



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No. 1545-0047

2010

Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <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	C Name of organization FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.		D Employer identification number 06-0883545
	Doing Business As		E Telephone number (203) 777-7411
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 374 GRAND AVENUE		
	City or town, state or country, and ZIP + 4 NEW HAVEN, CT 06513		G Gross receipts \$ 13,738,714.
	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 H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ FHCHC.ORG			
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.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	236
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,956,359.	7,643,151.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,371,473.	6,095,563.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,244.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,332,076.	13,738,714.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,365,759.	9,779,903.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,589.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,890,463.	4,253,114.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	13,256,222.	14,033,017.
19 Revenue less expenses. Subtract line 18 from line 12	75,854.	<294,303.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,672,977.	7,112,862.
	22 Net assets or fund balances - Subtract line 21 from line 20	3,744,012.	4,478,200.
		2,928,965.	2,634,662.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	KATRINA CLARK, EXECUTIVE DIRECTOR	5.8.2012
Paid Preparer Use Only	Print/Type preparer's name JOHN J. VISCONTI	Preparer's signature
	Firm's name ▶ PIKAART VISCONTI & ASSOCIATES, P.C. Firm's address ▶ 41 MIDDLETOWN AVENUE NORTH HAVEN, CT 06473-3926	Date 05/07/12 Check if self-employed <input type="checkbox"/> PTIN
	Phone no. (203) 865-2927	

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1**
- Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 9,162,484. including grants of \$) (Revenue \$ 6,095,563.)

THE GENERAL CLINIC SERVED APPROXIMATELY 15,000 PATIENTS AND HANDLED APPROXIMATELY 72,300 PATIENT VISITS FOR THE FISCAL YEAR ENDED JUNE 30, 2011.

4b (Code:) (Expenses \$ 1,620,424. including grants of \$) (Revenue \$)

WIC PROGRAM PROVIDES NUTRITION EDUCATION AND FOOD BENEFITS FOR PREGNANT AND LACTATING WOMEN, INFANTS, AND CHILDREN UNDER THE AGE OF FIVE. APPROXIMATELY 2,100 PEOPLE BENEFIT FROM THIS PROGRAM.

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

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

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

4e Total program service expenses **10,782,908.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the 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? <i>If "Yes," complete Schedule F, Parts I and IV</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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	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	236	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
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:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	12
b Enter the number of voting members included in line 1a, above, who are independent	1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **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
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KATRINA CLARK, EXECUTIVE DIRECTOR - (203) 777-7411**
374 GRAND AVENUE, NEW HAVEN, CT 06513

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM MORICO TREASURER		X		X				0.	0.	0.
DAVID JONES SECRETARY		X		X				0.	0.	0.
ED CARR BOARD OF DIRECTORS MEMBER		X						0.	0.	0.
MAUREEN CAMPBELL BOARD OF DIRECTORS MEMBER		X						0.	0.	0.
NITZA DIAZ PRESIDENT		X		X				0.	0.	0.
MAGDA ANA NATAL BOARD OF DIRECTORS MEMBER		X						0.	0.	0.
JOE RODRIGUEZ BOARD OF DIRECTORS MEMBER		X						0.	0.	0.
DORETTA BOWMAN BOARD OF DIRECTORS MEMBER		X						0.	0.	0.
ENRIQUE JUNCADELLA BOARD OF DIRECTORS MEMBER		X						0.	0.	0.
THOMAS THETFORD BOARD OF DIRECTORS MEMBER		X						0.	0.	0.
TOM CANDRICK BOARD OF DIRECTORS MEMBER		X						0.	0.	0.
ELIZABETH CRUZ BOARD OF DIRECTORS MEMBER		X						0.	0.	0.
KATRINA CLARK EXECUTIVE DIRECTOR	35.00				X			91,785.	0.	3,530.
LAURIE BRIDGER MEDICAL DIRECTOR	35.00				X			161,051.	0.	5,677.
ANNE CAMP PHYSICIAN	35.00					X		122,639.	0.	4,633.
LAUREL SHADER PHYSICIAN	35.00					X		124,658.	0.	4,631.
ELIZABETH MAGENHEIMER NURSE PRACTITIONER	35.00					X		111,863.	0.	3,488.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEMEON TSALBINS PHYSICIAN	35.00					X		117,323.	0.	4,278.
NILDA LEON-SMITH PHYSICIAN	35.00					X		108,334.	0.	1,883.
1b Sub-total								837,653.	0.	28,120.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								837,653.	0.	28,120.

