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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable:		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type FAIR HAVEN COMMUNITY HEALTH CLINIC, INC. Doing Business As		06-0883545	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 374 GRAND AVENUE		E Telephone number (203) 777-7411	
		City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06513		G Gross receipts \$ 13,363,225.	
		F Name and address of principal officer: KATRINA CLARK 374 GRAND AVENUE, NEW HAVEN, CT 06513		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: ► N/A				H(c) Group exemption number ►	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation: 1971 M State of legal domicile: CT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO 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 net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	224
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Expenses	8 Contributions and grants (Part VIII, line 1h)	8	12
	9 Program service revenue (Part VIII, line 2g)	9	12
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7a)	10	12
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	12
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	12
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	12
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14	12
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	12
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	12
	b Total fundraising expenses (Part IX, column (D), line 25) ► 17,133.	16b	12
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	12	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	12	
19 Revenue less expenses. Subtract line 18 from line 12	19	12	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	20	20
	21 Total liabilities (Part X, line 26)	21	21
22 Net assets or fund balances. Subtract line 21 from line 20	22	22	

Part II Signature Block

JUN 1 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	
	► KATRINA CLARK, EXECUTIVE DIRECTOR		
	► Type or print name and title		

P aid Preparer's Use Only S igned	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	05/11/11		
	► PIKAART VISCONTI & ASSOCIATES, P.C. ► 41 MIDDLETOWN AVENUE ► NORTH HAVEN, CT 06473-3926		EIN ►	
			Phone no. ►	(203) 865-2927

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

032001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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G-16
✓
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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

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

4a (Code:) (Expenses \$ 7,062,790. including grants of \$ 2,664,110.) (Revenue \$ 5,371,473.)
THE GENERAL CLINIC SERVED APPROXIMATELY 15,000 PATIENTS AND HANDLED APPROXIMATELY 62,300 PATIENT VISITS FOR THE FISCAL YEAR ENDED JUNE 30, 2010.

4b (Code:) (Expenses \$ 1,511,979. including grants of \$ 1,511,979.) (Revenue \$)
COMMUNITY HEALTH CENTER (330 GRANT) IS A PROGRAM WHICH PROVIDES HEALTH SERVICES TO THE MEDICALLY UNDERSERVED. APPROXIMATELY 15,000 PEOPLE BENEFIT FROM THIS GRANT.

4c (Code:) (Expenses \$ 1,652,848. including grants of \$ 1,652,848.) (Revenue \$)
**WIC PROGRAM PROVIDES NUTRITION EDUCATION FOR PREGNANT AND LACTATING
WOMEN, INFANTS, AND CHILDREN UNDER THE AGE OF FIVE. APPROX. 2,100
PEOPLE BENEFIT FROM THIS PROGRAM**

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

4e Total program service expenses ► \$ 10,227,617.

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 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? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A 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 United States?	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 United States? 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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
Note. All Form 990 filers are required to complete Schedule O.	38	X

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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	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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	224
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 80-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a	10
1b	Enter the number of voting members that are independent	1b	10
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
7b	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:		
8a	a The governing body?	8a	X
8b	b Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	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	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization	16a	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See Instructions.)	16b	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	
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 ►	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: ►	
	<u>KATRINA CLARK, EXECUTIVE DIRECTOR - (203) 777-7411</u>	
	<u>374 GRAND AVENUE, NEW HAVEN, CT 06513</u>	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0 in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
ROSALY TRUMAN	0.00	X					0.	0.	0.
<u>BOARD OF DIRECTORS MEMBER</u>									
TERRY FREEMAN	0.00	X					0.	0.	0.
<u>BOARD OF DIRECTORS MEMBER</u>									
DAVID JONES	0.00	X					0.	0.	0.
<u>BOARD OF DIRECTORS MEMBER</u>									
ED CARR	0.00	X					0.	0.	0.
<u>BOARD OF DIRECTORS MEMBER</u>									
MAUREEN CAMPBELL	0.00	X					0.	0.	0.
<u>BOARD OF DIRECTORS MEMBER</u>									
MAGDA ANA NATAL	0.00	X					0.	0.	0.
<u>BOARD OF DIRECTORS MEMBER</u>									
WILLIAM MORICO	0.00		X				0.	0.	0.
<u>TREASURER</u>									
NELSON CRUZ	0.00		X				0.	0.	0.
<u>PRESIDENT</u>									
NITA DIAZ	0.00		X				0.	0.	0.
<u>VICE PRESIDENT</u>									
NADINE HERRING	0.00		X				0.	0.	0.
<u>SECRETARY</u>									
KATRINA CLARK	35.00			X			91,785.	0.	3,530.
<u>EXECUTIVE DIRECTOR</u>									
LAURIE BRIDGER	35.00			X			155,187.	0.	5,675.
<u>MEDICAL DIRECTOR</u>									
ANNE CAMP	35.00				X		120,668.	0.	3,994.
<u>PHYSICIAN</u>									
LAUREL SHADER	35.00				X		126,242.	0.	3,972.
<u>PHYSICIAN</u>									
ESTHER LU	35.00				X		115,297.	0.	1,276.
<u>PHYSICIAN</u>									
ELIZABETH MAGENHEIMER	35.00				X		117,850.	0.	3,359.
<u>NURSE PRACTITIONER</u>									
KEVIN BARAN	35.00				X		136,145.	0.	2,533.
<u>PHYSICIAN</u>									

