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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2010

Open to Public Inspection

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

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
FAIR HAVEN COMMUNITY HEALTH CLINIC, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

374 GRAND AVENUE

Room/suite

City or town, state or country, and ZIP + 4

NEW HAVEN, CT 06513

F Name and address of principal officer: KATRINA CLARK
374 GRAND AVENUE, NEW HAVEN, CT 06513I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ► FHCHC.ORG

K Form of organization: Corporation Trust Association 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 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 |
| | 6 Total number of volunteers (estimate if necessary) 6 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 7,956,359. |
| | 9 Program service revenue (Part VIII, line 2g) 5,371,473. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,244. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11d) 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,332,076. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,365,759. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ► 18,589. |
| Net Assets or Fund Balances | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,890,463. |
| | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 13,256,222. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 75,854. |
| | <294,303.> |
| Beginning of Current Year 6,672,977. End of Year 7,112,862. | |
| 20 Total assets (Part X, line 16) 3,744,012. 21 Total liabilities (Part X, line 26) 4,478,200. | |
| 22 Net assets or fund balances Subtract line 21 from line 20 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 <i>KATRINA CLARK</i> | Date <i>5-8-2012</i> | | | |
| | ► KATRINA CLARK, EXECUTIVE DIRECTOR Type or print name and title | | | | |
| Paid Preparer | Print/Type preparer's name JOHN J. VISCONTI | Preparer's signature <i>JOHN J. VISCONTI</i> | Date <i>05/07/12</i> | Check <input type="checkbox"/> if self-employed | PTIN |
| Use Only | Firm's name ► PIKAART VISCONTI & ASSOCIATES, P.C. | | Firm's EIN ► | | |
| | Firm's address ► 41 MIDDLETOWN AVENUE NORTH HAVEN, CT 06473-3926 | | | Phone no. (203) 865-2927 | |

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

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*

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? *If "Yes," complete Schedule C, Part II*

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? *If "Yes," complete Schedule C, Part III*

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*

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? *If "Yes," complete Schedule D, Part VI*

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? *If "Yes," complete Schedule D, Part VII*

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? *If "Yes," complete Schedule D, Part VIII*

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? *If "Yes," complete Schedule D, Part IX*

e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part 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)? *If "Yes," complete Schedule D, Part X*

12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*

b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*

20a Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*

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)*

| | Yes | No |
|-----|-----|----|
| 1 | X | |
| 2 | X | |
| 3 | X | |
| 4 | X | |
| 5 | | |
| 6 | X | |
| 7 | X | |
| 8 | X | |
| 9 | X | |
| 10 | X | |
| 11a | X | |
| 11b | X | |
| 11c | X | |
| 11d | X | |
| 11e | X | |
| 11f | X | |
| 12a | X | |
| 12b | X | |
| 13 | X | |
| 14a | X | |
| 14b | X | |
| 15 | X | |
| 16 | X | |
| 17 | X | |
| 18 | X | |
| 19 | X | |
| 20a | X | |
| 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 | 21 | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 | 24a | X |
| a | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | 28a | X |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28c | 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 | 29 | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 30 | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 31 | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 32 | 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 | 33 | 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 | 34 | 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 | 35 | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | |
| 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 | 36 | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X |

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 | 1a | 7 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 236 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i> | 2b | X |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.</i> | 5a | X |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5b | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 6a | X |
| 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? | 6b | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 7a | X |
| 7 Organizations that may receive deductible contributions under section 170(c). | 7b | |
| 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? | 7c | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7d | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7e | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7f | X |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7g | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7h | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 8 | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 9a | |
| 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? | 9b | |
| 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 | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 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? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i> | 13a | |
| 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 | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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 |
| 1b | 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 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | <input checked="" type="checkbox"/> |
| 6 | Does the organization have members or stockholders? | 6 | <input checked="" type="checkbox"/> |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | <input checked="" type="checkbox"/> |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. | 8a | <input checked="" type="checkbox"/> |
| a | The governing body? | 8b | <input checked="" type="checkbox"/> |
| b | Each committee with authority to act on behalf of the governing body? | | |
| 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 | <input checked="" type="checkbox"/> |

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 | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 12a | <input checked="" type="checkbox"/> |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12b | <input checked="" type="checkbox"/> |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12c | <input checked="" type="checkbox"/> |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 13 | <input checked="" type="checkbox"/> |
| 13 | Does the organization have a written whistleblower policy? | 14 | <input checked="" type="checkbox"/> |
| 14 | Does the organization have a written document retention and destruction policy? | 15a | <input checked="" type="checkbox"/> |
| 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? | 15b | <input checked="" type="checkbox"/> |
| a | The organization's CEO, Executive Director, or top management official | | |
| b | Other officers or key employees of the organization | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | 16a | <input checked="" type="checkbox"/> |
| 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? | 16b | <input checked="" type="checkbox"/> |
| 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? | | |

