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Form **990****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

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ 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 10/01, 2008, and ending 09/30, 2009

B Check if applicable: <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	C Name of organization <u>HEART CITY HEALTH CENTER, INC.</u> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <u>236 SIMPSON AVENUE</u> City or town, state or country, and ZIP + 4 <u>ELKHART, IN 46516</u>	D Employer identification number <u>35-1875364</u>
	F Name and address of principal officer <u>VERNITA TODD</u> <u>236 SIMPSON AVENUE, ELKHART, IN 46516</u>	E Telephone number <u>(574) 293-0052</u>
	G Gross receipts \$ <u>5,488,042.</u>	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(03) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ <u>WWW.HEARTCITYHEALTH.ORG</u>		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation <u>1993</u> M State of legal domicile <u>IN</u>		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>HEART CITY HEALTH CENTER, INC. IS A HIGH QUALITY COMMUNITY HEALTH CARE FACILITY PROVIDING COMPREHENSIVE PRIMARY MEDICAL CARE AND EDUCATION FOR THE ELKHART COMMUNITY.</u>	
	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)	<u>3</u> 12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> 12
	5	Total number of employees (Part V, line 2a)	<u>5</u> 83
	6	Total number of volunteers (estimate if necessary)	<u>6</u> 22
		7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)
	7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u> NONE
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year: 1,683,994. Current Year: 1,527,070.
	9	Program service revenue (Part VIII, line 2g)	2,271,224. 2,909,020.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,325. 16,352.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	370,973. 310,797.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,328,516. 4,763,239.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,934,513. 2,303,689.
	16a	Professional fundraising fees (Part IX, column (A), line 11a)	NONE NONE
	16b	Total fundraising expenses, Part IX, column (D), line 25	2,000. 4.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f, 12a)	1,070,467. 1,082,571.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	3,004,980. 3,386,260.
	19	Revenue less expenses - Subtract line 18 from line 12	1,323,536. 1,376,979.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 3,547,485. End of Year: 5,070,392.
	21	Total liabilities (Part X, line 26)	1,532,625. 1,678,766.
	22	Net assets or fund balances - Subtract line 21 from line 20	2,014,860. 3,391,626.

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 <u>Vernita Todd, CEO</u> Type or print name and title	Date <u>5/12/10</u>	Preparer's identifying number (see instructions) <u>511010</u>
Paid Preparer's Use Only	Preparer's signature <u>Jeffrey Berack</u> Firm's name (or yours if self-employed), address, and ZIP + 4 <u>CROWE HORWATH LLP</u> <u>PO BOX 3697 OAK BROOK, IL 60522-3697</u>	Date <u>5/10/10</u>	Check if self-employed <input type="checkbox"/> EIN <u>35-1875364</u> Phone no <u>630-574-7878</u>

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

SEE STATEMENT 1

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 \$ 1,871,534. including grants of \$ NONE) (Revenue \$ 2,618,302.)

SEE STATEMENT 2

4b (Code) (Expenses \$ 286,292. including grants of \$ NONE) (Revenue \$ 290,718.)

SEE STATEMENT 2

4c (Code) (Expenses \$ NONE including grants of \$ NONE) (Revenue \$ 293,263.)

SEE STATEMENT 2

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► \$ 2,157,826. (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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a	X
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 ? If "Yes," complete Schedule F, Part I	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? If "Yes," complete Schedule F, Part II	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? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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 section 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 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**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	12
b	Enter the number of voting members that are independent	1b	12
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 organizations 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?	9b	
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
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed IN.

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.
☐ Own website ☐ Another's website ☒ 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 DIANA NITA, 236 SIMPSON AVENUE, ELKHART, IN 46516
574-293-0052

