.	0.	13,703.
	ļ									
	<u> </u>		-		-		_			
										
	 				-	 				
					-		_			
					\vdash		\vdash			
	<u></u>	ł	1 1		l	ı	ı			

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			((C)			(D)	(E)			(F)
Name and title	Average	lda		Pos		than		Reportable	Reportable	,	E:	stimated
	hours per	box	, unie	ss pe	rson	is bot	h an	compensation	compensation		ar	nount of
	week		cer ar	ndad	irecto	or/trus	tee)	from	from related	Ł		other
	(list any	ector						the	organization		t .	pensation
	hours for related	or dir	25			ated		organization	(W-2/1099-MI	SC)	ļ.	rom the
	organizations	ustee	frust		gp.	pens		(W-2/1099-MISC)		1	_	janization
	below	uaft	tional		ploye	t con	_				1	d related anizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	grme	İ			U.G.	arnzanorio
		F	┝ <u>╼</u>	-	×	F.	<u> </u>					
			\vdash		 							· · · · · · · · · · · · · · · · · · ·
			-			├─						

			_									
1b Sub-total							>	630,808.		0.	7	9,115.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)	***************************************					,,,,,	>	630,808.		0.	7	9,115.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le		
compensation from the organization												3
6 5 (4)										1	existina trans	Yes No
3 Did the organization list any former officer,			e, ke	y en	olqn	yee,	or !	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su										ŀ		v
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	X
rendered to the organization? If "Yes," com							ciati	ed organization or more	dual for services		5	X
Section B. Independent Contractors				,					***************************************		<u> </u>	
1 Complete this table for your five highest co	mpensated inc	iepe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of con	npens	ation t	from
the organization. Report compensation for										•		
(A)								(B)			((
Name and business	address							Description of s			ompe	nsation
FAMILYCOOK PRODUCTIONS			_ 4				- t	PROGRAM TRAI	NING &			
330 EAST 43RD STREET, NEW					11/			LICENSE			<u> 13</u>	<u>1,241.</u>
ADP TOTAL SOURCE, 1 PENN		2:	SRL)				PEO: HR & PA	YROLL			m
FLOOR, NEW YORK, NY 10119		773	00	TTPT	177		- 1	SERVICES			10	7,424.
GRIFFITTS OHARA LLP, 257 5TH FLOOR, NEW YORK, NY 1		Ľ	50	OT	m,	•	-	LEGAL SERVIC	ਰ ਟ		1 0	2 075
2K CONSULTING	LOOTO							DIRECTOR OF	C O		7.0	3,975.
2600 DEWITT AVE, ALEXANDE	RIA. WA	22	;3r	1			- 1	COMMUNICATION	NS		10	1,878.
	,						十		-,-			-,0,0.
											-	
2 Total number of independent contractors (in	ncluding but no	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than			
\$100,000 of companyation from the organic					/	!						errerottikki.

		Check if Schedule O conta			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	a Federated campaigns	1a	100000000000000000000000000000000000000	- 65 v.G. (65606-65240) - 6 10	vak e as		
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues					suguetamicilismo	(family and a second se
O E		c Fundraising events		661,925.				
# m		d Related organizations		•				
S,E		e Government grants (contribution		1,867,956.				
20		f All other contributions, gifts, grants						
통	·	similar amounts not included abov	1 1	3,486,430.				
ĒŌ	,	Noncash contributions included in lines 1		, , , , , , , , , , , , , , , , , , , ,		3,760 3,942.31	K KIR PED ANG INDANS	
न हैं	_	h Total. Add lines 1a-1f			6,016,311.	1000		
	·	Total / Ida in Co Ta Tr .,	***************************************	Business Code				
0	2 a	3		Business Code				
Ϋ́								
Ser		_						
E S		ما						
500	-							
Program Service Revenue		e						
		f All other program service rever g Total. Add lines 2a-2f						2745C1W12205S2505S5
	3	Investment income (including of						
	3	other similar amounts)		1	1,201.			1,201.
	4	Income from investment of tax						1,201.
	5			· 1				
	5	Royalties						
	^ -		(î) Real	(ii) Personal				
		a Gross rents	,		Bagan Erthot Hiller Versings y		Control of the contro	
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			elagy namasa new alaman kenyingan			
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	b Less: cost or other basis						
		and sales expenses			1,12,50%			
		c Gain or (loss)				10,000 (50,000 m20,000 m6 50,000)		
	d	d Net gain or (loss)		······				
e le	8 a	a Gross income from fundraising	events (not					
Other Revenue		including \$ 661,				A CONTROL OF THE PROPERTY OF T		
Re		contributions reported on line						
- e		Part IV, line 18				denicales de la composito		vas seletivas
		b Less: direct expenses		552,070.				
	C	 Net income or (loss) from fund. 	raising events		-442,070.			-442,070.
	9 a	 a Gross income from gaming act 						o <u>d</u> ico de recession
		Part IV, line 19			moderne de la compania de la como			kræsias programation (*). Et let Letter en standarden en en en
	b	b Less: direct expenses	b				Angle Commission of the Commis	
	c	c Net income or (loss) from gami	ng activities					
1	10 a	a Gross sales of inventory, less r	eturns	7				
		and allowances	a					
	b	b Less: cost of goods sold	b					
	C	c Net income or (loss) from sales	of inventory					
		Miscellaneous Revenue		Business Code			us (Ugales) (Add	
1	11 a	a MISCELLANEOUS INCOME		900099	27,009.		And the second s	27,009.
	b	b						
	c	c						
		d All other revenue						·
		e Total. Add lines 11a-11d		>	27,009.		0.0000000000000000000000000000000000000	
١,	2	Total revenue. See instructions.			5,602,451.	0.	0.	-413,860.