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

1b Total ► **863,174.** **0.** **24,339.**

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
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	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
MERIT ASSOCIATES, INC. 93 DEMING RD SUITE A, BERLIN, CT 06037	GENERAL CONTRACTING AND CONSTRUCTION.	1,036,894.
QUEST DIAGNOSTICS 3 STERLING DRIVE, WALLINGFORD, CT 06492	LABORATORY SERVICES	101,343.
2 Total number of independent contractors (including but not limited to those listed above) who received more than		

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

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	7,579,378.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	376,981.			
	g Noncash contributions included in lines 1a-1f: \$		1,904,375.			
	h Total, Add lines 1a-1f		7,956,359.			
Program Service Revenue	Business Code					
	2 a MEDICARE/MEDICAID PAYM	621400	4,595,511.	4,595,511.		
	b PATIENT GENERATED FEES	621400	775,962.	775,962.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total, Add lines 2a-2f		5,371,473.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		641.		641.	
	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	34,752.					
c Gain or (loss)	31,149.					
d Net gain or (loss)	3,603.		3,603.		3,603.	
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. See Instructions.		►	13332076.	5,371,473.	0. 4,244.	

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	91,785.	77,884.		
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	7,523,643.	5,626,067.	1,897,576.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,083,808.	811,772.	270,058.	1,978.
10 Payroll taxes	666,523.	499,225.	166,081.	1,217.
11 Fees for services (non-employees):				
a Management	26,174.		26,174.	
b Legal	63,480.		63,480.	
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	361,926.	273,313.	88,613.	
17 Travel	10,269.	5,971.	4,298.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,610.	12,464.	4,146.	
20 Interest	162,492.	66,176.	96,316.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	202,699.	152,099.	50,600.	
23 Insurance	17,303.	12,984.	4,319.	
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	1,434,089.	1,434,089.		
b VACCINES	470,285.	470,285.		
c MEDICAL SUPPLIES	339,502.	339,502.		
d CONSULTANTS	248,260.	60,050.	188,210.	
e OFFICE SUPPLIES AND EXP	159,373.	119,581.	39,792.	
f All other expenses	378,001.	266,155.	111,809.	37.
25 Total functional expenses. Add lines 1 through 24f	13,256,222.	10,227,617.	3,011,472.	17,133.
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	164,433.	1	57,582.	
	2 Savings and temporary cash investments	30,571.	2	62.	
	3 Pledges and grants receivable, net	610,245.	3	457,039.	
	4 Accounts receivable, net	814,750.	4	779,011.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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	14,009.	9	5,209.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,232,767.			
	b Less: accumulated depreciation	10b 2,025,335.	3,434,905.	10c 5,207,432.	
	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	765,427.	15	83,309.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,917,673.	16	6,672,977.		
Liabilities	17 Accounts payable and accrued expenses	2,034,101.	17	1,345,953.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	442,757.	23	1,919,480.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	587,704.	25	478,579.	
	26 Total liabilities. Add lines 17 through 25	3,064,562.	26	3,744,012.	
	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	2,853,111.	27	2,928,965.
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		2,853,111.	33	2,928,965.	
34 Total liabilities and net assets/fund balances		5,917,673.	34	6,672,977.	

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X

Form 990 (2009)

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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"/>	

Schedule A (Form 990 or 990-EZ) 2009 FAIR HAVEN COMMUNITY HEALTH CLINIC, INC. 06-0883545 Page 3
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5203869.	5524294.	6322893.	7091651.	7956359.	32099066.
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	4875491.	5500710.	4780866.	5728944.	5371473.	26257484.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	10079360.	11025004.	11103759.	12820595.	13327832.	58356550.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						58356550.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	10079360.	11025004.	11103759.	12820595.	13327832.	58356550.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,066.	4,568.			4,244.	9,878.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,066.	4,568.			4,244.	9,878.
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, 10a, 11, and 12)	10080426.	11029572.	11103759.	12820595.	13332076.	58366428.
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

16 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	16	99.98	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.99	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.02	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.01	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 1

