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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Open to Public
Inspection

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

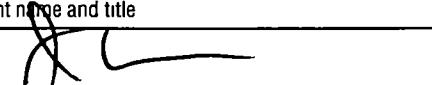
A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable	C Name of organization FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.		D Employer identification number 06-0883545
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 374 GRAND AVENUE		Room/suite
	See Specific Instructions City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06513		
	F Name and address of principal officer: KATRINA CLARK 374 GRAND AVENUE, NEW HAVEN, CT 06513		G Gross receipts \$ 12,820,595.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: N/A			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			H(c) Group exemption number ►

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE HEALTH SERVICES TO THE MEDICALLY UNDERSERVED IN THE NEW HAVEN AREA.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of employees (Part V, line 2a) 188
	6 Total number of volunteers (estimate if necessary) 20
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 0.
	b Net unrelated business taxable income from Form 990-T, line 34 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 6,322,893.
	9 Program service revenue (Part VIII, line 2g) 4,780,866.
	10 Investment income (Part VIII, column v, lines 1a, 4, and 7d) 0.
	11 Other revenue (Part VIII, column (A), lines 3, 5, 6d, 8c, 9c, 10c, and 11d) 0.
	12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12) 11,103,759.
	Prior Year 6,322,893. Current Year 7,091,651.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,780,866. 5,728,944.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 7,484,894.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,056,144.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 19,515.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 19,515.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,753,827.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,238,721.
	19 Revenue less expenses. Subtract line 18 from line 12 <1,134,962. >
Net Assets or Fund Balances	Beginning of Year 5,385,309. End of Year 5,917,673.
	20 Total assets (Part X, line 16) 2,266,915.
	21 Total liabilities (Part X, line 26) 3,118,394.
	22 Net assets or fund balances. Subtract line 21 from line 20 2,853,111.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Signature of officer 	Date 5/14/10		
	► KATRINA CLARK, EXECUTIVE DIRECTOR			
Paid Preparer's Use Only	Preparer's signature 	Date 05/11/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ►
	Firm's name (or yours if self-employed), address, and ZIP + 4 PIKAART VISCONTI & ASSOCIATES, P.C. 41 MIDDLETOWN AVENUE NORTH HAVEN, CT 06473-3926			
				Phone no. ► (203) 865-2927

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

 Yes No

C/S

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

PROVIDE HEALTH SERVICES TO THE MEDICALLY UNDERSERVED IN THE NEW HAVEN AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,117,002. including grants of \$) (Revenue \$)

THE GENERAL CLINIC SERVED APPROXIMATELY 14,000 PATIENTS AND HANDLED APPROXIMATELY 62,000 PATIENT VISITS FOR THE FISCAL YEAR ENDED JUNE 30, 2009.

4b (Code:) (Expenses \$ 1,351,011. including grants of \$) (Revenue \$)

COMMUNITY HEALTH CENTER (330 GRANT) IS A PROGRAM WHICH PROVIDES HEALTH SERVICES TO THE MEDICALLY UNDERSERVED. APPROXIMATELY 14,000 PEOPLE BENEFIT FROM THIS GRANT.

4c (Code:) (Expenses \$ 1,787,468. including grants of \$) (Revenue \$)

WIC PROGRAM PROVIDES NUTRITION EDUCATION FOR PREGNANT AND LACTATING WOMEN, INFANTS, AND CHILDREN UNDER THE AGE OF FIVE. APPROX. 1,850 PEOPLE BENEFIT FROM THIS PROGRAM

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 10,255,481. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14a X 14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K.</i> <i>If "No", go to question 25</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	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, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 1	
1b		1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 188	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	X	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	X	
5b	If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7a	Organizations that may receive deductible contributions under section 170(c).	X	
7b	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
7c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7d	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7e	If "Yes," indicate the number of Forms 8282 filed during the year		
7f	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
7g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7i	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9b	If "Yes," did the organization make any taxable distributions under section 4966?		
10a	Did the organization make a distribution to a donor, donor advisor, or related person?		
10b	Section 501(c)(7) organizations. Enter: N/A		
11a	Initiation fees and capital contributions included on Part VIII, line 12		
11b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
12a	Section 501(c)(12) organizations. Enter: N/A		
12b	Gross income from members or shareholders		
12c	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12d	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12e	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a	9
b Enter the number of voting members that are independent	1b	9
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
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	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►	NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►	
KATRINA CLARK, EXECUTIVE DIRECTOR - (203) 777-7411	
374 GRAND AVENUE, NEW HAVEN, CT 06513	

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
TERRY FREEMAN CHAIR, PERSONNEL COMMITTEE		X					0.	0.	0.
DAVID JONES CHAIR, CLINICAL AFFAIRS		X					0.	0.	0.
ED CAR BOARD OF DIRECTOR MEMBER		X					0.	0.	0.
MAUREEN CAMPBELL BOARD OF DIRECTOR MEMBER		X					0.	0.	0.
NITZA DIAZ BOARD OF DIRECTOR MEMBER		X					0.	0.	0.
NADINE HERRING BOARD OF DIRECTOR MEMBER		X					0.	0.	0.
WILLIAM MORICO TREASURER			X				0.	0.	0.
NELSON CRUZ PRESIDENT			X				0.	0.	0.
JULIAN QUINN VICE PRESIDENT			X				0.	0.	0.
ROSALY TRUMAN SECRETARY			X				0.	0.	0.
KATRINA CLARK EXECUTIVE DIRECTOR	35.00		X				93,542.	0.	2,806.
LAURIE BRIDGER MEDICAL DIRECTOR	35.00		X				146,349.	0.	15,544.
ANNE CAMP PHYSICIAN	35.00			X			119,180.	0.	3,386.
LAUREL SHADER, M.D. PHYSICIAN	35.00			X			121,583.	0.	3,560.
AMY MOLTEN PHYSICIAN	35.00			X			119,157.	0.	2,323.
SEMEON TSALBINS PHYSICIAN	35.00			X			116,579.	0.	4,467.
KEVIN BARAN PHYSICIAN	35.00			X			124,081.	0.	0.