Form 990 (2014) HEALTHCORPS, INC. Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oti	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respon		·····		
	not include amounts reported on lines 6b, 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 domestic organizations			202020	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			CTP (22-1)	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				and the second s
5	Compensation of current officers, directors,				
	trustees, and key employees	478,011.	422,238.	32,858.	22,915.
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	3,503,432.	3,094,664.	240,822.	167,946.
8	Pension plan accruals and contributions (include	•			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	196,607.	173,668.	13,514.	9,425.
10	Payroll taxes	428,769.	378,742.	29,473.	20,554.
11	Fees for services (non-employees):				
а	Management				
	Legal	67,053.	52,386.	9,689.	4,978.
	Accounting	105,408.	82,352.	15,231.	7,825.
		36,000.	36,000.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e	Professional fundraising services. See Part IV, line 17		S 2 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NASAN ARA SANSARAN S	,
f	Investment management fees			And the second s	
a	11411				
9	column (A) amount, list line 11g expenses on Sch O.)	503,723.	258,467.	108,324.	136,932.
12	Advertising and promotion	16,795.	3,359.	5,038.	8,398.
13	Office expenses	220,867.	89,689.	122,658.	8,520.
14	Information technology	58,738.	45,890.	8,488.	4,360.
15	Royalties		20,000	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1,3000
16	Occupancy	256,754.	200,594.	37,101.	19,059.
17	Travel	235,939.	184,332.	34,093.	17,514.
18	Payments of travel or entertainment expenses			32,033,	27/0220
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	45,899.	24,201.	9,751.	11,947.
20	Interest	10,385.		10,385.	<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	68,000.	53,126.	9,826.	5,048.
23	Insurance	40,666.	31,771.	5,876.	3,019.
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line	organisti programa programa.			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			indi	
а	CURRICULUM & ED MATERIA	763,088.	763,088.		
b	BAD DEBT EXPENSE	126,752.	,00,000.	126,752.	
c	PAYROLL ADMIN FEE	104,283.	84,058.	11,915.	8,310.
d		+V=/4UJ•	0 = , 0 3 0 .	11,313,	0,310.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,267,169.	5,978,625.	831,794.	156 750
26	Joint costs. Complete this line only if the organization	,,20,,109.	3,310,023.	031,1341	456,750.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		·		
	in following SOP 98-2 (ASC 988-720)				

τ χ	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	5,252.	1	3,472
2	Savings and temporary cash investments		2	1,048,819
3	Pledges and grants receivable, net	• • • • • • • • • • • • • • • • • • • •		2,354,04
4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·		
5	Loans and other receivables from current and former officers, directors,		数对数	a odbi Brica Billiana
	trustees, key employees, and highest compensated employees. Complete	The control of the co		
	Part II of Schedule L	eritie minuser varies automorphise evaluation in automorphise	- 5	Providential and Control of the Cont
6	Loans and other receivables from other disqualified persons (as defined und	er		argalysis issaelise olik
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ing		Ser October Service
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L	The second section of the second state of the second state of the second section of the second secon	6	e por more de contract de cont
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	23,89
10a	Land, buildings, and equipment: cost or other	The state of the s		Control of the contro
	basis. Complete Part VI of Schedule D 10a 290, 11		10.00	
b	Less: accumulated depreciation 10b 98,92	1. 218,883.	10c	191,19
11	Investments - publicly traded securities	1,200.	11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	36,650.		8,42
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,820,731.		3,629,85
17	Accounts payable and accrued expenses	281,336.	17	356,27
18	Grants payable		18	
19	Deferred revenue		19	22,27
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees		(CONTRACT	
	key employees, highest compensated employees, and disqualified persons.			Control (Control Control Contr
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	40000
24	Unsecured notes and loans payable to unrelated third parties	····	24	400,00
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	140 424		105 05
	Schedule D	148,434		125,05
26	Total liabilities, Add lines 17 through 25	429,770.	26	903,60
	Organizations that follow SFAS 117 (ASC 958), check here	d Anna San San San San San San San San San		
	complete lines 27 through 29, and lines 33 and 34.	2,379,433.	JESJEN	662,81
27	Unrestricted net assets	0 011 500	1	2,063,42
28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	2,003,42
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	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	<u> </u>
32	Retained earnings, endowment, accumulated income, or other funds	1 200 001	32	2,726,24
33	Total net assets or fund balances	· · · · · · · · · · · · · · · · · · ·		3,629,85
34	Total liabilities and net assets/fund balances	+,040,131	34	Form 990 (20

HEALTHCORPS, INC.

Pa	rt 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	5,60			
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,26			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,66	<u>.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,39	0,9	61.	
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,72	6,2	43.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?			Yes	No X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	ngle Audit	3a	A CONTROL OF THE CONTROL OF T	x	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why in Schedule Q and describe any steps taken to undergo such audits.	ired audit	35			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