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2010

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		\$ 1,511,979
Ryan White Outpatient Early Intervention - Part C	93.918		341,148
ARRA- Capital Improvement Program	93.703		656,094
ARRA- Increased Services to Health Centers	93.703		<u>215,000</u>
Subtotal Direct Programs			<u>2,724,221</u>
DEPARTMENT OF HEALTH AND HUMAN SERVICES:			
Pass through Programs from:			
State of Connecticut Department of Social Services – passed through CT Council of Family Service Agencies – ARRA – Temporary Assistance to Needy Families – Emergency Contingency Fund	93.714		20,313
Planned Parenthood of Connecticut - Title X – Family Planning	93.217	01-H-000038-31-0	210,037
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 Part A – Minority Health Initiative	93.914	CAPO# 20101184 A09-1107	29,887
Yale University - Ryan White C.A.R.E. ACT Part A – Primary Care	93.914	CAPO# 20091348-00 A09-0466	178,213
Yale University - Ryan White C.A.R.E. ACT Part A – Primary Care	93.914	A10-0443	70,050
Community Health Center Association of CT – Ryan White C.A.R.E. ACT Part D – Children, Youth & Family AIDS Network	93.153		56,475
Community Foundation of Greater New Haven - Healthy Start	93.926		52,027
Community Health Center Association of CT – Medicaid Outreach	93.790		39,777
Community Health Center Association of CT – Colorectal Cancer Screening	93.283		4,286
Community Health Center Association of CT – CHIPRA Outreach and Enrollment	93.767		11,417

EIN# 06-0883545

State of Connecticut Department of Public Health passed through City of New Haven School Based Health Clinic – Wilbur Cross	93.994	DPH 48500-17019	10,993
State of Connecticut Department of Public Health passed through City of New Haven School Based Health Clinic – Fair Haven Middle School	93.994	DPH 48500 - 17019	5,151
State of Connecticut Department of Public Health passed through City of New Haven School Based Health Clinic – Clinton Avenue	93.994	DPH 48500 - 17019	7,117
State of Connecticut Department of Public Health – Centering Pregnancy	93.994	2010 – 0245	<u>5,000</u>
Subtotal Pass through Programs			<u>788,126</u>
Total U.S. Department of Health and Human Services			<u>3,512,347</u>
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	218,759
Women, Infants and Children Food Benefits	10.557	<i>NONCASH - Federal (A)</i>	<u>1,434,089</u>
Total U.S. Department of Agriculture			<u>1,652,848</u>
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		<u>25,000</u>
Total U.S. Department of Housing and Urban Development			<u>25,000</u>
TOTAL			<u>\$ 5,190,195</u>

less (A) (1,434,089)

federal cash 3,756,106

(A) 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.

non cash federal

(B) The Clinic, as a vaccinating provider, received vaccines valued at \$470,285 from the Connecticut Department of Public Health. Per OMB A-133, the Clinic is not considered a grantee or subrecipient.

See Auditors' Report on Supplemental Information.

SCHEDULE 2**FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.****SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2010**

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	\$ 470,518
Centering Pregnancy	#2010-0245	18,948
Capital Expansion Contract	#4001-06-10-01	655,585
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	111,148
The Body Shop at Fair Haven Middle School	11000-DPH48500-17019	52,087
The Body Shop at Clinton Avenue School	11000-DPH48500-17019	71,956
Tobacco Cessation	12060-DPH48876-30416	62,511
Community Tobacco Cessation	12060-DPH48500-35386	15,788
DEPARTMENT OF SOCIAL SERVICES:		
Elderly Services Division	11000-DSS61000-16123	77,296
Elderly Services Division - Bella Vista – passed through City of New Haven Health Department	Grant #093-FHC-EHS-16 2008-1126	4,000
Nurturing Families Network	11000-CTF94000-12042	237,992
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES:		
Latino Behavioral Health System	09-MHA-1215 Core 12157	94,572
Mental Health Transformation Pilot Program	11000-MHA53000-12157	38,020
Riverside Education Academy	11000-MHA53000-12157	40,000
TOTAL STATE FINANCIAL ASSISTANCE	<i>Cash-State</i>	<u>\$ 1,950,421</u>

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

E-11 #
06-0883545

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 8, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

	Held at the End of the Tax Year
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 a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
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 tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<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 acquisition, 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 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:

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

	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 the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

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

	Yes	No
3a(I)		
3a(II)		
3b		

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) Accumulated depreciation	(d) Book value
1a Land		212,000.		212,000.
b Buildings		5,783,765.	1,474,478.	4,309,287.
c Leasehold Improvements				
d Equipment				
e Other		1,237,002.	550,857.	686,145.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 5,207,432.

Part VII Investments - Other Securities. See Form 980, 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		
Closely held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

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

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

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

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

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

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► 478,579

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

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

Changes in net assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,332,076.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	13,256,222.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	75,854.
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	
9 Total adjustments (net). Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	75,854.

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	13,700,926.
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	368,850.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	368,850.
3	Subtract line 2e from line 1	3	13,332,076.
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 must equal Form 990, Part I, line 12.)	5	13,332,076.