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	Former			
NICOLE WILLIAMS-GOODWIN BOARD MEMBER	1.	X						196.	NONE	NONE
SHANE WISWELL BOARD SECRETARY	1.	X		X				539.	NONE	NONE
TEDDY BROWN BOARD MEMBER	1.	X						392.	NONE	NONE
CARMEN ROLON BOARD MEMBER	1.	X						49.	NONE	NONE
LAKIESHA POPE BOARD MEMBER	1.	X						49.	NONE	NONE
DAVID NYE BOARD MEMBER	1.	X						343.	NONE	NONE
TRACY BISHOP BOARD MEMBER	1.	X						490.	NONE	NONE
WAYNE SPINNER BOARD MEMBER	1.	X						NONE	NONE	NONE
SUE ICKES BOARD MEMBER	1.	X						98.	NONE	NONE
MARK CARBONNEAU BOARD TREASURER	1.	X		X				NONE	NONE	NONE
JAMES JACKA BOARD MEMBER	1.	X						NONE	NONE	NONE
DR. BARBARA ZIMMERMAN BOARD PRESIDENT	1.	X		X				NONE	NONE	NONE
DIANA NITA CFO	40.			X				52,305.	NONE	1,381.
DR. OMOBOLA OLANIYAN MEDICAL DIRECTOR/PEDIATRICIAN	40.			X				185,265.	NONE	6,900.
VERNITA TODD CEO	40.			X				95,398.	NONE	7,257.
DR. DOUGLAS A. DEVENS INTERNIST	40.					X		151,376.	NONE	5,399.
DR. ERIN FARRELL PEDIATRICIAN	40.					X		123,592.	NONE	5,504.

Part VIII Statement of Revenue

35-1875364

				(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	1a	Federated campaigns	1a 12,390.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e 1,469,658.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 45,022.				
	g	Noncash contributions included in lines 1a-1f \$	NONE				
	h	Total. Add lines 1a-1f		1,527,070.			
Program Service Revenue				Business Code			
	2a	MEDICAL PATIENT FEES		2,618,302.	2,618,302.	NONE	NONE
	b	DENTAL PATIENT FEES		290,718.	290,718.	NONE	NONE
	c						
	d						
	e						
	f	All other program service revenue				NONE	NONE
	g	Total. Add lines 2a-2f		2,909,020.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,352.	NONE	NONE	16,352.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		NONE			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		NONE			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		NONE			
	8a	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		NONE			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances	a 1,018,066.				
b	Less cost of goods sold	b 724,803.					
c	Net income or (loss) from sales of inventory		293,263.	293,263.	NONE	NONE	
Miscellaneous Revenue			Business Code				
11a	MEDICAL RECORDS REVENUE		15,959.	NONE	NONE	15,959.	
b	MISCELLANEOUS REVENUE		1,575.	NONE	NONE	1,575.	
c							
d	All other revenue			NONE	NONE		
e	Total. Add lines 11a-11d		17,534.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4,763,239.	3,202,283.	NONE	33,886.	

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 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	324,796.	201,374.	123,422.	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	1,712,469.	1,025,123.	687,346.	NONE
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	14,672.	8,652.	6,020.	NONE
9 Other employee benefits	93,795.	56,145.	37,650.	NONE
10 Payroll taxes	157,957.	94,801.	63,156.	NONE
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	47,700.	28,628.	19,072.	NONE
c Accounting	41,527.	24,923.	16,604.	NONE
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	277,643.	264,633.	13,010.	NONE
12 Advertising and promotion	32,064.	18,835.	13,229.	NONE
13 Office expenses	262,969.	185,154.	77,815.	NONE
14 Information technology	30,344.	18,198.	12,146.	NONE
15 Royalties	NONE			
16 Occupancy	43,305.	25,224.	18,081.	NONE
17 Travel	26,674.	7,955.	18,719.	NONE
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	13,695.	3,629.	10,066.	NONE
20 Interest	47,081.	27,423.	19,658.	NONE
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	116,617.	75,049.	41,568.	NONE
23 Insurance	58,196.	50,412.	7,784.	NONE
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 DUES AND SUBSCRIPTIONS -----	22,533.	3,147.	19,386.	NONE
b TAXES AND LICENSES -----	18,069.	11,529.	6,540.	NONE
c EMPLOYEE RELATIONS -----	12,743.	7,648.	5,095.	NONE
d EMPLOYEE TRAINING -----	10,879.	8,398.	2,481.	NONE
e FUNDRAISING EXPENSES -----	2,514.	NONE	NONE	2,514.
f All other expenses -----	18,017.	10,946.	7,072.	
25 Total functional expenses. Add lines 1 through 24f	3,386,260.	2,157,826.	1,225,920.	2,514.
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	700.	1	700.
	2 Savings and temporary cash investments	1,183,270.	2	2,350,098.
	3 Pledges and grants receivable, net	58,648.	3	118,776.
	4 Accounts receivable, net	310,927.	4	498,101.
	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 sales or use	303,624.	8	302,664.
	9 Prepaid expenses and deferred charges	96,082.	9	60,409.
	10a Land, buildings, and equipment cost basis	10a 2,451,660.		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b 716,231.		
		1,589,806.	10c	1,735,429.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,428.	15	4,215.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,547,485.	16	5,070,392.	
Liabilities	17 Accounts payable and accrued expenses	220,644.	17	390,292.
	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	840,885.	23	817,378.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	471,096.	25	471,096.
	26 Total liabilities. Add lines 17 through 25.	1,532,625.	26	1,678,766.
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	2,009,126.	27	3,385,733.
	28 Temporarily restricted net assets	5,734.	28	5,893.
	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	2,014,860.	33	3,391,626.
	34 Total liabilities and net assets/fund balances	3,547,485.	34	5,070,392.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	X