HEALTHCORPS INC Employer identification number

OMB No. 1545-0047

		HEAL	THCORPS, I	inc.			26-1269358
Pa	rt i	Reason for Public	Charity Status	(All organizations must co	omplete this part.)		
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 11,	check only one bo	x.)	
1		A church, convention of ch	nurches, or associati	ion of churches describe	d in section 170(b	o)(1)(A)(i).	
2	\square	A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E.)			
3		A hospital or a cooperative	hospital service org	ganization described in s e	ection 170(b)(1)(A	\)(iii),	
4		A medical research organiz	zation operated in co	onjunction with a hospita	I described in sec	tion 170(b)(1)(A)(iii). Ente	r the hospital's name,
		city, and state:					
5		An organization operated for		ollege or university owne	d or operated by a	a governmental unit descr	ibed in
		section 170(b)(1)(A)(iv). (0					
6		A federal, state, or local go	=				
7	X	An organization that norma		antial part of its support	from a governmen	ital unit or from the genera	al public described in
_		section 170(b)(1)(A)(vi). (C	,				
8	H	A community trust describe					
9		An organization that norma	• • • • • • • • • • • • • • • • • • • •	,	-		
		activities related to its exer	-	·			-
		income and unrelated business		e (less section 511 tax) fr	om businesses ac	quired by the organizatio	n aπer June 30, 1975.
٠.		See section 509(a)(2). (Co	•	airealar da daoid far marblia ac	ofatu Caaaaatian	500(a)(4)	
10	\vdash	An organization organized					a nurnaces of one or
11		An organization organized more publicly supported or					
		lines 11a through 11d that	_				Oneok the box in
а		-n	• •		*	organization(s), typically t	ny aivina
4	h					irectors or trustees of the	
		organization. You must o					
b		¬ ~	•		tion with its supp	orted organization(s), by h	naving
	-					control or manage the su	
		organization(s). You mus			·	_	
С		-			in connection wit	h, and functionally integra	ted with,
		its supported organizatio	n(s) (see instruction	s). You must complete	Part IV, Sections	A, D, and E.	
d		Type III non-functionally	y integrated. A sup	porting organization oper	rated in connectio	n with its supported orga	nization(s)
		that is not functionally in	tegrated. The organ	ization generally must sa	tisfy a distribution	requirement and an atter	ntiveness
		requirement (see instruct					
е		☐ Check this box if the orga	anization received a	written determination fro	om the IRS that it	is a Type I, Type II, Type I	II
		functionally integrated, o	r Type III non-functi	onally integrated support	ing organization.		
f		er the number of supported			•••••		
g		vide the following information i) Name of supported	n about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) is the organizati	on (v) Amount of monetary	(vi) Amount of
	,	organization	(11) (11)	(described on lines 1-9	listed in your	cupport (coo	other support (see
				above or IRC section	governing documer Yes No	Instructions)	Instructions)
				(see instructions))	100 110		
·····							

			e national english				
T-,	. 1				Decreasion althors.	\$\$\$	1

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						4
	include any "unusual grants.")	4063946.	6432161.	7770538.	8064394.	6016311.	32347350.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	4063946.	6432161.	7770538.	8064394.	6016311.	32347350.
5	The portion of total contributions		20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (
	by each person (other than a				riegesar erê	5, 55, 12, 126, 50, 14, 15, 15	
	governmental unit or publicly	73127702772		erovervourvicke			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						7105050
	column (f)	77		Company of the control of the contro			7196269.
	Public support. Subtract line 5 from line 4.						25151081.
	ction B. Total Support						T
	ndar year (or fiscal year beginning in)	(a) 2010 4063946.	(b) 2011 6432161.	(c) 2012 7770538.	(d) 2013 8064394.	(e) 2014 6016311.	(f) Total 32347350.
	Amounts from line 4	4003940.	0432101.	11/0538.	8084394.	0010311.	3234/350.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	21 607	1 050	5.	60 242	1 201	104 104
^	and income from similar sources	31,697.	1,859.	٥.	69,342.	1,201.	104,104.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			105 000	150,796.	137 000	392,805.
11	assets (Explain in Part VI.)			100,000.	130,730.	137,003.	32844259.
	Gross receipts from related activities,	etc. (see instructi	nno)	CONTRACTOR STREET		12	52044233.
	First five years. If the Form 990 is for			d fourth or fifth to	······		
	organization, check this box and stop	_		a, rountry, or mass to	•	. , , ,	
Sec	tion C. Computation of Pub	ic Support Pe	rcentage				
	Public support percentage for 2014 (I			column (fi)	·····	14	76.58 %
	Public support percentage from 2013					15	82.46 %
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	heck a box on line	13, 16a, or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	lorganization		>
b	10% -facts-and-circumstances test	t - 2013. If the org	anization did not c	heck a box on line	: 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the)
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	inization	▶□
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	<u>a, 16b, 17a, or 1</u> 7b	, check this box a	nd see instruction	s ▶
							or 990-EZ) 2014

432022

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

<u>د د د</u>	qualify under the tests listed b	elow, please comp	olete Part II.)				
	tion A. Public Support			<u> </u>	T	· [· · · · · · · · · · · · · · · · · ·	
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to			Liverage			
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	 					······································
	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						
¢	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)					STATES AND STATES	
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·			***************************************
Caler	ıdar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						-
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	-					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (f))		15	5
	Public support percentage from 2013					16	
	tion D. Computation of Inve						
	Investment income percentage for 20			·····		17	
	Investment income percentage from the						
	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a	=					
	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	· ·					
	line 18 is not more than 33-1/3%, che Private foundation. If the organization		_				·····
~\J	cuvare companon, il 188 86889/200	ar one ner celeck a	DUX UITRIE 14. 13	ea, or tead, chiescik is	いっ いいへんけい かせせ じ	and deducted	- I