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

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
DEHAR ASSOCIATES 69 SEAVIEW AVENUE, BRANFORD, CT 06405	ARCHITECTURAL SERVICES	205,273.
MERIT ASSOCIATES, INC. 93 DEMING RD SUITE A, BERLIN, CT 06037	GENERAL CONTRACTING AND CONSTRUCTION.	202,110.
CENTRAL CLEANING SERVICES 1701 DIXWELL AVENUE, HAMDEN, CT 06514	CLEANING SERVICES	106,228.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 3

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	7012531.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	79,120.		
	g Noncash contributions included in lines 1a-1f \$		2034897.		
	h Total. Add lines 1a-1f		► 7,091,651.		
Program Service Revenue	2 a MEDICARE/MEDICAID PAYM	Business Code			
	b PATIENT GENERATED FEES	621400	4,285,950.	4,285,950.	
	c OTHER REVENUE	621400	1,146,244.	1,146,244.	
	d	621400	296,750.	296,750.	
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		► 5,728,944.		
	3 Investment income (including dividends, interest, and other similar amounts)		►		
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)		►			
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)		►			
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events		►			
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities		►			
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		►			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		► 12820595.	5,728,944.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	93,542.	79,405.		14,137.
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	7,280,350.	5,495,235.	1,785,115.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,058,087.	803,071.	253,602.	1,414.
10 Payroll taxes	624,165.	473,221.	149,438.	1,506.
11 Fees for services (non-employees):				
a Management				
b Legal	103,264.		103,264.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	296,772.	225,547.	71,225.	
17 Travel	24,130.	18,339.	5,791.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,574.	31,596.	9,978.	
20 Interest	34,803.	26,450.	8,353.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	177,043.	134,553.	42,490.	
23 Insurance	15,187.	11,542.	3,645.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a WIC FOOD BENEFITS	1,583,503.	1,583,503.		
b VACCINES	451,394.	451,394.		
c MEDICAL SUPPLIES	344,748.	344,748.		
d CONSULTANTS	321,660.	108,553.	213,107.	
e LABORATORY FEES	202,694.	202,694.		
f All other expenses	432,962.	265,630.	164,874.	2,458.
25 Total functional expenses. Add lines 1 through 24f	13,085,878.	10,255,481.	2,810,882.	19,515.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	207,251.	1	164,433.
	2 Savings and temporary cash investments	34,773.	2	30,571.
	3 Pledges and grants receivable, net	448,985.	3	610,245.
	4 Accounts receivable, net	797,644.	4	814,750.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,873.	9	14,009.
	10a Land, buildings, and equipment: cost basis	10a 5,372,298.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,937,393.	3,477,433.	10c 3,434,905.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	83,333.	12	83,333.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	327,017.	15	765,427.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	5,385,309.	16	5,917,673.
Liabilities	17 Accounts payable and accrued expenses	1,284,130.	17	2,034,101.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	476,535.	23	442,757.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	506,250.	25	587,704.
	26 Total liabilities. Add lines 17 through 25	2,266,915.	26	3,064,562.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,118,394.	27	2,853,111.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,118,394.	33	2,853,111.
	34 Total liabilities and net assets/fund balances	5,385,309.	34	5,917,673.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

Yes No

2a X2b X2c X3a X3b X

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

Employer identification number

06-0883545

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

The organization is not a private foundation because it is. (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

Schedule A (Form 990 or 990-EZ) 2008

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") ..	5172976.	5203869.	5524294.	6322893.	7091651.	29315683.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..	4269686.	4875491.	5500710.	4780866.	5728944.	25155697.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ..						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ..						
6 Total. Add lines 1 - 5 ..	9442662.	10079360.	11025004.	11103759.	12820595.	54471380.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons ..						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..						
c Add lines 7a and 7b ..						
8 Public support (Subtract line 7c from line 6) ..						54471380.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 ..	9442662.	10079360.	11025004.	11103759.	12820595.	54471380.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..	722.	1,066.	4,568.			6,356.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ..						
c Add lines 10a and 10b ..	722.	1,066.	4,568.			6,356.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ..						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ..						
13 Total support (Add lines 9, 10c, 11, and 12) ..						54477736.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) ..	15	99.99	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g ..	16	99.88	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) ..	17	.01	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h ..	18	.12	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