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

HEART CITY HEALTH CENTER, INC.

Employer identification number

35-1875364

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)	
1	<p>1.1 Section 501(c)(3) organization (check one)</p> <p><input type="checkbox"/> (a) Religious</p> <p><input type="checkbox"/> (b) Charitable</p> <p><input type="checkbox"/> (c) Scientific</p> <p><input type="checkbox"/> (d) Educational</p> <p><input type="checkbox"/> (e) Health</p> <p><input type="checkbox"/> (f) Other</p>
2	<p>2.1 Section 501(c)(29) organization (check one)</p> <p><input type="checkbox"/> (a) Religious</p> <p><input type="checkbox"/> (b) Charitable</p> <p><input type="checkbox"/> (c) Scientific</p> <p><input type="checkbox"/> (d) Educational</p> <p><input type="checkbox"/> (e) Health</p> <p><input type="checkbox"/> (f) Other</p>
3	<p>3.1 Section 501(c)(6) organization (check one)</p> <p><input type="checkbox"/> (a) Religious</p> <p><input type="checkbox"/> (b) Charitable</p> <p><input type="checkbox"/> (c) Scientific</p> <p><input type="checkbox"/> (d) Educational</p> <p><input type="checkbox"/> (e) Health</p> <p><input type="checkbox"/> (f) Other</p>

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 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

[illegible]

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 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 "fact-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"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

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")	2,029,859.	770,578.	763,597.	1,683,994.	1,527,070.	6,775,098.
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	2,304,183.	3,309,442.	2,904,157.	3,056,821.	3,927,086.	15,501,689.
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	4,334,042.	4,080,020.	3,667,754.	4,740,815.	5,454,156.	22,276,787.
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)						22,276,787.

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.	4,334,042.	4,080,020.	3,667,754.	4,740,815.	5,454,156.	22,276,787.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,068.	679.	8.	2,777.	16,352.	21,884.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,068.	679.	8.	2,777.	16,352.	21,884.
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)	12,384.	11,842.	17,159.	16,121.	17,534.	75,040.
13 Total support. (Add lines 9, 10c, 11, and 12)						22,373,711.
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	99.57%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.81%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.10%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.02%

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

HEART CITY HEALTH CENTER, INC.

Employer identification number

35-1875364

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly 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

	Held at the End of the 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? ☐ Yes ☐ 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

b If the organization elected, as permitted under SFAS 116, 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 ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds. Complete if 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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI 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		213,700.		213,700.
b Buildings		1,648,446.	422,039.	1,226,407.
c Leasehold improvements		NONE	NONE	NONE
d Equipment		559,514.	294,192.	265,322.
e Other		30,000.	NONE	30,000.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				1,735,429.

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX **Other Assets.** See Form 990, Part X, line 15[illegible]**Part X** **Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
ESTIMATED 3RD PARTY	
PAYOR SETTLEMENTS	301,096.
DRUGS & PHARMACEUTICALS	
HELD FOR OTHERS	170,000.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	471,096.

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)	1	4,763,239.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,386,260.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,376,979.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-213.
9	Total adjustments (net) Add lines 4-8	9	-213.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,376,766.