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 **6**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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	6,747,816.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	895,335.				
	g Noncash contributions included in lines 1a-1f \$		1,851,835.				
	h Total. Add lines 1a-1f		7,643,151.				
Program Service Revenue	2 a PATIENT GENERATED FEES	Business Code	621400	6,095,563.	6,095,563.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		6,095,563.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			13738714.	6,095,563.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	91,785.	78,017.		13,768.
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	7,988,993.	5,952,637.	2,035,521.	835.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,070,024.	798,555.	269,535.	1,934.
10 Payroll taxes	629,101.	469,496.	158,468.	1,137.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	66,996.		66,996.	
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	372,776.	278,705.	94,071.	
17 Travel	19,323.	14,447.	4,876.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,422.	10,035.	3,387.	
20 Interest	124,443.	93,039.	31,404.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	212,327.	158,746.	53,581.	
23 Insurance	19,155.	14,321.	4,834.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>WIC FOOD BENEFITS</u>	1,377,760.	1,377,760.		
b <u>VACCINES</u>	474,075.	474,075.		
c <u>CONSULTANTS</u>	407,806.	44,475.	363,331.	
d <u>MEDICAL SUPPLIES</u>	336,383.	336,383.		
e <u>PROVISION FOR BAD DEBTS</u>	225,000.	225,000.		
f All other expenses	603,648.	457,217.	145,516.	915.
25 Total functional expenses. Add lines 1 through 24f	14,033,017.	10,782,908.	3,231,520.	18,589.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	57,582.	1	84,072.
	2 Savings and temporary cash investments	62.	2	
	3 Pledges and grants receivable, net	457,039.	3	593,398.
	4 Accounts receivable, net	779,011.	4	1,116,778.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,209.	9	57,971.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,368,903.		
	b Less: accumulated depreciation	10b 2,229,416.	5,207,432.	10c 5,139,487.
	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	83,309.	15	37,823.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,672,977.	16	7,112,862.	
Liabilities	17 Accounts payable and accrued expenses	1,345,953.	17	1,384,678.
	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	1,919,480.	23	1,873,188.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	478,579.	25	1,220,334.
	26 Total liabilities. Add lines 17 through 25	3,744,012.	26	4,478,200.
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	2,928,965.	27	2,634,662.
	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	2,928,965.	33	2,634,662.
	34 Total liabilities and net assets/fund balances	6,672,977.	34	7,112,862.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,738,714.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,033,017.
3	Revenue less expenses. Subtract line 2 from line 1	3	<294,303.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,928,965.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,634,662.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?

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

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?

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 separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ 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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

Employer identification number

06-0883545

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s).

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

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

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5524294.	6322893.	7091651.	7956359.	7643151.	34538348.
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	5500710.	4780866.	5728944.	5371473.	6095563.	27477556.
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	11025004.	11103759.	12820595.	13327832.	13738714.	62015904.
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)						62015904.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	11025004.	11103759.	12820595.	13327832.	13738714.	62015904.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,568.			4,244.		8,812.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,568.			4,244.		8,812.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	11029572.	11103759.	12820595.	13332076.	13738714.	62024716.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.01 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.02 %

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$	
b Assets included in Form 990, Part X	► \$	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

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

Description of 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.	1,649,214.	4,134,551.
c Leasehold improvements				
d Equipment				
e Other		1,373,138.	580,202.	792,936.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				5,139,487.

Schedule D (Form 990) 2010

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED INCOME	1,220,334.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,738,714.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,033,017.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<294,303.>
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	<294,303.>

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	14,201,989.
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	463,275.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	463,275.
3	Subtract line 2e from line 1	3	13,738,714.
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	13,738,714.

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

1	Total expenses and losses per audited financial statements	1	14,496,292.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	463,275.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	463,275.
3	Subtract line 2e from line 1	3	14,033,017.
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	14,033,017.

Part XIV Supplemental Information

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

PART X, LINE 2: THE CLINIC ADOPTED ASC 740 INCOME TAXES. ASC 740

PROVIDES DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. INCOME TAX POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE TO BE RECOGNIZED UPON ADOPTION OF ASC 740 AND IN SUBSEQUENT PERIODS. MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS TAKEN BY THE CLINIC AS OF THAT DATE. TAX YEARS ENDED JUNE 30, 2008 THROUGH JUNE 30, 2011 REMAIN SUBJECT

Part XIV Supplemental Information *(continued)*

TO EXAMINATION BY MAJOR TAX JURISDICTIONS.