SCHEDULE 1

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2009**

Federal Grantor/ Program Title	Federal CFDA Number	Pass-Through Grantor's Number	Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES:			
Direct Programs:			
Community Health Center - 330 Grant	93.224		\$1,351,011
Ryan White Outpatient Early Intervention	93.918		341,148
ARRA- Increase Service to Health Centers	93.703		<u>40,000</u>
Subtotal Direct Programs			<u>1,732,159</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES:			
Pass through Programs from:			
Planned Parenthood of Connecticut			
Title X – Family Planning	93.217	01-H-000038-36-01	210,458
State of Connecticut Department of Public Health			
Family Planning	93.994	2005 – 0117	44,768
Social Services Block Grant Title XX – Family Planning	93.667	093PPL-SBG-21/05DSS5001VG	42,615
City of New Haven - Ryan White C.A.R.E. ACT	93.914	CAPO# 20081348-00	
Title I – Primary Care		A08-0466	156,848
City of New Haven - Ryan White C.A.R.E. ACT		CAPO# 20091180-000	
Title I – Minority Health Initiative	93.914	A08-1163	29,684
City of New Haven - Ryan White C.A.R.E. ACT		CAPO# 20091348-00	
Title I – Primary Care	93.914	A09-0466	74,547
Community Health Center Association of CT – Ryan White C.A.R.E. ACT			
Title IV – Children, Youth & Family AIDS Network	93.914		55,693
Community Foundation of Greater New Haven - Healthy Start	93.926		48,525
State of Connecticut Department of Public Health			
Vaccines	93.268		451,394
Community Health Center Association of CT – Bioterrorism Emergency Planning	93.889		2,000
Community Health Center Association of CT – Medicaid Outreach	93.790		41,251
Community Health Center Association of CT – Colorectal Cancer Screening	93.283		7,686
State of Connecticut Department of Public Health			
pass through City of New Haven School Based Health Clinic – Wilbur Cross	93.994	DPH 48500-17019	12,214
State of Connecticut Department of Public Health			
pass through City of New Haven School Based Health Clinic – Fair Haven Middle School	93.994	DPH 48500 - 17019	5,724

State of Connecticut Department of Public Health 93.994 DPH 48500 - 17019 5,907
pass through City of New Haven School based
Health Clinic – Clinton Avenue

Subtotal Pass through Programs 1,189,314

Total U.S. Department of Health and Human Services 2,921,473

U. S. DEPARTMENT OF AGRICULTURE:

Pass through program from CT Department of Public Health
Women, Infants and Children pass through the Hospital of St, Raphael 10.557 245 DPH 0054AA 203,965
Women, Infants and Children Food Benefits 10.557 1,583,503

Total U.S. Department of Agriculture 1,787,468

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT:

Pass through program from City of New Haven -
Community Development Act - Family and
Adolescent Project 14.218 24,114

Total U.S. Department of Housing and Urban Development 24,114

NATIONAL INSTITUTE OF HEALTH:

Agency for Healthcare Research and Quality pass
through Yale University: Electronic Records to
Improve Care for Children with Asthma HHSN267200800805P 5,835

Total National Institute of Health 5,835

TOTAL **\$ 4,738,891**

Basis of Accounting - The accompanying schedule of expenditures of federal awards includes the federal grant activity of Fair Haven Community Health Clinic, Inc. The information in this schedule is prepared in accordance with the requirements of OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations" and does not differ materially from generally accepted accounting principles. Expenses are recognized when they become a demand on current available financial resources and are liquidated within 60 days.

See Auditors' Report on Supplemental Information.

22	NON-CASH FEDERAL:	
	VACCINES	\$ 451,394
	WIC FOOD	\$ 1,583,503
	CASH	\$ 2,703,993

EIN# 06-0883595

SCHEDULE 2**FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.****SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2009**

State Grantor/ Pass-Through Grantor Program Title	State Grant Program Core-CT Number	Expenditures
DEPARTMENT OF PUBLIC HEALTH:		
Community Health Center Program:		
Preventive and Primary Care - CHC Services	11000-DPH48500-16060	\$ 548,687
Preventive and Primary Care - Immigrants	11000-DPH48500-16060	151,831
HIV Supplemental – Primary Care	11000-DPH48854-12236	50,624
Capital Expansion Contract	#4001-06-10-01	436,891
School-Based Health Clinics passed through the City of New Haven Department of Education		
The Body Shop at Wilbur Cross High School	11000-DPH48500-17019	109,926
The Body Shop at Fair Haven Middle School	11000-DPH48500-17019	51,514
The Body Shop at Clinton Avenue School	11000-DPH48500-17019	53,166
DEPARTMENT OF SOCIAL SERVICES:		
Connecticut Primary Care Association Small Grants		
Elderly Services Division	11000-DSS61000-16123	77,295
Grantor #093-FHC-EHS-13		
Elderly Services Division - Bella Vista Expansion Contract	2008-1126 11000-DSS06100-16020	8,000 294,000
CHILDRENS TRUST FUND:		
Nurturing Families Network	11000-CTF94000-12042	248,517
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES:		
Latino Behavioral Health System	09-MHA-1215 Core 12157	102,873
Tobacco Cessation – passed through Community Health Center Association of CT	11000-MHA53000-16003	43,337
Mental Health Transformation Pilot Program	11000-MHA53000-12157	56,980
Riverside Education Academy	11000-MHA53000-12157	40,000
TOTAL STATE FINANCIAL ASSISTANCE	<i>CASH</i>	<u>\$ 2,273,641</u>

See notes to Schedule and Auditors' Report on Supplemental Information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

Employer identification number
06-0883545

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes No

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

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		14,056.		14,056.
b Buildings		4,420,605.	1,169,711.	3,250,894.
c Leasehold improvements				
d Equipment				
e Other	937,637.	767,682.		169,955.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			►	3,434,905.

Schedule D (Form 990) 2008

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►

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

Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

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

Total (Column (b)) should equal Form 990, Part X, col (B) line 15.

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

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED INCOME	288,128.
SHORT TERM BORROWINGS	299,576.

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

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	12,820,595.
2	Total expenses (Form 990, Part IX, column (A), line 25)	13,085,878.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<265,283. >
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<265,283. >

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	13,124,945.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	304,350.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	304,350.
3	Subtract line 2e from line 1	3	12,820,595.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	12,820,595.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,390,228.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	304,350.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	304,350.
3	Subtract line 2e from line 1	3	13,085,878.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	13,085,878.