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

1	Total expenses and losses per audited financial statements	1	13,625,072.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	368,850.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	368,850.
3	Subtract line 2e from line 1	3	13,256,222.
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 must equal Form 990, Part I, line 18.)	5	13,256,222.

Part XIV Supplemental Information

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- Attach to Form 990. ► See separate Instructions.

OMB No. 1545-0047

2009

Open 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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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, with respect to the filing organization or a related organization:

- 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

Do not list any individuals that are not listed on Form 990, Part VII.

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2009

Open to Public
Inspection

► Complete if the organizations 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>WIC FOOD BENE</u>)	X	0	1,434,089.	
26 Other ► (<u>VACCINES</u>)	X	0	470,286.	
27 Other ► (_____)				
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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

Employer Identification number
06-0883545

FORM 990, PART VI, SECTION B, LINE 11: 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.

2009 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

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	40.00	17	1769626.				1769626.	586,185.		44,241.
2	ARCH. FEES	092396ADS	40.00	17	26,100.				26,100.	8,379.		653.
3	ARCH. FEES	042497ADS	40.00	17	26,105.				26,105.	7,998.		653.
4	CONSTRUCTION COSTS	050697ADS	40.00	17	51,908.				51,908.	15,792.		1,298.
5	SITE WORK	061397ADS	40.00	17	23,190.				23,190.	7,008.		580.
6	ARCH. FEES	0701197ADS	40.00	17	54,994.				54,994.	19,500.		11,625.
7	SITE WORK	0701197ADS	40.00	17	11,804.				11,804.	3,540.		295.
8	ARCH FEES	0901197ADS	40.00	17	32,445.				32,445.	9,597.		811.
9	ARCH FEES	1201197ADS	40.00	17	3,680.				3,680.	1,066.		92.
10	ARCH FEES	1001197ADS	40.00	17	26,811.				26,811.	7,873.		670.
11	SITE WORK	1201197ADS	40.00	17	2,595.				2,595.	753.		65.
12	ARCH FEES	0101198ADS	40.00	17	104,980.				104,980.	30,187.		2,625.
13	ARCH FEES	0301198ADS	40.00	17	60,512.				60,512.	17,147.		1,513.
14	ARCH FEES	0301198ADS	40.00	17	12,280.				12,280.	3,479.		307.
15	ARCH FEES	0301198ADS	40.00	17	28,581.				28,581.	8,103.		715.
16	ELECTRICAL WORK	0301198ADS	40.00	17	6,086.				6,086.	1,723.		152.
17	ARCH FEES	0401198ADS	40.00	17	41,803.				41,803.	11,756.		1,045.
18	ARCH FEES	0501198ADS	40.00	17	8,617.				8,617.	2,401.		2,215.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19DOOR	SWINGING AUTOMATIC	0501198ADS	40.00	17	2,066.			2,066.	580.		52.
20ARCH FEES		0601198ADS	40.00	17	27,191.			27,191.	7,536.		680.
21PAINTING		0101198ADS	40.00	17	3,780.			3,780.	1,092.		95.
22PAINTING		0301198ADS	40.00	17	12,135.			12,135.	3,435.		303.
23ARCH FEES & SITE		0501198ADS	40.00	17	23,038.			23,038.	6,432.		576.
24WORK		061598ADS	40.00	17	57,494.			57,494.	15,927.		1,437.
25PAINTING		0101199ADS	40.00	17	6,228.			6,228.	1,638.		156.
26PAINTING	CODE WORK IN	0101199ADS	40.00	17	6,12.			6,12.	158.		15.
27BASEMENT	COUNTERTOPS,	120898ADS	40.00	17	1,700.			1,700.	455.		43.
28SHELVES & WINDOWS		120899ADS	40.00	17	1,320.			1,320.	341.		33.
29CONSTRUCTION COSTS		0801190ADS	40.00	17	250,853.			250,853.	118,629.		6,271.
30CONSTRUCTION COSTS		0801190ADS	40.00	17	154,407.			154,407.	73,020.		3,860.
31CONSTRUCTION	(D) GBNA- ADDITIONAL	1101190ADS	40.00	17	65,117.			65,117.	30,389.		1,628.
32USER LICENCE	FULLY DEPRECIATED	100119200DB3.00	00	17	4,380.			4,380.	4,380.		0.
33ASSETS	VARIES	.000	16		151,835.			151,835.	151,835.		0.
39MICROSCOPE		0731195200DB5.00	00	17	1,441.			1,441.	1,441.		0.
41(D) VOICE MAIL		012696200DB7.00	00	17	34,371.			34,371.	34,371.		0.
43EXAMINER TABLES		042596200DB5.00	00	17	3,975.			3,975.	3,975.		0.