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part vi what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Par	TUN Supporting Organizations (continued)			395 5
	, · · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Selection .
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or		3500-0	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ENEL SE		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	750750 WA (50050 MA)		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		3145	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		İ
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		Ĺ
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions		
2	Activities Test. Answer (a) and (b) below.	ologopa izmenyo	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	20.00		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	·	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			friðski.
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			BOUR
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			642-1117 1300-22
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-randoldi Arkini		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Org	anizations	Tage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions. All
	other Type III non-functionally integrated supporting organizations must c			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Seven		The state of the control of the cont
	instructions for short tax year or assets held for part of year):		The second secon	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			The second secon
	factors (explain in detail in Part VI);		And American Committee Com	(April 1985) April 1985 April 198
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		**************************************
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		**************************************
6	Multiply line 5 by .035	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	***************************************		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ated Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 50 Section D - Distributions	າສເລງເຈງ Supporting Org	amzations (continued)	Current Year
Amounts paid to supported organizations to accomplish e	xempt purposes		
 Amounts paid to supported organizations to accomplished Amounts paid to perform activity that directly furthers exe 			
organizations, in excess of income from activity			
	and of augmented organization		
3 Administrative expenses paid to accomplish exempt purp	oses of supported organization	15	
 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 			1
7 Total annual distributions. Add lines 1 through 6.	the organization is recognized		
8 Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	Title Organization is responsiv	Ç	
		·	
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount	(i)	(ii)	(iii)
	Excess Distributions	Underdistributions	Distributable
Section E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2014	Amount for 2014
4 Distribute by a constant of the Control of the Co		F16-2014	Amount for 2014
Distributable amount for 2014 from Section C, line 6	ACCEPTAGE AND AC		
2 Underdistributions, if any, for years prior to 2014			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
	u en exeguese lexinové parelexitation.	The state of the s	Problems (SAMPLE) and SAMPLE (SAMPLE)
C			
d			8859586 - 588881 p. 45 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
e From 2013		The Control of the Co	
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount	Section of the sectio		
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D,			CONTROL OF THE CONTRO
line 7: \$			State of the Control
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount		The second secon	
c Remainder, Subtract lines 4a and 4b from 4.		A service of the serv	
5 Remaining underdistributions for years prior to 2014, if			
any. Subtract lines 3g and 4a from line 2 (if amount			A service of the serv
greater than zero, see instructions).		solicio de Addigira proxección de Sala Colonia (Colonia Colonia Colonia)	
6 Remaining underdistributions for 2014. Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see			
instructions).			
7 Excess distributions carryover to 2015. Add lines 3j			120 (120 (120 (120 (120 (120 (120 (120 (
and 4c.			
8 Breakdown of line 7:			
a a superior de la companya de la co			
b	2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2		
c	The second state of the se		
d Excess from 2013			A CONTROL OF THE PROPERTY OF T
e Excess from 2014			Man Ask (Astronomy Control of the Co

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Name of the organization

HEALTHCORPS, INC.

Employer identification number 26-1269358

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	***************************************	**************************************
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised for	inds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
_	for charitable purposes and not for the benefit of the donor or		· ·
		donor advisor, or for any other purpose con-	
Pa	t II Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		lly important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		Chotono otraciaro
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	a concervation containation at the form of a	out of the last
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	The state of the s		[1
С	Number of conservation easements on a certified historic structure.		·
	Number of conservation easements included in (c) acquired af		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the ora	anization during the tax
	year▶	, 5	
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements during	the year >
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.	,	- ·
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, 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 exhib	oition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
þ	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, edu		
	relating to these items:	·	
	(i) Revenue 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 treas	ures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under SFAS 116		•
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

30,540.

e Other

64,974.

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

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				······
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or en	d-of-year market value
(1) Financial derivatives		<u> </u>		
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)	***************************************			
(2)				
(3)	***************************************			
(4)				
(5)				**************************************
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	1			
Complete if the organization answered "Yes"	to Form 990 Part IV line	11d See Form 990	Part X line 15	
	Description	714,00010111000,	rate /t, into ro.	(b) Book value
(1)	**************************************	· · · · · · · · · · · · · · · · · · ·		(4) 20011 (4111
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)		······································		
(4)	**************************************			
(5)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
(6)				*!···
(7)				
(8)		*		
(9)		······································		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.15.)	W/ W		
Part X Other Liabilities.	<i>5 10.)</i>			
the state of the s	to Famin 000 Doubli line	84 44£ O F	. 000 D. IV P. 05	
Complete if the organization answered "Yes" 1. (a) Description of liability	to rorm 990, Part IV, line	(b) Book value	1990, Part X, line 25.	
		(b) book value		
(1) Federal income taxes (2) CAPITAL LEASE PAYABLE		20 400		
		28,408.		
		96,651.		
(4)				
(5)				
(6)				
(7)				
(8)			Training of the second of the	g [minose] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(9)	l		mainte skir katikatyásolátójásólá	

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

 \triangleright

Schedule D (Form 990) 2014

125,059.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

26-1269358 Page 4 HEALTHCORPS, INC. Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 6,154,521. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e Subtract line 2e from line 1 6,154,521. 3 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 -552,070. b Other (Describe in Part XIII.) -552,070. c Add lines 4a and 4b 5,602,451. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 7,819,239. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities _____ 2b **b** Prior year adjustments c Other losses 552.070. d Other (Describe in Part XIII.) 2đ 552,070. e Add lines 2a through 2d 2e 7,267,169. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 7,267,169. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(C)(3) AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A). THE ORGANIZATION IS ALSO EXEMPT FROM NEW YORK STATE AND NEW YORK CITY INCOME TAXES. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. AS A NOT-FOR-PROFIT ORGANIZATION, THE ORGANIZATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT), IF APPLICABLE. FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, THE ORGANIZATION DID NOT OWE ANY UBIT. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS OR DISCLOSURES TO THE FINANCIAL

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 HEALTHCORPS, INC. 26-126 Part XIII Supplemental Information (continued) STATEMENTS. PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS	-552,0	70
PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS	-552,0	70
SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS	-552,0	70
SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS	-552,0	70
SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS	-552,0	70
	-552,0	70
	-552,0	70
REVENUE	-332,0	
NEVEROE		70.
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENTS EXPENSES NETTED AGAINST SPECIAL EVENTS		

REVENUE	552,0	<u>70.</u>

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

ZU 14

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number

HEALTHC	ORPS, INC.				26-1269	358
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitati f Solicitati g Special to proral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursu	ion of ion of fundra (includer ofessi	non-g gover ising o ling o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

otal		,	>			
List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	s or has been notified	d it is exempt from re	egistration
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

Schedule G (Form 990 or 990-EZ) 2014

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

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) Revenue 771,925. 1 Gross receipts 771,925. 661,925. 2 Less: Contributions 661,925. 110,000. Gross income (line 1 minus line 2) 110,000. 4 Cash prizes 5 Noncash prizes Direct Expenses 141,339. 6 Rent/facility costs 141,339. 63,242. 63,242. 7 Food and beverages 30,123. 30,123. 8 Entertainment 317,366. 317,366. 9 Other direct expenses 552,070. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -442,070. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue. 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary, Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 432082 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 HEALTHCORPS, INC.	26-1269358 Page 3
11 Does the organization conduct 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?	
13 Indicate the percentage of gaming activity conducted in:	
	1120
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	cords:
Name ▶	
Address >	<u></u>
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 ar	mount
of gaming revenue retained by the third party > \$	•
c If "Yes," enter name and address of the third party:	
on too, onto hand address state and party.	
Nama 🛌	
Name	
Address ►	
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 spe	
	THE HIT GIVE
organization's own exempt activities during the tax year > \$	al David III - Smara O - Ob - 40% - 45%
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), an 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	a Part III, sines 9, 90, 100, 150,
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Schedule G (Form 990 or 990-EZ)	HEALTHCORPS, IN	IC.	26-1269358 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	ormation (continued)		

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HEALTHCORPS, INC.