Part XIV Supplemental Information

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

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees► Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.Employer identification number
06-0883545**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If line 1a is 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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 not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes	No
1b	
2	
4a	X
4b	X
4c	X
5a	X
5b	X
6a	X
6b	X
7	X
8	X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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 organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LAURIE BRIDGER	(i) 146,349.	0.	0.	(C) 15,544.	0.	161,893.	0.
	(ii) 0.	0.	0.		0.	0.	0.
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No. 1545-0047

2008
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Inspection

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

Employer identification number
06-0883545

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>SALARIES</u>)	X	0	234,750.	
26 Other ► (<u>LAB FEES</u>)	X	0	40,000.	
27 Other ► (<u>RENT</u>)	X	0	29,600.	
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2008

SCHEDULE O.
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

Employer identification number
06-0883545

FORM 990, PART VI, SECTION A, LINE 10: THE TAX RETURN IS REVIEWED BY
MANAGEMENT AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: ANY POTENTIAL CONFLICTS OF
INTEREST ARE REVIEWED AND RESOLVED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S
COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD. OTHER OFFICER AND KEY
EMPLOYEE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THEY ARE MADE AVAILABLE UPON
REQUEST.

PART XI, LINE 2C EXPLANATION

THERE HAS BEEN NO CHANGE SINCE THE PRIOR YEAR.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	CONSTRUCTION COSTS	0401196ADS	40.0017	1769626.		1769626.		541,944.		44,241.		
2	ARCH. FEES	092396ADS	40.0017	26,100.		26,100.		7,726.		653.		
3	ARCH. FEES	042497ADS	40.0017	26,105.		26,105.		7,345.		653.		
4	CONSTRUCTION COSTS	050697ADS	40.0017	51,908.		51,908.		14,494.		1,298.		
5	SITE WORK	061397ADS	40.0017	23,190.		23,190.		6,428.		580.		
6	ARCH. FEES	0701197ADS	40.0017	64,994.		64,994.		17,875.		1,625.		
7	SITE WORK	0701197ADS	40.0017	11,804.		11,804.		3,245.		295.		
8	ARCH FEES	0901197ADS	40.0017	32,445.		32,445.		8,786.		811.		
9	ARCH FEES	1201197ADS	40.0017	3,680.		3,680.		974.		92.		
10	ARCH FEES	1001197ADS	40.0017	26,811.		26,811.		7,203.		670.		
11	SITE WORK	1201197ADS	40.0017	2,595.		2,595.		688.		65.		
12	ARCH FEES	0101198ADS	40.0017	104,980.		104,980.		27,562.		2,625.		
13	ARCH FEES	0301198ADS	40.0017	60,512.		60,512.		15,634.		1,513.		
14	ARCH FEES	0301198ADS	40.0017	12,280.		12,280.		3,172.		307.		
15	ARCH FEES	0301198ADS	40.0017	28,581.		28,581.		7,388.		715.		
16	ELECTRICAL WORK	0301198ADS	40.0017	6,086.		6,086.		1,571.		152..		
17	ARCH FEES	0401198ADS	40.0017	41,803.		41,803.		10,711.		1,045.		
18	ARCH FEES	0501198ADS	40.0017	8,617.		8,617.		2,186.		215.		