**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

2010

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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☒ 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 from the organization or a related organization?

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 Regulations 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)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LAURIE BRIDGER	(i) 161,051.	(ii) 0.	(iii) 0.	5,677.	0.	166,728.	0.
	(ii) 0.	(iii) 0.		0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	1,377,760.	
26 Other ► (<u>VACCINES</u>)	X	0	474,075.	
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 Acknowledgement

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 an amount 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
33		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

WILLIAM MORICO - 470 ELLSWORTH AVE, NEW HAVEN, CT 06511

DAVID JONES - 176 BEAR PATH LANE, HAMDEN, CT 06514

ED CARR - 321 EASTERN STREET, A-1420, NEW HAVEN, CT 06513

MAUREEN CAMPBELL - 177 WOLCOTT STREET, NEW HAVEN, CT 06513

NITZA DIAZ - PO BOX 8905, NEW HAVEN, CT 06511

MAGDA ANA NATAL - 225 EXCHANGE ST., NEW HAVEN, CT 06513

JOE RODRIGUEZ - 112 PECK STREET, NEW HAVEN, CT 06513

DORETTA BOWMAN - 202 CHATHAM STREET, NEW HAVEN, CT 06513

ENRIQUE JUNCADILLA - 14 ST. JOHN STREET, NEW HAVEN, CT 06511

THOMAS THETFORD - 135 COLLEGE STREET, NEW HAVEN, CT 06510

TOM CANDRICK - 195 CHURCH STREET, NEW HAVEN, CT 06510

ELIZABETH CRUZ - 221 NORTH HIGH STREET, EAST HAVEN, CT 06512

Name of the organization

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

Employer identification number

06-0883545

PART XI, LINE 2C EXPLANATION

THERE HAS BEEN NO CHANGE SINCE THE PRIOR YEAR.

2010 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	040196	ADS	40.00	17	1769626.			1769626.	630,426.		44,241.
2	ARCH. FEES	092396	ADS	40.00	17	26,100.			26,100.	9,032.		653.
3	ARCH. FEES	042497	ADS	40.00	17	26,105.			26,105.	8,651.		653.
4	CONSTRUCTION COSTS	050697	ADS	40.00	17	51,908.			51,908.	17,090.		1,298.
5	SITE WORK	061397	ADS	40.00	17	23,190.			23,190.	7,588.		580.
6	ARCH. FEES	070197	ADS	40.00	17	64,994.			64,994.	21,125.		1,625.
7	SITE WORK	070197	ADS	40.00	17	11,804.			11,804.	3,835.		295.
8	ARCH FEES	090197	ADS	40.00	17	32,445.			32,445.	10,408.		811.
9	ARCH FEES	120197	ADS	40.00	17	3,680.			3,680.	1,158.		92.
10	ARCH FEES	100197	ADS	40.00	17	26,811.			26,811.	8,543.		670.
11	SITE WORK	120197	ADS	40.00	17	2,595.			2,595.	818.		65.
12	ARCH FEES	010198	ADS	40.00	17	104,980.			104,980.	32,812.		2,625.
13	ARCH FEES	030198	ADS	40.00	17	60,512.			60,512.	18,660.		1,513.
14	ARCH FEES	030198	ADS	40.00	17	12,280.			12,280.	3,786.		307.
15	ARCH FEES	030198	ADS	40.00	17	28,581.			28,581.	8,818.		715.
16	ELECTRICAL WORK	030198	ADS	40.00	17	6,086.			6,086.	1,875.		152.
17	ARCH FEES	040198	ADS	40.00	17	41,803.			41,803.	12,801.		1,045.
18	ARCH FEES	050198	ADS	40.00	17	8,617.			8,617.	2,616.		215.