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	6,712,140.
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	1,224,311.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-213.
e	Add lines 2a through 2d	2e	1,224,098.
3	Subtract line 2e from line 1	3	5,488,042.
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	-724,803.
c	Add lines 4a and 4b	4c	-724,803.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,763,239.

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

1	Total expenses and losses per audited financial statements	1	5,335,374.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,224,311.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	724,803.
e	Add lines 2a through 2d	2e	1,949,114.
3	Subtract line 2e from line 1	3	3,386,260.
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	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,386,260.

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION OF NET ASSETS

SCHEDULE D, PART XI, LINE 8

CHANGE IN BENEFICIAL INTEREST IN ASSETS

HELD BY ELKHART COUNTY COMMUNITY FOUNDATION \$(213)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 2D

CHANGE IN BENEFICIAL INTEREST IN ASSETS

HELD BY ELKHART COUNTY COMMUNITY FOUNDATION \$(213)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII, LINE 4B

COST OF GOODS SOLD \$(724,803)

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII, LINE 2D

COST OF GOODS SOLD \$724,803

**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

2008

**Open to Public
Inspection**

Name of the organization

HEART CITY HEALTH CENTER, INC.

Employer identification number

35-1875364

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 checked="" 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

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**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

HEART CITY HEALTH CENTER, INC.

Employer identification number

35-1875364

FAMILY AND BUSINESS RELATIONSHIPS

FORM 990, PART VI, SECTION A, PAGE 6, LINE 2

SUE ICKES, A CURRENT BOARD MEMBER, AND TRACY BISHOP, A CURRENT BOARD

MEMBER, HAVE A FAMILY RELATIONSHIP.

Name of the organization

HEART CITY HEALTH CENTER, INC.

Employer identification number

35-1875364

REVIEW OF FORM 990 BY GOVERNING BODY

FORM 990, PART VI, SECTION A, PAGE 6, LINE 10

A BOARD MEETING IS HELD WITH OUR TAX ADVISORS TO PRESENT AND REVIEW A

FINAL DRAFT OF THE FULL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES;

EACH BOARD MEMBER IS PROVIDED A COPY OF THE RETURN AT THE BOARD MEETING

AND IS ALLOWED TO ASK ANY QUESTIONS THEY MAY HAVE. ONCE ALL QUESTIONS

ARE ANSWERED, THE RETURN IS THEN FILED WITH THE IRS.

Name of the organization

Employer identification number

HEART CITY HEALTH CENTER, INC.

35-1875364

PROCESS FOR ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, PAGE 6, LINE 12C

AN ANNUAL CONFLICT OF INTEREST FORM IS FILLED OUT ANNUALLY BY EACH BOARD

MEMBER, WHICH IS VERIFIED BY OUR INDEPENDENT AUDITORS. ALL OTHER

EMPLOYEES SIGN THE CODE OF CONDUCT POLICY ANNUALLY, WHICH COVERS

CONFLICTS OF INTEREST. THE CEO AND HER ASSISTANT REVIEW THE CONFLICT OF

INTEREST FORMS TO DETERMINE IF ANY POTENTIAL CONFLICTS OF INTEREST EXIST.

IF A POTENTIAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE CEO AND

EXECUTIVE COMMITTEE OF THE BOARD, CONSISTING OF THE PRESIDENT, SECRETARY,

AND TREASURER, MEET TO DISCUSS WHETHER ANY ACTUAL CONFLICT OF INTEREST

EXIST. ALTHOUGH NO CONFLICTS HAVE BEEN NOTED IN THE PAST, IF A CONFLICT

OF INTEREST WAS TO ARISE, RESTRICTIONS WOULD BE IMPOSED AND THE BOARD

MEMBER WOULD BE REQUIRED TO EXCUSE THEMSELVES FROM ANY DISCUSSIONS AND/OR

VOTES RELATED TO THE CONFLICTING ISSUE.

Name of the organization

HEART CITY HEALTH CENTER, INC.