Asset No.	Description	Date Acquired	Method	Life	Line No	Undisputed Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19DOOR	SWINGING AUTOMATIC	050198ADS	40.00	17	2,066.				2,066.	528.		52.
20ARCH FEES		060198ADS	40.00	17	27,191.				27,191.	6,856.		680.
21PAINTING		010198ADS	40.00	17	3,780.				3,780.	997.		95.
22PAINTING		030198ADS	40.00	17	12,135.				12,135.	3,132.		303.
23ARCH FEES		050198ADS	40.00	17	23,038.				23,038.	5,856.		576.
24ARCH FEES & SITE WORK		061598ADS	40.00	17	57,494.				57,494.	14,490.		1,437.
25PAINTING		010199ADS	40.00	17	6,228.				6,228.	1,482.		156.
26PAINTING		010199ADS	40.00	17	612.				612.	143.		15.
27CODE WORK IN BASEMENT COUNTERTOPS, SHELVES & 28WINDOWS		120898ADS	40.00	17	1,700.				1,700.	412.		43.
29CONSTRUCTION COSTS		120899ADS	40.00	17	1,320.				1,320.	308.		33.
30CONSTRUCTION COSTS		080190ADS	40.00	17	250,853.				250,853.	112,358.		6,271.
31CONSTRUCTION GBNNA- ADDITIONAL USER		080190ADS	40.00	17	154,407.				154,407.	69,160.		3,860.
32LICENSE		110190ADS	40.00	17	65,117.				65,117.	28,761.		1,628.
33ASSETS	FULLY DEPRECIATED	100199200DB3.00	17		4,380.				4,380.	4,380.		0.
39MICROSCOPE	VARIIES	.000	16		151,835.				151,835.	151,835.		0.
41VOICE MAIL		073195200DB5.00	17		1,441.				1,441.	1,441.		0.
43EXAM TABLES		012696200DB7.00	17		34,371.				34,371.	34,371.		0.
		042596200DB5.00	17		3,975.				3,975.	3,975.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
45	BOOKCASE UNIT	1001	962000DB7.00	17	1,582.				1,582.	1,582.	0.	0.
46	EXAM TABLE	1022	962000DB5.00	17	880.				880.	880.	0.	0.
49	LAPTOP COMPUTER	0106	972000DB5.00	17	2,349.				2,349.	2,349.	0.	0.
50	AUDIO METER & MEDICAL	0424	982000DB5.00	17	8,402.				8,402.	8,402.	0.	0.
54	RECORD SHELVES											
57	COMPUTER	0721	982000DB5.00	17	545.				545.	545.	0.	0.
58	LINE SEQUENCER	0831	982000DB5.00	17	3,354.				3,354.	3,354.	0.	0.
59	COMPUTERS	1120	982000DB5.00	17	1,164.				1,164.	1,164.	0.	0.
60	COMPUTERS	0209	992000DB5.00	17	798.				798.	798.	0.	0.
61	LAPTOP COMPUTERS	0309	992000DB5.00	17	1,320.				1,320.	1,320.	0.	0.
62	LAPTOP COMPUTERS	0423	992000DB5.00	17	1,188.				1,188.	1,188.	0.	0.
63	CODE LINK	1015	982000DB5.00	17	950.				950.	950.	0.	0.
64	TABLE & CHAIRS	0621	992000DB5.00	17	1,991.				1,991.	1,991.	0.	0.
65	UNIX UPGRADE	0211	992000DB5.00	17	1,993.				1,993.	1,993.	0.	0.
66	DOT MATRIX PRINTER	0205	992000DB5.00	17	2,463.				2,463.	2,463.	0.	0.
67	3COM NETWORK CARD	0722	982000DB5.00	17	500.				500.	500.	0.	0.
68	AIR CONDITIONER	0526	992000DB5.00	17	1,500.				1,500.	1,500.	0.	0.
70	3 625HD COMPUTERS	0625	002000DB5.00	17	2,286.				2,286.	2,286.	0.	0.
78	CONSTRUCTION COSTS	0615	77SL	25.0016	61,412.				61,412.	61,412.	0.	0.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
79	CONSTRUCTION COSTS	061578SL	24.0016	23,769.					23,769.	23,769.	0.	0.
80	CONSTRUCTION COSTS	061579SL	23.0016	19,437.					19,437.	19,437.	0.	0.
81	CONTRIBUTED LABOR	061579SL	22.0016	51,000.					51,000.	51,000.	0.	0.
82	SIGN	031580SL	10.0016	450.					450.	450.	0.	0.
83	ARCHITECT FEES	061580SL	22.0016	2,200.					2,200.	2,200.	0.	0.
84	RENOVATIONS- 3RD FLOOR	081583SL	15.0016	4,502.					4,502.	4,502.	0.	0.
85	RENOVATIONS- RECORD ROOM	082581SL	15.0016	2,548.					2,548.	2,548.	0.	0.
86	3RD FLOOR	081583SL	15.0016	156.					156.	156.	0.	0.
87	BASEMENT & ALCOVE	081583SL	15.0016	1,038.					1,038.	1,038.	0.	0.
88	ADDITION- EXAM ROOM	111584SL	18.0016	30,913.					30,913.	30,913.	0.	0.
89	ADDITION- EXAM ROOM	031585SL	18.0016	819.					819.	819.	0.	0.
902	SINKS & CABINETS	081582SL	15.0016	1,400.					1,400.	1,400.	0.	0.
91	BUILDING PAINTING	061387ADS	31.0017	12,881.					12,881.	8,658.	416.	416.
92	LAROSE IMPROVEMENTS	040191ADS	40.0017	101,883.					101,883.	43,936.	2,547.	2,547.
93	LAROSE IMPROVEMENTS	120691ADS	40.0017	10,000.					10,000.	4,146.	250.	250.
94	LAROSE IMPROVEMENTS	022992ADS	40.0017	9,710.					9,710.	3,987.	243.	243.
95	MILLIARD IMPROVEMENTS	110891ADS	40.0017	9,500.					9,500.	3,963.	238.	238.
96	SONITROL CONVERSION	082793ADS	40.0017	3,100.					3,100.	1,161.	78.	78.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
97C.J. FUCCI		0701193ADS	40.00017	1,370.					1,370.	512.		34.
99FUCCI PAVE DRIVEWAY		051094ADS	40.00017	3,995.					3,995.	1,416.		100.
100 COMPUTER OUTLETS		121999ADS	40.00017	2,193.					2,193.	472.		55.
101 CONSTRUCTION COST		061580SL	5.00 16	3,301.					3,301.	3,301.		0.
102 IMPROVEMENTS		063082SL	15.00016	8,953.					8,953.	8,953.		0.
103 IMPROVEMENTS		063082SL	15.00016	1,141.					1,141.	1,141.		0.
107 ACCORDIAN DOOR FIRE ALARM SYSTEM		022100200DB10.00017		2,100.					2,100.	1,880.		147.
108 MONITOR		122099200DB10.00017		1,979.					1,979.	1,776.		135.
109 CARPET (UNGERS)		091698200DB7.00 17		1,000.					1,000.	1,000.		0.
113 COMPUTER		052500200DB5.00 17		850.					850.	850.		0.
114C.J. FUCCI		102893ADS	40.00017	1,750.					1,750.	648.		44.
(D) ULTRASOUND		022499200DB10.00016		1,180.					1,180.	1,134.		46.
115 STETHOSCOPE		121698200DB10.00016		2,900.					2,900.	2,789.		111.
116 (D) STERILIZER		081100200DB5.00 17		1,150.					1,150.	1,150.		0.
117 PAPER SHREDDER		012601200DB5.00 17		1,151.					1,151.	1,151.		0.
125 COMPUTER		052001200DB5.00 17		949.					949.	949.		0.
126 CABLES		060101200DB5.00 17		1,660.					1,660.	1,660.		0.
128 COMPUTERS & PRINTER		072600200DB5.00 17		3,015.					3,015.	3,015.		0.
129 ROOF												