2009 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	100196200DB5.00	17	1,582.		1,582.					0.	0.
46	EXAM TABLE	102296200DB5.00	17	880.		880.					0.	0.
49	(D) LAPTOP COMPUTER	010697200DB5.00	17	2,349.		2,349.					0.	0.
54	AUDIO METER & MEDICAL RECORD SHELF	042498200DB5.00	17	8,402.		8,402.					0.	0.
57	(D) COMPUTER	072198200DB5.00	17	545.		545.					0.	0.
58	(D) LINE SEQUENCER	0831998200DB5.00	17	3,354.		3,354.					0.	0.
59	(D) COMPUTERS	1120998200DB5.00	17	1,164.		1,164.					0.	0.
61	(D) COMPUTERS	020999200DB5.00	17	798.		798.					0.	0.
62	(D) LAPTOP COMPUTERS	030999200DB5.00	17	1,320.		1,320.					0.	0.
63	CODE LINK	0423999200DB5.00	17	1,188.		1,188.					0.	0.
64	TABLE & CHAIRS	101598200DB5.00	17	950.		950.					0.	0.
65	UNIX UPGRADE	062199200DB5.00	17	11,991.		11,991.					0.	0.
66	DOT MATRIX PRINTER	021199200DB5.00	17	1,993.		1,993.					0.	0.
67	(D) 3COM NETWORK CARD	020599200DB5.00	17	2,463.		2,463.					0.	0.
68	AIR CONDITIONER	072298200DB5.00	17	500.		500.					0.	0.
70	(D) 625HD COMPUTER	052699200DB5.00	17	1,500.		1,500.					0.	0.
76	(D) COMPUTER	062500200DB5.00	17	2,286.		2,286.					0.	0.
78	CONSTRUCTION COSTS	061577SL	125,000	161,412.		161,412.					61,412.	61,412.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

990

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.
80 CONSTRUCTION COSTS	061579SL	23.0016	119,437.						119,437.	119,437.		0.
81 CONTRIBUTED LABOR	061579SL	22.0016	51,000.						51,000.	51,000.		0.
82 SIGN	031580SL	10.0016	450.						450.	450.		0.
83 ARCHITECT FEES	061580SL	22.0016	2,200.						2,200.	2,200.		0.
RENOVATIONS- 3RD FLOOR	081583SL	15.0016	4,502.						4,502.	4,502.		0.
RENOVATIONS- RECORD ROOM	082581SL	15.0016	2,548.						2,548.	2,548.		0.
84 FLOOR	081583SL	15.0016	156.						156.	156.		0.
85 ROOM	081583SL	15.0016	1,038.						1,038.	1,038.		0.
86 3RD FLOOR	081583SL	15.0016	30,913.						30,913.	30,913.		0.
87 BASEMENT & ALCOVE	081583SL	18.0016	819.						819.	819.		0.
88 ADDITION- EXAM ROOM	111584SL	18.0016	11,400.						11,400.	1,400.		0.
89 ADDITION- EXAM ROOM	031585SL	18.0016	12,881.						12,881.	9,074.		416.
902 SINKS & CABINETS	081582SL	15.0016	101,883.						101,883.	46,483.		2547.
91 BUILDING PAINTING	061387ADS	31.0017	10,000.						10,000.	4,396.		250.
92 LAROSE IMPROVEMENTS	040191ADS	40.0017	101,883.						101,883.	46,483.		2547.
93 LAROSA IMPROVEMENTS	120691ADS	40.0017	10,000.						10,000.	4,396.		250.
94 LAROSE IMPROVEMENTS	022992ADS	40.0017	9,710.						9,710.	4,230.		243.
MILLARD	110891ADS	40.0017	9,500.						9,500.	4,201.		238.
95 IMPROVEMENTS	082793ADS	40.0017	3,100.						3,100.	1,239.		78.

828102
08-24-06

(D) - Asset disposed

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 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
97C.J. FUCCI	070193ADS	40.00	17	1,370.					1,370.	546.		34.
99FUCCI PAID DRIVEWAY	051094ADS	40.00	17	3,995.					3,995.	1,516.		100.
100 COMPUTER OUTLETS	121999ADS	40.00	17	2,193.					2,193.	527.		55.
101 CONSTRUCTION COST	061580SL	5.00	16	3,301.					3,301.	3,301.		0.
102 IMPROVEMENTS	063082SL	15.00	16	8,953.					8,953.	8,953.		0.
103 IMPROVEMENTS	063082SL	15.00	16	1,141.					1,141.	1,141.		0.
107 ACCORDIAN DOOR	022100200DB10.00	17		2,100.					2,100.	2,027.		73.
108 MONITOR	122099200DB20.00	17		1,979.					1,979.	1,911.		68.
109 CARPET (UNGERS)	091698200DB7.00	17		1,000.					1,000.	1,000.		0.
113 (D) COMPUTER	052500200DB5.00	17		850.					850.	850.		0.
114 C.J. FUCCI	102893ADS	40.00	17	1,750.					1,750.	692.		44.
117 PAPER SHREDDER	081100200DB5.00	17		1,150.					1,150.	1,150.		0.
125 (D) COMPUTER	012601200DB5.00	17		1,151.					1,151.	1,151.		0.
126 CABLES	052001200DB5.00	17		949.					949.	949.		0.
(D) COMPUTERS & 128 PRINTER	060101200DB5.00	17		1,660.					1,660.	1,660.		0.
129 ROOF	072600200DB5.00	17		3,015.					3,015.	3,015.		0.
130 PARKING LOT	092900200DB5.00	17		1,450.					1,450.	1,450.		0.
131 FIRE ALARM SYSTEM	100900200DB5.00	17		1,071.					1,071.	1,071.		0.