Employer identification number

35-1875364

PROCESS USED TO ESTABLISH COMPENSATION FOR TOP MANAGEMENT OFFICIAL

FORM 990, PART VI, SECTION B, PAGE 6, LINE 15A

COMPENSATION FOR THE ORGANIZATION'S CEO IS DETERMINED BY THE BOARD OF

DIRECTORS BASED UPON A PERFORMANCE EVALUATION. EACH BOARD MEMBER

COMPLETES AN EVALUATION, AND THEN THE EXECUTIVE COMMITTEE REPORTS THE

FINDINGS AND ANY CHANGES IN COMPENSATION TO THE CEO. ANY CHANGES IN

COMPENSATION ARE BASED ON THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH

CENTERS (NACHC) SALARY SURVEYS. THIS PROCESS IS PERFORMED ANNUALLY, AND

WAS LAST UNDERTAKEN DURING THE FOURTH QUARTER OF THE ORGANIZATION'S

FISCAL YEAR ENDED SEPTEMBER 30, 2009. THE EVALUATION AND REVIEW PROCESS

IS DOCUMENTED IN THE BOARD MEETING MINUTES.

Name of the organization

HEART CITY HEALTH CENTER, INC.

Employer identification number

35-1875364

PROCESS USED TO ESTABLISH COMPENSATION FOR OTHER OFFICERS & KEY EMPLOYEES

FORM 990, PART VI, SECTION B, PAGE 6, LINE 15B

THE ORGANIZATION'S CEO SETS GENERAL GUIDELINES FOR SALARY INCREASES, SUCH

AS AN INCREASE IN COMPENSATION UP TO 5%, WHICH ARE APPROVED BY THE BOARD

OF DIRECTORS. THE CEO AND BOARD OF DIRECTORS USE THE NATIONAL

ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC) SALARY SURVEYS WHEN

DETERMINING THE GENERAL SALARY INCREASE GUIDELINES. THE ORGANIZATION'S

DEPARTMENT SUPERVISORS COMPLETE PERFORMANCE EVALUATIONS FOR ALL OTHER

EMPLOYEES, AND BASED ON THE EVALUATIONS, A RECOMMENDATION IS GIVEN ON

WHETHER AN INCREASE SHOULD BE GIVEN. PERFORMANCE EVALUATIONS ARE

PERFORMED ANNUALLY IN SEPTEMBER, AND ANY INCREASES IN COMPENSATION ARE

DETERMINED ANNUALLY IN OCTOBER. EMPLOYMENT CONTRACTS ARE ALSO UPDATED AT

THIS TIME. THIS PROCESS WAS LAST PERFORMED IN SEPTEMBER/OCTOBER OF 2009.

Name of the organization

HEART CITY HEALTH CENTER, INC.

Employer identification number

35-1875364

PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS

FORM 990, PART VI, SECTION C, PAGE 6, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL

STATEMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE

(IRC) SECTION 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT

THIS TIME.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

HEART CITY HEALTH CENTER, INC. (HEART CITY) IS A NON-PROFIT, FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PROVIDING AFFORDABLE, HIGH QUALITY, HEALTH AND DENTAL CARE TO ELKHART COUNTY RESIDENTS. WE OFFER A SLIDING FEE SCALE BASED ON INCOME AND FAMILY SIZE FOR THE UNINSURED AND ALSO ACCEPT MEDICAID, MEDICARE AND SOME PRIVATE INSURANCES.

HEART CITY IS COMMITTED TO REDUCING HEALTH DISPARITIES AMONG RESIDENTS BY PROVIDING PROFESSIONAL AND RESPECTFUL SERVICE TO THE ELKHART COMMUNITY THROUGH EDUCATION AND HIGH QUALITY PRIMARY MEDICAL CARE FOR THOSE IN NEED AND EXPERIENCING BARRIERS TO TRADITIONAL HEALTH CARE.