Employer identification number 26-1269358

Pa	art Questions Regarding Compensation			-
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		álvásn	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Whousing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	<u> </u>
		12.00		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		345	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		rož-	N. ENG	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	100 - 1. 100 - 1120 100 - 1120		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	2000		37
	The organization?	5a	ļ	X
b	Any related organization?	5b	.#848160 c	A
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	<u>6a</u>	ļ	X
b	Any related organization?	6b	503 at 200	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	an real	\$2.54 \$7	
	not described in lines 5 and 6? If "Yes," describe in Part III	7	X	Season
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			F-765 (C)
	Regulations section 53.4958-6(c)?	9		<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organization Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and

	(B) Breakdown of	W-2 and/or 1099-MI	(C) Retirement and other deferred	(D) Nontaxable benefits		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenis
(1) MICHELLE BOUCHARD	(i)	233,538.	9,231.	0.	0.	37,705.
PRESIDENT	(ii)	0.	0.	0.	0.	0.
(2) JUAN BREA	(i)	151,923.	6,346.	0.	0.	22,975.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.
(3) DR. SHAWN HAYES (THRU 1/2015)	(i)	153,211.	6,154.	0.	0.	13,783.
VICE PRESIDENT OF RESEARCH	(ii)	0.	0.	0.	0.	0.
	(i)					
	(ii)					
	(i)					
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Schedule J (Form 990) 2014 HEALTHCORPS, INC.
Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this
PART I, LINE 1A:
DURING THE YEAR, THE ORGANIZATION PAID \$24,000 IN HOUSING AND RELATED
EXPENSES ON BEHALF OF THE PRESIDENT. THIS AMOUNT IS INCLUDED IN PART II,
COLUMN D.
PART I, LINE 7:
DURING THE YEAR, THE FOLLOWING INDIVIDUALS RECEIVED NON-FIXED PAYMENTS IN
THE FORM OF A BONUS:
MICHELLE BOUCHARD, PRESIDENT - \$9,231
JUAN BREA, CHIEF OPERATING OFFICER - \$6,346
DR. SHAWN HAYES, VP OF RESEARCH - \$6,154

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

HEALTHCORPS. INC. Employer identification number 26-1269358

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CRISIS BY EMPOWERING AMERICAN STUDENTS AND THEIR FAMILIES TO BECOME HEALTH AGENTS OF CHANGE FOR THEIR COMMUNITIES. HEALTHCORPS IS HELPING THE COUNTRY REACH THE TIPPING POINT TOWARDS WELLNESS NOW AND FOR THE FUTURE OF OUR CHILDREN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POINT TOWARDS WELLNESS NOW AND FOR THE FUTURE OF OUR CHILDREN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 311,520 STUDENTS. HEALTHCORPS ALSO ADVOCATES FOR POLICY SHIFTS ACROSS ALL LEVELS OF GOVERNMENT THAT PUT HEALTH AND PHYSICAL EDUCATION BACK INTO THE CORE CURRICULUM OF THE AMERICAN EDUCATION SYSTEM.

FOCUSED ON THREE PRIORITIES, HEALTHCORPS EDUCATES THE STUDENT BODY, ACHIEVES COMMUNITY OUTREACH THROUGH "FIT-TOWN" (AN INITIATIVE TO CONNECT AND EMPOWER INDIVIDUALS AND ORGANIZATIONS TO BRING ABOUT AWARENESS AND AFFECT CHANGE THROUGH LOCAL PROJECTS AND INITIATIVES) AND ADVOCATES FOR POLICY SHIFTS ACROSS ALL LEVELS OF GOVERNMENT THAT PUT HEALTH AND PHYSICAL EDUCATION BACK INTO THE CORE CURRICULUM OF THE AMERICAN EDUCATION SYSTEM.

FORM 990, PART V, LINE 2B

THE ORGANIZATION USES THE SERVICES OF A PROFESSIONAL EMPLOYER

ORGANIZATION (PEO). THE PEO LEASES EMPLOYEES TO HEALTHCORPS AND COVERS

ALL HUMAN RESOURCE AND PAYROLL FUNCTIONS. THE W-2S AND ALL REOUIRED

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Page 2 Schedule O (Form 990 or 990-EZ) (2014) Employer identification number Name of the organization 26-1269358 HEALTHCORPS, INC. EMPLOYMENT TAX RETURNS ARE FILED BY THE PEO. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S CONTROLLER, CHIEF FINANCIAL OFFICER, PRESIDENT AND BOARD TREASURER. THE FINAL DRAFT WILL BE REVIEWED WITH THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND CIRCULATED TO THE FULL BOARD BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THE ORGANIZATION'S DIRECTORS, OFFICERS AND KEY EMPLOYEES (IF APPLICABLE) ARE REQUIRED TO DISCLOSE TO THE ORGANIZATION'S BOARD OF DIRECTORS THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AND ALL MATERIAL FACTS RELATED TO IT. FURTHERMORE, ON AN ANNUAL BASIS, THE BOARD OF DIRECTORS WILL REVIEW THESE DISCLOSURES. ANY AFFECTED INDIVIDUAL WILL BE NOTIFIED AND ADVISED OF HIS/HER RESPONSIBILITIES RELATED TO THE CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HIRED AN OUTSIDE COMPENSATION CONSULTANT TO PERFORM A FULL THE CONSULTANT USED VARIOUS ORGANIZATIONAL COMPENSATION REVIEW. COMPARABILITY DATA AND REPORTED ON SALARY BANDS FOR EACH POSITION WITHIN THE ORGANIZATION. THE BOARD OF DIRECTORS RELIED ON THE SALARY SURVEY TO DETERMINE THE COMPENSATION OF THE PRESIDENT AND CHIEF OPERATING OFFICER. THE PRESIDENT AND CHIEF OPERATING OFFICER DETERMINED THE SALARIES OF THE OTHER OFFICERS AND PRESENTED THEM TO THE BOARD OF DIRECTORS FOR THEIR