028102
05-01-10

(D) - Asset disposed

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

2010 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
19	SWINGING AUTOMATIC DOOR	050198	ADS	40.00	17	2,066.			2,066.	632.		52.
20	ARCH FEES	060198	ADS	40.00	17	27,191.			27,191.	8,216.		680.
21	PAINTING	010198	ADS	40.00	17	3,780.			3,780.	1,187.		95.
22	PAINTING	030198	ADS	40.00	17	12,135.			12,135.	3,738.		303.
23	ARCH FEES	050198	ADS	40.00	17	23,038.			23,038.	7,008.		576.
24	ARCH FEES & SITE WORK	061598	ADS	40.00	17	57,494.			57,494.	17,364.		1,437.
25	PAINTING	010199	ADS	40.00	17	6,228.			6,228.	1,794.		156.
26	PAINTING	010199	ADS	40.00	17	612.			612.	173.		15.
27	CODE WORK IN BASEMENT	120898	ADS	40.00	17	1,700.			1,700.	498.		43.
28	COUNTERTOPS, SHELVES & WINDOWS	120899	ADS	40.00	17	1,320.			1,320.	374.		33.
29	CONSTRUCTION COSTS	080190	ADS	40.00	17	250,853.			250,853.	124,900.		6,271.
30	CONSTRUCTION COSTS	080190	ADS	40.00	17	154,407.			154,407.	76,880.		3,860.
31	CONSTRUCTION FULLY DEPRECIATED	110190	ADS	40.00	17	65,117.			65,117.	32,017.		1,628.
33	ASSETS	VARIES		.000	16	151,835.			151,835.	151,835.		0.
39	MICROSCOPE	073195	200DB	5.00	17	1,441.			1,441.	1,441.		0.
43	EXAM TABLES	042596	200DB	5.00	17	3,975.			3,975.	3,975.		0.
45	BOOKCASE UNIT	100196	200DB	7.00	17	1,582.			1,582.	1,582.		0.
46	EXAM TABLE	102296	200DB	5.00	17	880.			880.	880.		0.

028102
05-01-10

(D) - Asset disposed

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

2010 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
54	AUDIO METER & MEDICAL RECORD SHEET	0424982000	DB	5.00	17	8,402.			8,402.	8,402.		0.
63	CODE LINK	0423992000	DB	5.00	17	1,188.			1,188.	1,188.		0.
64	TABLE & CHAIRS	1015982000	DB	5.00	17	950.			950.	950.		0.
65	UNIX UPGRADE	0621992000	DB	5.00	17	1,991.			1,991.	1,991.		0.
66	DOT MATRIX PRINTER	0211992000	DB	5.00	17	1,993.			1,993.	1,993.		0.
68	AIR CONDITIONER	0722982000	DB	5.00	17	500.			500.	500.		0.
78	CONSTRUCTION COSTS	061577	SL	25.00	16	61,412.			61,412.	61,412.		0.
79	CONSTRUCTION COSTS	061578	SL	24.00	16	23,769.			23,769.	23,769.		0.
80	CONSTRUCTION COSTS	061579	SL	23.00	16	19,437.			19,437.	19,437.		0.
81	CONTRIBUTED LABOR	061579	SL	22.00	16	51,000.			51,000.	51,000.		0.
82	SIGN	031580	SL	10.00	16	450.			450.	450.		0.
83	ARCHITECT FEES	061580	SL	22.00	16	2,200.			2,200.	2,200.		0.
84	RENOVATIONS- 3RD FLOOR	081583	SL	15.00	16	4,502.			4,502.	4,502.		0.
85	RENOVATIONS- RECORD ROOM	082581	SL	15.00	16	2,548.			2,548.	2,548.		0.
86	3RD FLOOR	081583	SL	15.00	16	156.			156.	156.		0.
87	BASEMENT & ALCOVE	081583	SL	15.00	16	1,038.			1,038.	1,038.		0.
88	ADDITION-EXAM ROOM	111584	SL	18.00	16	30,913.			30,913.	30,913.		0.
89	ADDITION-EXAM ROOM	031585	SL	18.00	16	819.			819.	819.		0.