928102
06-24-02

(D) - Asset disposed

* ITCA, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Of Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
132 BOILER	123100200DB5.00	17	3,650.			3,650.						0.
HEATER & COMPUTER	020401200DB5.00	17	11,057.			11,057.						0.
133 WIRING												0.
134 COMPUTER WIRING	050701200DB5.00	17	2,950.			2,950.						0.
PAINTING-BELLE	051701200DB5.00	17	1,649.			1,649.						0.
135 VISTA												0.
136 FLOOR BELLA VISTA	061301200DB5.00	17	4,044.			4,044.						0.
PAINTING-BELLA	061801200DB5.00	17	2,100.			2,100.						0.
137 VISTA	062001200DB5.00	17	1,298.			1,298.						0.
CABINETS BELLA												0.
138 VISTA	062102200DB5.00	17	10,336.			10,336.						0.
(D) 7 COMPAG												0.
139 COMPUTERS / 4	031102200DB5.00	17	5,018.			5,018.						0.
(D) 5 PRINTERS / 4												0.
140 SERVERS / 2 HUBS	031102200DB5.00	17										0.
(D) 7 THUNDERBRICK												0.
141 COMPUTERS	051202200DB5.00	17										0.
1432 CHAIRS	081001200DB5.00	17	450.			450.						0.
												0.
144 ZOOMSCOPE	082501200DB5.00	17	3,100.			3,100.						0.
POWER SUPPLY &	083001200DB5.00	17	585.			585.						0.
145 PHONE	090101200DB5.00	17	1,107.			1,107.						0.
(D) 4 LCD												0.
146 SPEAKERPHONES												0.
1514 CHAIRS & TABLE	101101200DB5.00	17	1,069.			1,069.						0.
1518 STEELCASE	102201200DB5.00	17	1,592.			1,592.						0.
152 CHAIRS-WINE												0.
153 BROTHER 4600 FAX-BV	112601200DB5.00	17	395.			395.						0.
BV PAINTING	071101200DB5.00	17	2,875.			2,875.						0.
156 COUNTERS												0.

2009 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
157CARPENTRY-374	PAINTING & NEW OFFICE-ELITE	073001200DB5.00	17	2,695.					2,695.	2,695.	0.	
158CONSTRUCTION	081301ADS40.0017			12,000.					12,000.	2,363.	300.	
159CARPENTRY-374	PAINTING & NEW OFFICE-ELITE	101001200DB5.00	17	3,150.					3,150.	3,150.	0.	
160ELITE CONSTRUCTION	063002ADS40.0017			2,300.					2,300.	408.	58.	
161CONSTRUCTION	091801ADS40.0017			35,200.					35,200.	6,857.	880.	
162SCALE	072602150DB5.00			16	545.				545.	479.	0.	
163BILLING SYSTEM	082602150DB5.00			16	4,180.				4,180.	3,654.	526.	
164PULSE. METER	091602150DB5.00			16	662.				662.	576.	0.	
165(D) COMPUTER -LIZ	100902150DB5.00			16	1,150.				1,150.	1,000.	150.	
167(D) LAPTOP	102602150DB5.00			16	2,075.				2,075.	2,170.	337.	
168PHOTOSHOP	102602150DB5.00			16	631.				631.	546.	85.	
169EXAM TABLE	111502150DB5.00			16	5,418.				5,418.	4,689.	729.	
170INCUBATOR	111502150DB5.00			16	660.				660.	571.	89.	
174(D)HUB 24 PORT	120902150DB5.00			16	500.				500.	431.	69.	
UNITED OFFICE	121902150DB5.00			16	712.				712.	611.	101.	
175FURNITURE	123102150DB5.00			16	2,048.				2,048.	1,755.	293.	
176MICRO-TECH OPTICAL COMPUTER SERVER	050203150DB5.00			16	4,629.				4,629.	3,890.	739.	
177DELL	062603150DB5.00			16	135.				135.	2,609.	526.	
178BILLING SYSTEM	062603150DB5.00			16	135.				135.	2,609.	526.	