THE MAJORITY OF HEART CITY'S PATIENTS ARE AT 100% OR BELOW THE FEDERAL POVERTY GUIDELINES, AND OVER 50% OF PATIENTS ARE UNDER THE AGE OF 14. HEART CITY IS ONE OF THE FEW SITES IN THE ELKHART AREA THAT PROVIDES SERVICES TO MEDICAID PATIENTS AND THE UNINSURED POPULATION.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

HEART CITY HEALTH CENTER, INC. (HEART CITY) PROVIDES PRIMARY HEALTHCARE IN THE AREA OF ADULTS, PEDIATRICS, AND OB/GYN TO THE PRIMARILY MEDICARE, MEDICAID, AND UNINSURED POPULATION OF ELKHART COUNTY. DURING THE YEAR ENDED SEPTEMBER 30, 2009, HEART CITY PROVIDED 27,461 PATIENT VISITS TO 9,190 UNDUPLICATED PATIENTS. VARIOUS MEDICAL SERVICES PROVIDED INCLUDE:

- PRIMARY AND PREVENTIVE CARE
- PHYSICAL EXAMINATIONS
- EMPLOYMENT/SPORTS/SCHOOL PHYSICALS
- WELL CHILD CHECKS
- IMMUNIZATION
- OBSTETRICS/GYNECOLOGY
- CHRONIC DISEASES MANAGEMENT
- BREAST AND CERVICAL CANCER SCREENINGS
- LABORATORY WORK AND X-RAYS
- HEALTH AND WELLNESS EDUCATION
- DIABETES SCREENING AND TREATMENT

4B PROGRAM SERVICE

HEART CITY HEALTH CENTER, INC.'S (HEART CITY) LICENSED DENTISTS AND HYGIENISTS PROVIDE A LOW-COST OPTION FOR QUALITY GENERAL DENTISTRY SERVICES TO PEOPLE OF ALL AGES, INCOMES AND BACKGROUNDS, BUT PRIMARILY SERVES MEDICARE, MEDICAID, AND UNINSURED PATIENTS. DURING THE YEAR ENDED SEPTEMBER 30, 2009, HEART CITY SERVED 1,023 UNDUPLICATED PATIENTS IN 3,051 VISITS. VARIOUS DENTAL SERVICES PROVIDED INCLUDE:

- EXAMINATIONS
- TREATMENT PLANNING
- CHILDREN'S DENTISTRY
- CLEANING/DENTAL HYGIENE
- EXTRACTIONS
- FILLINGS, CROWNS, AND BRIDGES
- RADIOGRAPHS
- FULL AND PARTIAL DENTURES
- ROOT CANALS
- PATIENT EDUCATION

4C PROGRAM SERVICE

HEART CITY HEALTH CENTER, INC. (HEART CITY) DISPENSES

FORM 990, PART III - PROGRAM SERVICES

=====

PRESCRIPTIONS TO THE PRIMARILY MEDICARE, MEDICAID, AND UNINSURED POULATION IN ELKHART COUNTY. HEART CITY'S PATIENT MEDICINE ASSISTANCE PROGRAM (MAP) WORKS WITH SEVERAL DRUG COMPANIES TO PROVIDE ASSISTANCE FOR PEOPLE HAVING TROUBLE AFFORDING NAME BRAND MEDICATIONS. HEART CITY'S MAP COORDINATOR HELPS PATIENTS SEE IF THEY ARE ELIGIBLE FOR THE PROGRAM, AND ALSO ASSISTS IN THE COMPLETION OF MAP APPLICATIONS. IN ADDITION, TO HELP ENSURE THAT PATIENTS HAVE ACCESS TO THE CARE THEY NEED, PRESCRIPTIONS WRITTEN BY HEART CITY PRACTITIONERS CAN BE FILLED AT REDUCED PRICES AT THE ONSITE PHARMACY. HEART CITY PARTICIPATES IN A FEDERAL GOVERNMENT PROGRAM TO PROVIDE LOW COST PRESCRIPTION DRUGS TO PATIENTS WITHOUT INSURANCE. DURING THE YEAR ENDED SEPTEMBER 30, 2009, HEART CITY'S PHARMACY FILLED 41,175 PRESCRIPTIONS AND SERVED 2,044 PATIENTS.

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	HEART CITY HEALTH CENTER, INC.	35-1875364
	Number, street, and room or suite no. If a P O box, see instructions	
	236 SIMPSON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ELKHART, IN 46516	

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

- The books are in the care of ▶ VERNITA E. TODD, CEO

Telephone No ▶ 574 293-0052

FAX No. ▶ _____

- 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) N/A. 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 will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning _____ and ending 09/30, 2009

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)