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
130	PARKING LOT	09/29/00	200DB5 .00	17	1,450.				1,450.	1,450.	0.	0.
131	FIRE ALARM SYSTEM	10/09/00	200DB5 .00	17	1,071.				1,071.	1,071.	0.	0.
132	BOILER HEATER & COMPUTER	12/31/00	200DB5 .00	17	3,650.				3,650.	3,650.	0.	0.
133	WIRING	02/04/01	200DB5 .00	17	1,057.				1,057.	1,057.	0.	0.
134	COMPUTER WIRING	05/07/01	200DB5 .00	17	2,950.				2,950.	2,950.	0.	0.
135	PAINTING-BELLE VISTA	05/17/01	200DB5 .00	17	1,649.				1,649.	1,649.	0.	0.
136	FLOOR BELLA VISTA	06/13/01	200DB5 .00	17	4,044.				4,044.	4,044.	0.	0.
137	PAINTING BELLA VISTA	06/18/01	200DB5 .00	17	2,100.				2,100.	2,100.	0.	0.
138	CABINETS BELLA VISTA	06/20/01	200DB5 .00	17	1,298.				1,298.	1,298.	0.	0.
1397	COMPAQ COMPUTERS	02/12/02	200DB5 .00	17	10,336.				10,336.	10,336.	0.	0.
5	PRINTERS/4 SERVERS/2	03/11/02	200DB5 .00	17	5,018.				5,018.	5,018.	0.	0.
140	HUBS	05/12/02	200DB5 .00	17	11,992.				11,992.	11,992.	0.	0.
7	THUNDERBRICK	08/10/01	200DB5 .00	17	450.				450.	450.	0.	0.
141	COMPUTERS	08/25/01	200DB5 .00	17	3,100.				3,100.	3,100.	0.	0.
1432	CHAIRS	08/30/01	200DB5 .00	17	585.				585.	585.	0.	0.
144	ZOOMSCOPE	09/01/01	200DB5 .00	17	1,107.				1,107.	1,107.	0.	0.
145	POWER SUPPLY & PHONE	10/11/01	200DB5 .00	17	1,069.				1,069.	1,069.	0.	0.
1463	LCD SPEAKERPHONES	10/22/01	200DB5 .00	17	1,592.				1,592.	1,592.	0.	0.
1514	CHAIRS & TABLE											
8	STEELCASE											
152	CHAIRS-WINE											

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
153	BROTHER 4600 FAX-BV	112601200DB5.00	17	395.					395.	395.		0.
156	BV PAINTING COUNTERS PAINTING &	071101200DB5.00	17	2,875.					2,875.	2,875.		0.
157	CARPENTRY-374	073001200DB5.00	17	2,695.					2,695.	2,695.		0.
158	NEW OFFICE-ELITE CONSTRUCTION PAINTING &	081301ADS 40.0017	12,000.						12,000.	2,063.		300.
159	CARPENTRY-374	101001200DB5.00	17	3,150.					3,150.	3,150.		0.
160	ELITE CONSTRUCTION NEW OFFICE-ELITE	063002ADS 40.0017	2,300.						2,300.	350.		58.
161	CONSTRUCTION	091801ADS 40.0017	35,200.						35,200.	5,977.		880.
162	SCALE	072602150DB5.00	16	545.					545.	479.		0.
163	BILLING SYSTEM	082602150DB5.00	16	4,180.					4,180.	3,654.		0.
164	PULSE METER	091602150DB5.00	16	662.					662.	576.		0.
165	COMPUTER -LIZ	100902150DB5.00	16	1,150.					1,150.	1,000.		0.
166	(D) COMPACT PROJECTOR	102602150DB5.00	16	3,134.					3,134.	2,713.		421.
167	LAPTOP	102602150DB5.00	16	2,507.					2,507.	2,170.		0.
168	PHOTOSHOP	102602150DB5.00	16	631.					631.	546.		0.
169	EXAM TABLE	111502150DB5.00	16	5,418.					5,418.	4,689.		0.
170	INCUBATOR	111502150DB5.00	16	660.					660.	571.		0.
171	(D) COMPUTER MAGALYS	120902150DB5.00	16	1,100.					1,100.	947.		153.
172	(D) COMPUTER BONNIE	120902150DB5.00	16	1,120.					1,120.	965.		155.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
173 (D) COMPUTER ELL	120902150DB5.00	16	650.			650.			560.			90.
174 HUB 24 PORT UNITED OFFICE	120902150DB5.00	16	500.			500.			431.			0.
175 FURNITURE	121902150DB5.00	16	712.			712.			611.			0.
176 MICRO-TECH OPTICAL	123102150DB5.00	16	2,048.			2,048.			1,755.			0.
177 COMPUTER SERVER DELL	050203150DB5.00	16	4,629.			4,629.			3,890.			0.
178 BILLING SYSTEM	062603150DB5.00	16	3,135.			3,135.			2,609.			0.
17916 COMPUTERS @1143	030103150DB5.00	16	18,288.			18,288.			15,522.			0.
180 PRINTERS 4@ 512	030103150DB5.00	16	2,051.			2,051.			1,741.			0.
181 (D) COMPUTER DONATED	063003150DB5.00	16	937.			937.			780.			157.
182 (D) PRINTER DONATED	063003150DB5.00	16	635.			635.			528.			107.
183 (D) SPIROMETER DONATED	063003150DB5.00	16	1,950.			1,950.			1,622.			328.
184 WATER HEATER	111402SL	15.0016	1,450.			1,450.			549.			97.
185 PARKING LOT	112502SL	15.0016	6,500.			6,500.			2,418.			433.
186 PARKING LOT FENCE	121902SL	15.0016	2,746.			2,746.			1,007.			183.
187 BATHROOM SINK & TOILET	011303SL	15.0016	1,304.			1,304.			478.			87.
188 OFFICE SECOND FLOOR	051203SL	40.0016	25,000.			25,000.			25,000.			625.
189 SECOND FLOOR OFFICE	063003SL	40.0016	15,000.			15,000.			1,875.			375.
190 LAND	063003L		11,289.			11,289.						0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
191	2ND FLOOR OFFICES APPOINTMENTS AND EXAM	091403SL	40.0016	38,325.		38,325.			4,630.			958.
192	ROOM	011504SL	40.0016	70,600.		70,600.			7,943.			1,765.
193	1ST FLOOR REMODELING	040104SL	40.0016	42,452.		42,452.			4,509.			1,061.
194	BELLA VISTA REMODELING	063004SL	40.0016	30,917.		30,917.			3,092.			773.
195	EXTERIOR PAINTING AND REPAIRS	063004SL	10.0016	23,881.		23,881.			2,388.			2,388.
196	DESKS AND CHAIRS - UNITED OFFICE FURNITURE	072403SL	5.00	16	2,088.	2,088.			2,055.			33.
197	EXAM TABLE MIDMARK - MCKESSON	101503SL	5.00	16	660.	660.			627.			33.
	(D) HP LJ 3330								889.			73.
	198 PRINTER/SCAN/COPIER/FA112003SL								889.			73.
	(D) 16 STATION CARD - STEVENS COMMUNICATIONS								895.			75.
	199 EXAM TABLE W/RIGHT DRAWERS - MCKESSON								895.			163.
	200 DRAWERS - HP COLOR LASER JET								1,630.			155.
	2012500 - POW-R-PC BUSINESS INKJET								1,325.			118.
	202 PRINTER 3000 - POW-R-P021004SL								1,023.			240.
	203 GAS 75 GAL WATER HEATER - MUOLO								2,400.			493.
	204 SHELVING - AXIS II (D) 9700 SCOUT PHONE -								3,704.			109.
	206 STEVENS COMMUNICATIONS 032204SL								717.			92.
	207 TURBO BW PRINTER - DER042804SL								550.			121.
	(D) 9700 SCOUT PHONE - STEVENS COMMUNICATIONS 050704SL								717.			250.
	208 SANYO P8011 PORTABLE AIR CONDITIONER - ELIT051304SL								1,500.			