028102
05-01-10

(D) - Asset disposed

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

2010 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
902	SINKS & CABINETS	081582	SL	15.00	16	1,400.			1,400.	1,400.		0.
91	BUILDING PAINTING	061387	ADS	31.00	17	12,881.			12,881.	9,490.		416.
92	LAROSE IMPROVEMENTS	040191	ADS	40.00	17	101,883.			101,883.	49,030.		2,547.
93	LAROSA IMPROVEMENTS	120691	ADS	40.00	17	10,000.			10,000.	4,646.		250.
94	LAROSE IMPROVEMENTS	022992	ADS	40.00	17	9,710.			9,710.	4,473.		243.
95	IMPROVEMENTS MILLARD	110891	ADS	40.00	17	9,500.			9,500.	4,439.		238.
96	SONITROL CONVERSION	082793	ADS	40.00	17	3,100.			3,100.	1,317.		78.
97	C.J. FUCCI	070193	ADS	40.00	17	1,370.			1,370.	580.		34.
99	FUCCI PAVE DRIVEWAY	051094	ADS	40.00	17	3,995.			3,995.	1,616.		100.
100	COMPUTER OUTLETS	121999	ADS	40.00	17	2,193.			2,193.	582.		55.
101	CONSTRUCTION COST	061580	SL	5.00	16	3,301.			3,301.	3,301.		0.
102	IMPROVEMENTS	063082	SL	15.00	16	8,953.			8,953.	8,953.		0.
103	IMPROVEMENTS	063082	SL	15.00	16	1,141.			1,141.	1,141.		0.
107	ACCORDIAN DOOR	022100	200DB	10.00	17	2,100.			2,100.	2,100.		0.
108	FIRE ALARM SYSTEM MONITOR	122099	200DB	10.00	17	1,979.			1,979.	1,979.		0.
109	CARPET (UNGERS)	091698	200DB	7.00	17	1,000.			1,000.	1,000.		0.
114	C.J. FUCCI	102893	ADS	40.00	17	1,750.			1,750.	736.		44.
117	PAPER SHREDDER	081100	200DB	5.00	17	1,150.			1,150.	1,150.		0.

025102
05-01-10

(D) - Asset disposed

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

2010 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
126	CABLES	052001	200DB	5.00	17	949.			949.	949.		0.
129	ROOF	072600	200DB	5.00	17	3,015.			3,015.	3,015.		0.
130	PARKING LOT	092900	200DB	5.00	17	1,450.			1,450.	1,450.		0.
131	FIRE ALARM SYSTEM	100900	200DB	5.00	17	1,071.			1,071.	1,071.		0.
132	BOILER	123100	200DB	5.00	17	3,650.			3,650.	3,650.		0.
133	HEATER & COMPUTER WIRING	020401	200DB	5.00	17	1,057.			1,057.	1,057.		0.
134	COMPUTER WIRING	050701	200DB	5.00	17	2,950.			2,950.	2,950.		0.
135	PAINTING-BELLE VISTA	051701	200DB	5.00	17	1,649.			1,649.	1,649.		0.
136	FLOOR BELLA VISTA	061301	200DB	5.00	17	4,044.			4,044.	4,044.		0.
137	PAINTING BELLA VISTA	061801	200DB	5.00	17	2,100.			2,100.	2,100.		0.
138	CABINETS BELLA VISTA	062001	200DB	5.00	17	1,298.			1,298.	1,298.		0.
143	2 CHAIRS	081001	200DB	5.00	17	450.			450.	450.		0.
144	ZOOMSCOPE	082501	200DB	5.00	17	3,100.			3,100.	3,100.		0.
145	POWER SUPPLY & PHONE	083001	200DB	5.00	17	585.			585.	585.		0.
151	4 CHAIRS & TABLE	101101	200DB	5.00	17	1,069.			1,069.	1,069.		0.
152	8 STEELCASE CHAIRS-WINE	102201	200DB	5.00	17	1,592.			1,592.	1,592.		0.
153	(D)BROTHER 4600 FAX-BV	112601	200DB	5.00	17	395.			395.	395.		0.
156	BV PAINTING COUNTERS	071101	200DB	5.00	17	2,875.			2,875.	2,875.		0.