928102
08-24-08

(D) - Asset disposed

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 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
(D)16 COMPUTERS		030103150DB5.00		16	18,288.			18,288.	15,522.			2,766.
179@1143		030103150DB5.00		16	32,051.			32,051.	1,741.			3,101.
180PRINTERS 4@ 512		030103150DB5.00		16	1,450.			1,450.	646.			97.
184WATER HEATER		111402SL		15.00	16	16,500.		16,500.	2,851.			433.
185PARKING LOT		112502SL		15.00	16	16,500.		16,500.	2,851.			433.
186PARKING LOT FENCE		121902SL		15.00	16	2,746.		2,746.	1,190.			183.
BATHROOM SINK &		011303SL		15.00	16	1,304.		1,304.	565.			87.
187TOILET		011303SL		15.00	16	1,304.		1,304.	565.			87.
188OFFICE SECOND FLOOR		051203SL		40.00	16	25,000.		25,000.	3,854.			625.
189SECOND FLOOR OFFICE		063003SL		40.00	16	15,000.		15,000.	2,250.			375.
190LAND		063003SL		40.00	16	11,289.		11,289.	38,325.			0.
1912ND FLOOR OFFICES		091403SL		40.00	16	38,325.		38,325.	5,588.			958.
APPOINTMENTS AND		011504SL		40.00	16	70,600.		70,600.	9,708.			1,765.
192EXAM ROOM		040104SL		40.00	16	42,452.		42,452.	5,570.			1,061.
1ST FLOOR		040104SL		40.00	16	42,452.		42,452.	5,570.			1,061.
193REMODELLING		063004SL		40.00	16	30,917.		30,917.	3,865.			773.
BELLA VISTA		063004SL		10.00	16	23,881.		23,881.	11,940.			2,388.
194REMODELLING EXTERIOR PAINTING		063004SL		10.00	16	23,881.		23,881.	11,940.			2,388.
DESKS AND CHAIRS -		063004SL		5.00	16	2,088.		2,088.	2,088.			0.
196UNITED OFFICE FURNITURE		072403SL		5.00	16	660.		660.	660.			0.
EXAM TABLE MIDMARK		1011503SL		5.00	16	660.		660.	660.			0.
197MCKESSON		1011503SL		5.00	17	1,630.		1,630.	1,630.			0.
EXAM TABLE W/RIGHT		011504SL		5.00	17	1,325.		1,325.	1,325.			0.
200DRAWERS - MCKESSON		021004SL		5.00	17	1,325.		1,325.	1,325.			0.
HP COLOR LASER JET		021004SL		5.00	17	1,325.		1,325.	1,325.			0.
2012500 - POW-R-PC		021004SL		5.00	17	1,325.		1,325.	1,325.			0.

928102
08-24-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 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
(D) BUSINESS INKJET 202PRINTER 3000 - POW GAS 75 GALL WATER	021004SL	5.00	17	1,023.					1,023.		0.	
203HEATER - MUOLO	021604SL	10.00	17	2,400.					2,400.		240.	
204 SHELVING - AXIS II	031004SL	5.00	17	3,704.					3,704.		0.	
OKIDATA MICROLINE 207391 TURBO BW/PRINTER	042804SL	5.00	17	550.					550.		0.	
SANYO P8011	209PORTABLE AIR CONDIT	051304SL	5.00	17	1,500.				1,500.		0.	
FLEET BANK CAPITAL 210LEASE	063004SL	5.00	17	1,336.					1,336.		0.	
211 COMPUTER SOFTWARE RACE CAR TYMP 213 (USED)	063005SL 042705SL	5.00	17	1,730.					1,730.		303.	
(D) LAPTOP CDW 214DIRECT	040105SL	5.00	17	1,362.					1,362.		223.	
215 (D) WORKSTATIONS (6) 041305SL		5.00	17	3,855.					3,855.		90.	
216 WORKSTATIONS (13) PERIPHERAL 218 EQUIPMENT - VPN	040405SL 072404SL	5.00	17	8,600.					8,600.		1,505.	
LEASEHOLD 219 IMPROVEMENTS - BELL 11204SL		5.00	17	11,476.					11,476.		2259.	
LEASEHOLD 220 IMPROVEMENTS - BELL 093004SL		7.00	17	1,730.					1,730.		1,142.	
LEASEHOLD 222 IMPROVEMENTS - BELL 071604SL		7.00	17	546.					1,242.		863.	
LEASEHOLD 223 IMPROVEMENTS - TRI		7.00	17	546.					546.		78.	
LEASEHOLD 224 IMPROVEMENTS - AFC 0012505SL		7.00	17	1,200.					1,200.		748.	
225 IKON COPIER	060905SL	5.00	17	1,180.					1,180.		974.	