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
210	FLEET BANK CAPITAL LEASE	063004SL	5.00	17	1,336.			1,336.	1,068.			268.
211	COMPUTER SOFTWARE	063005SL	5.00	17	1,730.			1,730.	1,081.			346.
212	(D) KYOCERA COPIER	020105SL	5.00	17	1,486.			1,486.	1,002.			484.
213	RACE CAR TYMP (USED)	042705SL	5.00	17	1,275.			1,275.	797.			255.
214	LAPTOP CDW DIRECT	040105SL	5.00	17	1,362.			1,362.	850.			272.
215	WORKSTATIONS (6)	041305SL	5.00	17	3,855.			3,855.	2,409.			771.
216	WORKSTATIONS (13)	040405SL	5.00	17	8,600.			8,600.	5,375.			1,720.
217	(D) MONITORS PERIPHERAL EQUIPMENT	033105SL	5.00	17	1,000.			1,000.	675.			325.
218	- VPN - BELLA VISTA LEASEHOLD IMPROVEMENTS	072404SL	5.00	17	1,476.			1,476.	922.			295.
219	- BELLA VISTA CARPETIN	111204SL	7.00	17	1,730.			1,730.	895.			247.
220	- BELLA VISTA CABINETS	093004SL	7.00	17	1,242.			1,242.	686.			177.
222	- BELLA VISTA LEASEHOLD IMPROVEMENTS	071604SL	7.00	17	546.			546.	302.			78.
223	- TRI CITY HEATING & LEASEHOLD IMPROVEMENTS	072904SL	7.00	17	546.			546.	302.			78.
224	- AFCO FRENCH DOORS	012505SL	7.00	17	1,200.			1,200.	577.			171.
225	IKON COPIER	060905SL	5.00	17	1,180.			1,180.	738.			236.
226	24 WORKSTATIONS: SLIMLINE DESKTOPS	071405SL	5.00	17	15,840.			15,840.	9,108.			3,168.
227	24 LCD MONITORS: 15" FLAT SCREEN	071405SL	5.00	17	4,800.			4,800.	2,760.			960.
228	1 WORKSTATION: UATX - GRAND AVE	071405SL	5.00	17	635.			635.	365.			127.