028102
05-01-10

(D) - Asset disposed

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

2010 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
157	PAINTING & CARPENTRY-374	073001	1200DB	5.00	17	2,695.			2,695.	2,695.		0.
158	NEW OFFICE-ELITE CONSTRUCTION	081301	ADS	40.00	17	12,000.			12,000.	2,663.		300.
159	PAINTING & CARPENTRY-374	101001	1200DB	5.00	17	3,150.			3,150.	3,150.		0.
160	ELITE CONSTRUCTION	063002	ADS	40.00	17	2,300.			2,300.	466.		58.
161	NEW OFFICE-ELITE CONSTRUCTION	091801	ADS	40.00	17	35,200.			35,200.	7,737.		880.
162	SCALE	072602	150DB	5.00	16	545.			545.	479.		0.
163	BILLING SYSTEM	082602	150DB	5.00	16	4,180.			4,180.	4,180.		0.
164	PULSE METER	091602	150DB	5.00	16	662.			662.	576.		0.
168	PHOTOSHOP	102602	150DB	5.00	16	631.			631.	631.		0.
169	EXAM TABLE	111502	150DB	5.00	16	5,418.			5,418.	5,418.		0.
170	INCUBATOR	111502	150DB	5.00	16	660.			660.	660.		0.
175	UNITED OFFICE FURNITURE	121902	150DB	5.00	16	712.			712.	712.		0.
176	MICRO-TECH OPTICAL	123102	150DB	5.00	16	2,048.			2,048.	2,048.		0.
177	COMPUTER SERVER DELL	050203	150DB	5.00	16	4,629.			4,629.	4,629.		0.
178	BILLING SYSTEM	062603	150DB	5.00	16	3,135.			3,135.	3,135.		0.
180	(D)PRINTERS 4@ 512	030103	150DB	5.00	16	2,051.			2,051.	2,051.		0.
184	WATER HEATER	111402	SL	15.00	16	1,450.			1,450.	743.		97.
185	PARKING LOT	112502	SL	15.00	16	6,500.			6,500.	3,284.		433.

028102
05-01-10

(D) - Asset disposed

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

2010 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
186	PARKING LOT FENCE	121902	SL	15.00	16	2,746.			2,746.	1,373.		183.
187	BATHROOM SINK & TOILET	011130	3SL	15.00	16	1,304.			1,304.	652.		87.
188	OFFICE SECOND FLOOR	051203	SL	40.00	16	25,000.			25,000.	4,479.		625.
189	SECOND FLOOR OFFICE	063003	SL	40.00	16	15,000.			15,000.	2,625.		375.
190	LAND	063003	L			11,289.			11,289.			0.
191	2ND FLOOR OFFICES	091403	SL	40.00	16	38,325.			38,325.	6,546.		958.
192	APPOINTMENTS AND EXAM ROOM	011150	4SL	40.00	16	70,600.			70,600.	11,473.		1,765.
193	1ST FLOOR REMODELING	040104	SL	40.00	16	42,452.			42,452.	6,631.		1,061.
194	BELLA VISTA REMODELING	063004	SL	40.00	16	30,917.			30,917.	4,638.		773.
195	EXTERIOR PAINTING AND REPAIRS	063004	SL	10.00	16	23,881.			23,881.	14,328.		2,388.
196	DESKS AND CHAIRS - UNITED OFFICE FURNITURE	072403	SL	5.00	16	2,088.			2,088.	2,088.		0.
197	EXAM TABLE MIDMARK - MCKESSON	101503	SL	5.00	16	660.			660.	660.		0.
200	EXAM TABLE W/RIGHT DRAWERS - MCKESSON	011150	4SL	5.00	17	1,630.			1,630.	1,630.		0.
201	HP COLOR LASER JET 2500 - POW-R-PC	021004	SL	5.00	17	1,325.			1,325.	1,325.		0.
203	GAS 75 GAL WATER HEATER - MUOLO	021604	SL	10.00	17	2,400.			2,400.	1,520.		240.
204	SHELVING - AXIS II OKIDATA MICROLINE	031004	SL	5.00	17	3,704.			3,704.	3,704.		0.
207	391 TURBO BW PRINTER SANYO P8011	042804	SL	5.00	17	550.			550.	550.		0.
209	PORTABLE AIR CONDITIONER	051304	SL	5.00	17	1,500.			1,500.	1,500.		0.