THE COMPENSATION DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN EMPLOYEES. Schedule O (Form 990 or 990-EZ) (2014)

IN FISCAL YEAR ENDED 2015, THE ORGANIZATION HAD NO KEY

APPROVAL.

Schedule O (Form 990 or 990-EZ) (2014)			Page 2
Name of the organization HEALTHCORPS, INC.	Employer identific 26-1269	ation nu 358	ımber
E-MAILS BETWEEN THE PRESIDENT, CHIEF OPERATING OFFICER,	CONTROLLER,	AND	THE
COMPENSATION CONSULTANT.			·····
FORM 990, PART VI, SECTION C, LINE 19:			····
THE ORGANIZATION POSTS ITS ANNUAL REPORT AND FORM 990 ON	ITS WEBSIT	E. TH	IESE
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR T	HE SAME PER	COD C)F
DISCLOSURE AS SET FORTH IN SECTION 6104(D).			
			
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Asset	Description of property							
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
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					- Current year section 179	D) - Asset dispo		

Form 886	8 (Rev. 1-2014)					Page 2
	re filing for an Additional (Not Automatic) 3-Mo	onth Extension,	complete only Part II and check thi	s box		
	y complete Part II if you have already been grant					
If you a	re filing for an Automatic 3-Month Extension, c	omplete only P	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Mo	nth Extensio	n of Time. Only file the origin	al (no c	opies need	ed).
	****		Enter filer's	identify	ng number, s	ee instructions
Type or	Name of exempt organization or other filer, see	e instructions.		Employe	r identificatio	number (EIN) or
print	THAT MILOOD DO THE					
File by the due date for	HEALTHCORPS, INC.			26-12		
return. See 75 BROAD STREET, NO. 2410				Social s	ecurity numbe	r (SSN)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City, town or post office, state, and ZIP code. NEW YORK, NY 10004	For a foreign add	dress, see instructions.			
Enter the	Poturn and a for the return that this englishing is	£ /£i	A 1 1 1			[] []
	Return code for the return that this application is	s for (file a separa	ite application for each return)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 1
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ls For	***************************************	Code	Is For	~~~		Code
	or Form 990-EZ	01	STATE OF CHESTER OF STATE			
Form 990		02	Form 1041-A			80
	0 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			
	T (trust other than above) not complete Part II if you were not already g	06	Form 8870			12
If this is box ▶ [4 I red	rganization does not have an office or place of b s for a Group Return, enter the organization's fou , If it is for part of the group, check this box juest an additional 3-month extension of time uni- calendar year, or other tax year beginni	r digit Group Exe	emption Number (GEN) In the control of the	f this is fo	r the whole g	sion is for.
	e tax year entered in line 5 is for less than 12 mo Change in accounting period			Final		,
7 Stat	e in detail why you need the extension					
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RE	TURN.					
8a If th	a application is for Ferral COO DI COO DE COO T	4700 000			·	
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	s application is for Forms 990-PF, 990-T, 4720, o	r COCO enter en		8a	\$	0.
	payments made. Include any prior year overpaym			andr:		
	viously with Form 8868.	ient anowed as a	refedit and any amount paid	8b		0.
	ince due. Subtract line 8b from line 8a. Include y	our payment wit	h this form if required by using	OD	\$	0.
EFT	PS (Electronic Federal Tax Payment System). See	e instructions	and room, in required, by using	8c	\$	0.
***************************************			t be completed for Part II o	nlv.	ι Ψ	
Inder pena is true, co	ities of perjury, I declare that I have examined this form, rrect, and complete, and that I am authorized to prepare	including accomp			f my knowledge	and belief,
ignature 🕽	▶ Tit	e ▶ CPA		Date	•	
				2000	··	68 (Rev. 1-2014)
					. 5.71, 50	(

	88 (Rev. 1-2014)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	s box	X
	ly complete Part II if you have already been granted an a				
	are filing for an Automatic 3-Month Extension, comple				•
Part II				al (no conio	a paadad)
1, 44,00 12	Transfer (1101) to the contract of the contract of	NEW11414			
			Enter filer's		mber, see instructions
Type or	Name of exempt organization or other filer, see instru	ictions.		Employer iden	tification number (EIN) or
print			:		
File by the	HEALTHCORPS, INC.			26	5-1269358
due date for filing your	I Number, street, and room or suite no. if a P.O. pox, s	ee instruc	tions.	Social security	number (SSN)
return. See	505 EIGHTH AVENUE, NO. 1101				, ,
instructions		oreign add	lress, see instructions.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	NEW YORK, NY 10018	o. o.g., a.c.			
					