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Basis % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
229	GE HEALTHCARE ULTRA SOUND EQUIP: SONY, B&W	010106SL	5.00	17	33,000.				33,000.	15,675.		6,600.
230	WEB MD MEDICAL MANAGER PCN LICENSES: 5 ADDIT	081605SL	3.00	17	4,181.				4,181.	4,007.		174.
231	MEDICAL MANAGER COMPUTER SOFTWARE	012006SL	3.00	17	3,770.				3,770.	2,985.		785.
232	TELEPHONE EQUIPMENT	070105SL	5.00	17	85,916.				85,916.	49,401.		17,183.
233	LEASEHOLD IMPROVEMENTS - MOTION LIGHT & BELL	061106SL	7.00	17	2,178.				2,178.	661.		311.
234	PRINTERS AND CABLES - PERIPHERAL FOR 24 WORK	071405SL	3.00	17	663.				663.	635.		28.
235	RESTORATION ROOF REPAIRS - EMPIRE	052206SL	39.00	17	3,660.				3,660.	200.		94.
236	HVAC UNIT @ 374 GRAND ELITE HEATING & AIR	052606SL	7.00	17	3,800.				3,800.	1,357.		543.
237	EMDEON PRACTICE SERVER BILLING SYSTEM	123106SL	7.00	17	3,657.				3,657.	783.		522.
238	SAGE GENERAL LEDGER SYSTEM	123106SL	7.00	17	30,323.				30,323.	6,497.		4,332.
239	LAND ADDITION	063007L			2,767.				2,767.		0.	
240	BUILDING SAGE SOFTWARE (COMPUTER SOFTWARE)	070107SL	39.00	17	933,954.				933,954.	23,948.		23,948.
243	LEASEHOLD IMPROVEMENTS	070107SL	5.00	17	3,696.				23,672.	7,891.		7,891.
244	PHARMACY	070107SL	39.00	17	90,000.				3,696.	739.		739.
245	CHAIRS UPGRADE TO PHONE	070108SL	5.00	19B	2,086.				90,000.	2,308.		2,308.
246	SYSTEM	070108SL	5.00	19B	9,342.				2,086.			417.
247	BUILDING	070108SL	39.00	19T	56,757.				56,757.			1,868.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
248	REFRIGERATOR	070108SL	5.00	19B	2,044.				2,044.			409.
249	NEW SERVER	070108SL	7.00	19C	48,980.				48,980.			6,997.
250	VEHICLE	063009SL	5.00	19B	15,306.				15,306.			0.
* TOTAL 990 PAGE 10					5391608.				5391608.	1779660.		177,043.
DEPR												

Form 4562

Department of the Treasury
Internal Revenue Service (99)Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC. FORM 990 PAGE 10

06-0883545

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	10,379.

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	155,554.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		28,778.	5 YRS.	MQ	SL	2,694.
c 7-year property		48,980.	7 YRS.	MQ	SL	6,997.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	07/08	56,757.	39 yrs	MM	S/L	1,419.
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.		
Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	177,043.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use:

	%			S/L			
	%			S/L			
	%			S/L			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No										
31													
32													
33													
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2008 tax year:

43 Amortization of costs that began before your 2008 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.	Employer identification number 06-0883545
	Number, street, and room or suite no. If a P.O. box, see instructions. 374 GRAND AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW HAVEN, CT 06513	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KATRINA CLARK, EXECUTIVE DIRECTOR

- The books are in the care of ► **374 GRAND AVENUE - NEW HAVEN, CT 06513**
Telephone No. ► **(203) 777-7411** FAX No. ► **(203) 777-8506**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **MAY 17, 2010**
- 5 For calendar year **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  CPA Title ► CPA, AGENT

Date ► **2/12/2010**

Form 8868 (Rev. 4-2009)

1. List of Current Officers, Directors and Key Employees for 990
 Prepared 4/2010 for 2009 990

Name and Address	Title and Average Hours/wk	Compensation	Employee Benefit Plan Contribution	Expense Account
Katrina Clark 44 Hubinger Street New Haven, CT 06511	Executive Director 35.00	See attachment SEE Part VII pg 7	See attachment	0 990
William Morico 470 Ellsworth Avenue New Haven, CT 06511	Treasurer 0.00	0	0	0
Nelson Cruz 142 Lombard Street New Haven, CT 06513	President, Board of Directors 0.00	0	0	0
Julian Quinn Radziszewski 76 Pierpont Street New Haven, CT 06513	Vice President 0.00	0	0	0
Rosaly Truman 19 Melrose Drive New Haven, CT 06513	Secretary 0.00	0	0	0
Laurie Bridger, MD 47 Marvel Road New Haven, CT 06515	Medical Director 35.00	See attachment SEE Part	See attachment VII pg 7	0 990
Terry Freeman 74 Perkins Street New Haven, CT 06513	Chair, Personnel Comm. 0.00	0	0	0
David Jones 176 Bear Path Lane Hamden, CT 06514	Chair, Clinical Affairs 0.00	0	0	0
Ed Carr 321 Eastern Street A -1420 New Haven, CT 06513	Board Member 0.00	0	0	0
Maureen Campbell 177 Wolcott Street New Haven, CT 06513	Board Member 0.00	0	0	0
Nitza Diaz PO Box 8905 New Haven, CT 06511	Board Member 0.00	0	0	0
Nadine Herring 495 Winthrop Ave. New Haven, CT 06511	Board Member 0.00	0	0	0

EIN# 06-0883545

2. List of 5 highest paid employees

Name and Address	Title and Average Hours/wk	Compensation	Employee Benefit Plan Contribution	Expense Account
Anne Camp 57 Washington Rd. Cromwell, CT 06416	Physician 35.0	\$119,180	\$3,386	
Laurel Shader 535 Howelton Rd. Orange, CT 06477	Physician 35.0	\$121,583	\$3,560	0
Semeon Tsalbins 249 Newton Road Woodbridge, CT 06250	Physician 35.0	\$116,579	\$4,467	0
Kevin Baran 15 Iroquois Rd. West Hartford, CT 06117	Physician 35.0	\$124,081	0	0
Amy Molten 40 Meadowbrook Road North Haven, CT 06473	Physician 35.0	\$119,157	\$2,323	0

EIN# 06-0883545