028102
05-01-10

(D) - Asset disposed

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

2010 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
210	FLEET BANK CAPITAL LEASE	063004SL		5.00	17	1,336.			1,336.	1,336.		0.
211	COMPUTER SOFTWARE	063005SL		5.00	17	1,730.			1,730.	1,730.		0.
213	RACE CAR TYMP (USED)	042705SL		5.00	17	1,275.			1,275.	1,275.		0.
216	WORKSTATIONS (13) PHERIPHERAL	040405SL		5.00	17	8,600.			8,600.	8,600.		0.
218	EQUIPMENT - VPN - B072404SL			5.00	17	1,476.			1,476.	1,476.		0.
219	IMPROVMENTS - BELLA111204SL			7.00	17	1,730.			1,730.	1,389.		247.
220	IMPROVMENTS - BELLA093004SL			7.00	17	1,242.			1,242.	1,040.		177.
222	IMPROVMENTS - BELL071604SL			7.00	17	546.			546.	458.		78.
223	IMPROVMENTS - TRI 072904SL			7.00	17	546.			546.	458.		78.
224	IMPROVMENTS - AFCC012505SL			7.00	17	1,200.			1,200.	919.		171.
225	(D) IKON COPIER	060905SL		5.00	17	1,180.			1,180.	1,180.		0.
226	SLIMLINE DESKTOPS	071405SL		5.00	17	11,220.			11,220.	10,824.		396.
227	24 LCD MONITORS	071405SL		5.00	17	4,800.			4,800.	4,680.		120.
228	1 WORKSTATION: UATX	071405SL		5.00	17	635.			635.	619.		16.
229	GE HEALTHCARE ULTRA SOUND EQUIP: SONY, WEB MD MEDICAL	010106SL		5.00	17	33,000.			33,000.	28,875.		4,125.
230	MANAGER PCN LICENSE	081605SL		3.00	17	4,181.			4,181.	4,181.		0.
231	MEDICAL MANAGER	012006SL		3.00	17	3,770.			3,770.	3,770.		0.
232	TELEPHONE EQUIPMENT	070105SL		5.00	17	85,916.			85,916.	83,767.		2,149.

028102
05-01-10

(D) - Asset disposed

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

2010 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
233	LEASEHOLD IMPROVEMENTS - MOTION PICTURES AND CABLES	0611106SL		7.00	17	2,178.			2,178.	1,283.		311.
234	PERIPHERAL FOR 2 ROOF REPAIRS -	071405SL		3.00	17	663.			663.	663.		0.
235	EMPIRE RESTORATION HVAC UNIT @ 374	052206SL		39.00	17	3,660.			3,660.	388.		94.
236	GRAND - ELITE HEAT PUMP	052606SL		7.00	17	3,800.			3,800.	2,443.		543.
237	EMDEON PRACTICE SERVER BILLING SYSTEM	123106SL		7.00	17	3,657.			3,657.	1,827.		522.
238	SAGE GENERAL LEDGER SYSTEM	123106SL		7.00	17	30,323.			30,323.	15,161.		4,332.
239	LAND ADDITION	063007L				2,767.			2,767.			0.
240	BUILDING	070107SL		39.00	17	933,954.			933,954.	71,844.		23,948.
242	SAGE SOFTWARE (COMPUTER SOFTWARE)	070107SL		3.00	17	23,672.			23,672.	23,672.		0.
243	LEASEHOLD IMPROVEMENTS	070107SL		5.00	17	3,696.			3,696.	2,217.		739.
244	PHARMACY	070107SL		39.00	17	90,000.			90,000.	6,924.		2,308.
245	CHAIRS	070108SL		5.00	17	2,086.			2,086.	834.		417.
246	UPGRADE TO PHONE SYSTEM	070108SL		5.00	17	9,342.			9,342.	3,736.		1,868.
247	BUILDING	070108SL		39.00	17	56,757.			56,757.	2,874.		1,455.
248	REFRIGERATOR	070108SL		5.00	17	2,044.			2,044.	818.		409.
249	FILE SERVER - MIP	070108SL		7.00	17	22,719.			22,719.	6,997.		3,246.
250	VEHICLE	063009SL		5.00	17	15,306.			15,306.	3,061.		3,061.
251	RENOVATION EXPANSION & ADDITIONS	010110SL		39.00	16	1995083.			1995083.	25,578.		51,156.

028102
05-01-10

(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
252	INTEGRATED DIAGNOSTIC SYSTEM (011110SL BODY COMP. ANALYZER	011110SL		5.00	17	2,761.		1,381.	1,380.	138.		276.
253	SCALE (H.SCHEIN)	100509SL		5.00	17	1,717.		859.	858.	86.		172.
254	NEW SERVER	030810SL		7.00	17	2,499.		1,250.	1,249.	89.		178.
255	SAGE INTERGY SYSTEM (072210SL 28 SLIMLINE	072210SL		5.00	16	83,309.			83,309.			15,273.
256	WORKSTATIONS	092310SL		3.00	16	19,600.			19,600.			4,900.
257	13 SLIMLINE WORKSTATIONS	041511SL		3.00	16	8,775.			8,775.			731.
258	FIREWALL CYBERROAM	041511SL		3.00	16	2,700.			2,700.			225.
259	200I + SUPPORT FIREWALL CYBERROAM	041511SL		3.00	16	2,700.			2,700.			225.
260	SAGE 50 SOFTWARE	042611SL		3.00	16	6,700.			6,700.			372.
261	TIGER DIRECT COMPUTER	100110SL		3.00	16	2,539.			2,539.			635.
262	APPLE COMPUTER	050111SL		3.00	16	2,602.			2,602.			145.
263	10 MINI PC	061911SL		3.00	16	13,930.			13,930.			0.
264	DELL XPS COMPUTER	121410SL		3.00	16	1,526.			1,526.			297.
	* TOTAL 990 PAGE 10 DEPR					7372529.		3,490.	7369039.	2017225.	0.	212,327.