Potentin.	The true and for the unit resident this amplication is for 16th		to analization for each with		011
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		<u>V</u> II
					<u></u>
Applicat	ion	Return	Application		Return
is For		Code	ls For		Code
Form 990	O or Form 990-EZ	01		CHANGE OF THE	A CONTRACTOR OF THE PROPERTY O
Form 990)-BL	02	Form 1041-A		08
Form 473	20 (individual)	03	Form 4720 (other than individual)		09
Form 990	· · · · · · · · · · · · · · · · · · ·	04	Form 5227		10
~~~	O-T (sec. 401(a) or 408(a) trust)	<del> </del>	Form 6069	<del> </del>	**************************************
***************************************		05			
	OT (trust other than above)	06	Form 8870		12
STOP! D	o not complete Part II if you were not already granted			viously filed Fo	rm 8868.
	JULLIAHANN WAS	HINGT	ON		
• The b	ooks are in the care of > 505 EIGHTH AVE	NUE,	NO. 1101 - NEW YOR	K, NY 10	018
	hone No. ► (212)742-2875		Fax No. >		
	organization does not have an office or place of busines	a in that l			
	is for a Group Return, enter the organization's four digit				
DOX >	, If it is for part of the group, check this box 🕨 📖	and atta	ach a list with the names and EINs o	f all members ti	ne extension is for.
4 Ire	equest an additional 3-month extension of time until	MAY	15, 2016		
5 Fo	r calendar year, or other tax year beginning	JUL 1	, 2014 , and endir	ng JUN 3(	), 2015
	he tax year entered in line 5 is for less than 12 months, o			Final return	
	Change in accounting period				
7 Sta	ate in detail why you need the extension				
	DDITIONAL TIME IS NECCESSARY	TM O	RDER TO ETLE A COM	PLETE AL	ID ACCITRATE
	STURN.				10 2100012111
17.1	3.7.01/1/4				
				······	
		<u> </u>		***	
8a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		
	nrefundable credits. See instructions.			8a \$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	) onter on	west and astimated		
			-	2553	
	payments made. Include any prior year overpayment al	llowed as a	a credit and any amount paid		0
	eviously with Form 8868.			8b   \$	0.
	lance due. Subtract line 8b from line 8a. Include your pa	-	th this form, if required, by using		_
EF	TPS (Electronic Federal Tax Payment System). See instr	uctions.		8c \$	0.
	Signature and Verificat	tion mu	st be completed for Part II	only.	
Under per	nalties of perjury, I declare that I have examined this form, include	ling accomi	panying schedules and statements, and t	to the best of my l	knowledge and belief.
it is true,	correct, and complete, and that I am authorized to prepare this f	orm.		7	<b>3</b> ,
Signature	Title >	CPA		Date >	
Jigitatul 6	THE	~~~		Date	Farm 0000 /D 4 001 A
					Form 8868 (Rev. 1-2014)

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

		******	www.ns.govnom	. 0000	· 1	
• If you a	are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box		*************	<b>▶</b> X
<ul><li>If you a</li></ul>	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of	this form	).	
	omplete Part II unless you have already been granted	an autom	atic 3-month extension on a previous	ly filed F	orm 8868.	
Electron	ic filing (e-file) . You can electronically file Form 8868 if	you need	a 3-month automatic extension of tin	ne to file	(6 months fo	r a corporation
required t	to file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically fi	le Form i	3868 to requ	est an extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for	ransfers	Associated	With Certain
Personal	Benefit Contracts, which must be sent to the IRS in paper	per format	(see instructions). For more details of	n the ele	ectronic filing	of this form,
visit www	.irs.gov/efile and click on e-file for Charities & Nonprofit	s.				·
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	ded).		
A corpora	ation required to file Form 990-T and requesting an auto	matic 6-m	onth extension - check this box and	complete		
Part Loni			***************************************		***************	> 🔲
All other o	corporations (including 1120-C filers), partnerships, REN	AICs, and :	trusts must use Form 7004 to reques	t an exte	nsion of time	!
	ome tax returns.			Enter fi	er's identify	ing number
Type or	Name of exempt organization or other filer, see instru	ctions.				on number (EIN) or
print	*****					, ,
File by the	HEALTHCORPS, INC.				26-12	69358
due date for filing your	Number, street, and room or suite no. If a P.O. box, s	see instruc	ctions.	Social s	ecurity numb	er (SSN)
return. See	505 EIGHTH AVENUE, NO. 110					
instructions.	City, town or post office, state, and ZIP code. For a f	oreign add	fress, see instructions.			
	NEW YORK, NY 10018					
T-4 41	<b>5</b>					
Enter the	Return code for the return that this application is for (fil-	e a separa	tte application for each return)			0 1
Application	A.4	I			**************************************	
is For	0.1	Return	Application			Return
	or Form 990-EZ	Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
	0 (individual)	02	Form 1041-A			08
Form 990		03	Form 4720 (other than individual)			09
	T (sec. 401(a) or 408(a) trust)	04	Form 5227			
	T (trust other than above)	05	Form 6069			11
	JULLIAHANN WASI	06   TNC/07/	Form 8870	······································		12
■ The ho	oks are in the care of ▶ 505 EIGHTH AVE			, P. 184	10010	
Teleph	one No. ► (212)742-2875	NO15, 1		7 14 3	TOOTS	
		ملما مطعمان	Fax No.			. ,1
If this is	rganization does not have an office or place of business	Group Eve	metion Number (CEN)			▶ ١
рох 🕨 🗓	s for a Group Return, enter the organization's four digit	Group Exe	an priori number (GEN)	this is to	r the whole o	group, check this
	. If it is for part of the group, check this box  uest an automatic 3-month (6-months for a corporation	ano ana	ch a list with the names and EINs of	ali memt	ers the exte	nsion is for.
	FEBRUARY 16, 2016 to file the exemp	t organiza	tion return for the pression of time i	untii	<b>-</b>	
is fo	r the organization's return for:	i Uiyailiza	non return for the organization name	o above.	The extension	סמ
▶[	alendar year or					
<b>→</b> [	X tax year beginning JUL 1, 2014	90	d ending JUN 30, 2015			
		, di l	dending both 50, 2015		<del></del> ·	
2 If the	e tax year entered in liné 1 is for less than 12 months, c	hock rope	on: Initial return F	inal retu		
	Change in accounting period	HECK ICES	onnada recomr	rnai retui	រា	