528102
08-24-08

(D) - Asset disposed

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 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
24 WORKSTATIONS:												
226 SLINLINE DESKTOPS	071405SL	5.00	17	15,840.					15,840.	12,276.		3,168.
227 LCD MONITORS	071405SL	5.00	17	4,800.					4,800.	3,720.		960.
1 WORKSTATION: UATA	071405SL	5.00	17	635.					635.	492.		127.
228 GRAND AVE	071405SL	5.00	17	33,000.					33,000.	22,275.		6,600.
GE HEALTHCARE ULTRA	01106SL	5.00	17									
WEB MD MEDICAL	01106SL	5.00	17									
229 SOUND EQUIP: SONY	01106SL	5.00	17									
230 MANAGER PCN LICENSE	081605SL	3.00	17	4,181.					4,181.	4,181.		0.
MEDICAL MANAGER	012006SL	3.00	17									
231 COMPUTER SOFTWARE	012006SL	3.00	17	3,770.					3,770.	3,770.		0.
232 TELEPHONE EQUIPMENT	070105SL	5.00	17	85,916.					85,916.	66,584.		17,183.
LEASEHOLD IMPROVEMENTS - MOT	061106SL	7.00	17	12,178.					12,178.	972.		311.
PRINTERS AND CABLES	052206SL	3.00	17	663.					663.	663.		0.
234- PERIPHERAL FOR 2	071405SL	3.00	17									
ROOF REPAIRS -	052206SL	3.00	17									
235 EMPIRE RESTORATION	052206SL	3.00	17	3,660.					3,660.	294.		94.
HVAC UNIT # 374	052206SL	3.00	17									
236 GRAND - ELITE HEAT	052606SL	7.00	17	3,800.					3,800.	1,900.		543.
EMDEON PRACTICE	0523106SL	7.00	17	3,657.					3,657.	1,305.		522.
237 SERVER BILLING SYSTEM	123106SL	7.00	17									
SAGE GENERAL LEDGER	123106SL	7.00	17	30,323.					30,323.	10,829.		4,332.
238 SYSTEM	063007L			2,767.					2,767.			0.
239 LAND ADDITION	063007L											
240 BUILDING	070107SL	39.00	17	933,954.					933,954.	47,896.		23,948.
SAGE SOFTWARE	070107SL	3.00	17	123,672.					123,672.	15,782.		7,890.
242 (COMPUTER SOFTWARE)	070107SL	5.00	17	3,696.					3,696.	1,478.		739.
LEASEHOLD IMPROVEMENTS	070107SL	39.00	17	90,000.					90,000.	4,616.		2,308.
244 PHARMACY	070107SL											

828102
08-24-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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
245	CHAIRS UPGRADE TO PHONE SYSTEM	070108SL	5.00	17	2,086.				2,086.	417.		417.
246		070108SL	5.00	17	9,342.				9,342.	1,868.		1,868.
247	BUILDING	070108SL	39.00	17	56,757.				56,757.	1,419.		1,455.
248	REGRGENERATOR	070108SL	5.00	17	2,044.				2,044.	409.		409.
249	FILE SERVER - MIP	070108SL	7.00	17	22,719.				22,719.	6,997.		0.
250	VEHICLE ADDITIONS & RENNOVATION EXPANSION	063009SL	5.00	17	15,306.				15,306.			3,061.
251	INTEGRATED DIAGNOSTIC SYSTEM (011110SL BODY COMP. ANALYZER SCALE (H. SCHEIN)	011110SL 100509SL	39.00	16	1995083.				1995083.			25,578.
252		030810SL	5.00	19B	2,761.				1,381.	1,380.		1,519.
253		030810SL	5.00	19B	1,717.				859.	858.		945.
254	NEW SERVER * TOTAL 990 PAGE 10 DEPR		7.00	19C	2,499.				1,250.	1,249.		1,339.
					7348097.				3,490.	7344607.	1937393.	0.
												202,699.

Form 4562

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)

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

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	

(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 2008 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 2010. 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 allowance for qualified property (other than listed property) placed in service during the tax year	14	3,490.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	41,043.

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 2009	17	157,853.
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 2009 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		2,238.	5 yrs.	HY	SL	224.
c 7-year property		1,249.	7 yrs.	HY	SL	89.
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	
i Nonresidential real property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 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	202,699.
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
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

26 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	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
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
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2009 tax year:

:	:				
:	:				
:	:				

43 Amortization of costs that began before your 2009 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 ► X

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	Name of exempt organization	Employer identification number
File by the extended due date for filing your return. See instructions	FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.	
	Number, street, and room or suite no. If a P.O. box, see instructions. 374 GRAND AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW HAVEN, CT 06513	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- 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 15, 2011**.

5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

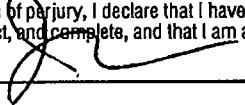
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

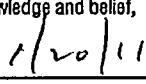
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

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 ► 

Title ► **CPA, AGENT**

Date ► 

Form 8868 (Rev. 1-2011)