SCHEDULE I

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2011**

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		\$ 1,547,260
Ryan White Outpatient Early Intervention - Part C	93 918		341,148
Special Projects of National Significance - HIV HIT	93.928		80,633
Affordable Care Act - Capital Development Grants	93 526		11,715
Affordable Care Act - Nurse Managed Health Clinics	93 515		375,078
ARRA - Capital Improvement Program	93.703		84,291
ARRA - Increased Services to Health Centers	93.703		<u>27,251</u>
Subtotal Direct Programs			<u>2,467,376</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		66,353
Planned Parenthood of Connecticut - Title X - Family Planning	93 217	01-H-000038-31-0	214,762
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	40,309
Yale University - Ryan White C.A.R.E. ACT Part A - Minority Health Initiative	93.914	A09-1107	64,977
Yale University - Ryan White C.A.R.E. ACT Part A - Primary Care	93 914	A10-0443	216,994
Community Health Center Association of CT - Ryan White C.A.R.E. ACT Part D - Children, Youth & Family AIDS Network	93.153		66,884
Community Foundation of Greater New Haven - Healthy Start	93 926		51,110
Community Health Center Association of CT - Colorectal Cancer Screening	93.283		13,132
Community Health Center Association of CT - Breast and Cervical Cancer Screening	93.283		10,000
Community Health Center Association of CT - CHIPRA Outreach and Enrollment	93.767		32,843

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>850,393</u>
Total U.S. Department of Health and Human Services			<u>3,317,769</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	242,664
Women, Infants and Children Food Benefits	10.557	NONCASH- Federal	① <u>1,377,760</u>
Total U.S. Department of Agriculture			<u>1,620,424</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>24,646</u>
Total U.S. Department of Housing and Urban Development			<u>24,646</u>

TOTAL

\$ 4,962,839

less ① <1,377,760>

Federal Cash 3,585,079

- (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

- (B) The Clinic, as a vaccinating provider, received vaccines valued at \$474,075 from the Connecticut Department of Public Health. Per OMB Circular No. A-133, the Clinic is not considered a grantee or subrecipient.

noncash
Federal

See Auditors' Report on Supplemental Information.

EIN# 06-0883545

SCHEDULE II

FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

**SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2011**

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	\$ 470,517
Capital Expansion Contract	#4001-06-10-01	50,000
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	111,147
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
Community Tobacco Cessation	12060-DPH48500-35386	38,237
DEPARTMENT OF SOCIAL SERVICES:		
Elderly Services Division	11000-DSS61000-16123	77,295
	Grant #093-FHC-EHS-16	
Elderly Services Division - Bella Vista – passed through City of New Haven Health Department	2008-1126	2,000
Medicaid Outreach – passed through Community Health Center Association of CT	11000-DSS60000-10020	36,164
Nurturing Families Network	11000-CTF94000-12042	248,517
Nurturing Families Network – passed through Cornell Scott – Hill Health Center	11000-CTF94000-12042	18,406
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES:		
Latino Behavioral Health System	09-MHA-1215 Core 12157	94,576
Riverside Education Academy	11000-MHA53000-12157	40,000
TOTAL STATE FINANCIAL ASSISTANCE	<i>Cash - State</i>	<u>\$ 1,310,902</u>

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

• 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 File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.	06-0883545
	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)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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.

KATRINA CLARK, EXECUTIVE DIRECTOR

• The books are in the care of ☒ 374 GRAND AVENUE - NEW HAVEN, CT 06513

Telephone No ☒ (203) 777-7411

FAX No ☒ (203) 777-8506

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until MAY 15, 2012
- 5 For calendar year _____, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011
- 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 IN ORDER 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 ☒ 2/10/12

Form 8868 (Rev. 1-2011)