3a If thi	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	0r 6060 /	portor the tentative bay lines are	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	refundable credits. See instructions.	ur ouds, i	erner tile teritative tax, less any	0-		0.
	s application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	trofundable avadite and	3a	\$	<u> </u>
estir	nated tax payments made. Include any prior year overp	, cineran) Sument of	lowed as a gradit	0.		n
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	vmost wit	h this form if required	3b	\$	0.
by u	sing EFTPS (Electronic Federal Tax Payment System).	See instru	otions	2-		0.
	f you are going to make an electronic funds withdrawal			3c	<del>   </del>	0.504
nstruction	S.	100 501 061	org with this FOIH bood, see Form 84	ಎಂ.⊆೧ g	no romi 887	ع-د∪ ior payment .
HA Fo	r Privacy Act and Paperwork Reduction Act Notice,	see instri	ections.		Earn 9	868 (Rev. 1-2014)
SCHAIL		++ **	· · · · · · · · · · · · · · · · · · ·		COLLIS C	OCCUPATION, PARTICLE

Form 8868 (Rev. 1-2014)

# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

2014

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d.General Informat	ຂໍ້ຕົດກໍ່ຂໍ້					
For Fiscel Year Beginnin	g (mm/dd/yyyy) 07/01/	2014 and Ending	(mm/dd/yyyy) 06/30/	2015		
Chack if Applicable:	Name of Organization:		4	Employer Identification Number (EIN):		
Address Change	HEALTHCORPS, I	NC.		26-1269358		
Name Change	Meiling Address:			NY Registration Number:		
Initial Filing	75 BROAD STREE	T. NO. 2410		<u>40-89-76</u>		
Finel Filing Amended Filing	City/State/ZIP: NEW YORK, NY	10004		Telephone: 212 742-2875		
Reg ID Pending	Website:	70007		Email:		
	WWW.HEALTHCORP	S.ORG		MICHELLE BOUCHARD CH		
Check your organization's registration category: TA only EPTL only DUAL (7A & EPTL) EXEMPT Find your registration category at www.GiantissilYS.com						
2. Certification						
	ication requirements. Imprope	r certification is a violation	of law that may be subjec	t to penalties.		
We cartify under penalties of perjury that we reviewed this report, including all effectments, and to the best of our knowledge and befet, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.  MI CHELLE BOUCHARD PRESIDENT Print Name and Title Date  Chief Financial Officer or Treasurer: Signature Signature Print Name and Title Date  3::Affinual; Reporting: Exemption: Check the examption(s) that apply to your filing. If your organization is claiming an examption under the category (7A and EPTL only files) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the cartified Cher500. No fee, schedules, or additional attachments are required. If you cannot claim an examption or are a DUAL filer that claims only one examption, you must file applicable schedules and attachments and pay applicable fees.  3: A filing examption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund reiser (PFR) or fund reising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualities for another 7A examption (see instructions).						
Sb. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.						
4-Schedules and A	ttachments,					
See the following page						
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer						
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to						
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
-5 ₈ Fee?						
See the checklist on the	7A filling fee:	EPTL filing fee:	Total fee:			
next page to calculate yo				Make a single-check or money order		
fee(s). Indicate fee(s) you				payable to:		
are submitting here:	\$ 25.	\$ 250.	\$ <u>275.</u>	"Department of Law"		

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filling exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Par If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Ra If you answered "yes" in Part 4b, submit Schedule 4b: Government Gran	aisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules including Schedule B (Schedule or	6 Ocabrillo de col
IRS Form 990-T if applicable	r Contributors).
If you are a 7A only or DUAL filer, submit the applicable independent Certified F Review Report if you received total revenue and support greater than \$26  X Audit Report if you received total revenue and support greater than \$500	50,000 and up to \$500,000. ,000
No Review Report or Audit Report is required because total revenue and Note: The Audit and Review requirements are set to change in 2017 and 2021 in	
For more details, visit <u>www.CharitiesNYS.com.</u>	in accordance with the Non Profit Revitalization Act of 2013.
Calculate Your Fee	
	Is my organization a 7A, EPTL or DUAL filer?
For 7A and DUAL filers, calculate the 7A fee:	<ul> <li>7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")</li> </ul>
\$0, if you marked the 7A exemption in Part 3a	- EPTL filers are registered under the Estates, Powers & Trusts
X \$25, if you did not mark the 7A exemption in Part 3a	Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
	<ul> <li>DUAL filers are registered under both 7A and EPTL,</li> </ul>
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you marked the EPTL exemption in Part 3b	Check your registration category and learn more about NY law at <a href="https://www.charitiesNYS.com">www.charitiesNYS.com</a>
\$25, if the NET WORTH is less than \$50,000	Where do I find my organization's NET WORTH?
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	NET WORTH for fee purposes is calculated on:
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	- IRS From 990 Part I, line 22
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	0 IRS Form 990 EZ Part I, line 21
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,00	OO - IRS Form 990 PF, calculate the difference between
\$1500, if the NET WORTH is \$50,000,000 or more	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

## **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

2014

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
HEALTHCORPS, INC.	40-89-76

2. Government Grants

Name of Government Agency	Α	Amount of Grant	
1.NEW JERSEY DEPARTMENT OF HEALTH	1.	225,000.	
2.NEW YORK CITY DEPARTMENT OF HEALTH	2.	1,148,370.	
3.NIH - ALBERT EINSTEIN COLLEGE OF MEDICINE	3.	165,500.	
4.DESERT HEALTHCARE DISTRICT	4.	227,910.	
5.DESERT HEALTHCARE FOUNDATION	5.	99,103.	
6,OTHER	6.	2,073.	
7.	7.		
8.	8.		
9.	9.		
10.	10.		
11.	11.		
12.	12.		
13.	13.		
14.	14,		
15.	15.		
Total Government Grants:	Total:	1,867,956.	