Section C. Disclosure

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

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

 Check 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 such 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 | | | |
| WILLIAM MORICO <u>TREASURER</u> | | X | X | | | | 0. | 0. | 0. |
| DAVID JONES <u>SECRETARY</u> | | X | X | | | | 0. | 0. | 0. |
| ED CARR <u>BOARD OF DIRECTORS MEMBER</u> | | X | | | | | 0. | 0. | 0. |
| MAUREEN CAMPBELL <u>BOARD OF DIRECTORS MEMBER</u> | | X | | | | | 0. | 0. | 0. |
| NITZA DIAZ <u>PRESIDENT</u> | | X | X | | | | 0. | 0. | 0. |
| MAGDA ANA NATAL <u>BOARD OF DIRECTORS MEMBER</u> | | X | | | | | 0. | 0. | 0. |
| JOE RODRIGUEZ <u>BOARD OF DIRECTORS MEMBER</u> | | X | | | | | 0. | 0. | 0. |
| DORETTA BOWMAN <u>BOARD OF DIRECTORS MEMBER</u> | | X | | | | | 0. | 0. | 0. |
| ENRIQUE JUNCADELLA <u>BOARD OF DIRECTORS MEMBER</u> | | X | | | | | 0. | 0. | 0. |
| THOMAS THETFORD <u>BOARD OF DIRECTORS MEMBER</u> | | X | | | | | 0. | 0. | 0. |
| TOM CANDRICK <u>BOARD OF DIRECTORS MEMBER</u> | | X | | | | | 0. | 0. | 0. |
| ELIZABETH CRUZ <u>BOARD OF DIRECTORS MEMBER</u> | | X | | | | | 0. | 0. | 0. |
| KATRINA CLARK <u>EXECUTIVE DIRECTOR</u> | 35.00 | | X | | | | 91,785. | 0. | 3,530. |
| LAURIE BRIDGER <u>MEDICAL DIRECTOR</u> | 35.00 | | X | | | | 161,051. | 0. | 5,677. |
| ANNE CAMP <u>PHYSICIAN</u> | 35.00 | | | X | | | 122,639. | 0. | 4,633. |
| LAUREL SHADER <u>PHYSICIAN</u> | 35.00 | | | X | | | 124,658. | 0. | 4,631. |
| ELIZABETH MAGENHEIMER <u>NURSE PRACTITIONER</u> | 35.00 | | | X | | | 111,863. | 0. | 3,488. |

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

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

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

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

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

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**

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 | | ► 6,095,563. | | | |
| | g Total. Add lines 2a-2f | | ► 6,095,563. | | | |
| | 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 | | ► 137,387,14. | 6,095,563. | 0. | 0. | |
| 12 Total revenue. See instructions. | | ► | | | | |

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. | 10c 5,207,432. | 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)

SCHEDULE A
(Form 990 or 990-EZ)

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) | | |

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

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"/> | | |

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

2010Open 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. | |
| a Total number of conservation easements | Held at the End of the Tax Year |
| b Total acreage restricted by conservation easements | 2a |
| c Number of conservation easements on a certified historic structure included in (a) | 2b |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2c |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► | 2d |
| 4 Number of states where property subject to conservation easement is located ► | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | |

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

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

| | |
|--|------------|
| 1a If the organization elected, as permitted under SFAS 116 (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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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 | |
| 1d | |
| 1e | |
| 1f | |

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

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

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

| | (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

Yes No

(ii) related organizations

3a(i)

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

3a(ii)

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

3b

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

| (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.) ►**1,220,334.**

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

2. 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

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.

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

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment 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)?

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 | 161,051. | 0. | 0. | 5,677. | 0. | 166,728. | 0. |
| 2 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 12 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 15 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 16 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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 | |

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 JUNCADELLA - 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
06-0883545PART XI, LINE 2C EXPLANATIONTHERE HAS BEEN NO CHANGE SINCE THE PRIOR YEAR.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|--------------------|---------------|--------|------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 1 | CONSTRUCTION COSTS | 040196ADS | 40.00 | 17 | 1769626. | | | | 1769626. | 630,426. | | 44,241. |
| 2 | ARCH. FEES | 092396ADS | 40.00 | 17 | 26,100. | | | | 26,100. | 9,032. | | 653. |
| 3 | ARCH.FEES | 042497ADS | 40.00 | 17 | 26,105. | | | | 26,105. | 8,651. | | 653. |
| 4 | CONSTRUCTION COSTS | 050697ADS | 40.00 | 17 | 51,908. | | | | 51,908. | 17,090. | | 1,298. |
| 5 | SITE WORK | 061397ADS | 40.00 | 17 | 23,190. | | | | 23,190. | 7,588. | | 580. |
| 6 | ARCH.FEES | 070197ADS | 40.00 | 17 | 64,994. | | | | 64,994. | 21,125. | | 1,625. |
| 7 | SITE WORK | 070197ADS | 40.00 | 17 | 11,804. | | | | 11,804. | 3,835. | | 295. |
| 8 | ARCH FEES | 090197ADS | 40.00 | 17 | 32,445. | | | | 32,445. | 10,408. | | 811. |
| 9 | ARCH FEES | 120197ADS | 40.00 | 17 | 3,680. | | | | 3,680. | 1,158. | | 92. |
| 10 | ARCH FEES | 100197ADS | 40.00 | 17 | 26,811. | | | | 26,811. | 8,543. | | 670. |
| 11 | SITE WORK | 120197ADS | 40.00 | 17 | 2,595. | | | | 2,595. | 818. | | 65. |
| 12 | ARCH FEES | 010198ADS | 40.00 | 17 | 104,980. | | | | 104,980. | 32,812. | | 2,625. |
| 13 | ARCH FEES | 030198ADS | 40.00 | 17 | 60,512. | | | | 60,512. | 18,660. | | 1,513. |
| 14 | ARCH FEES | 030198ADS | 40.00 | 17 | 12,280. | | | | 12,280. | 3,786. | | 307. |
| 15 | ARCH FEES | 030198ADS | 40.00 | 17 | 28,581. | | | | 28,581. | 8,818. | | 715. |
| 16 | ELECTRICAL WORK | 030198ADS | 40.00 | 17 | 6,086. | | | | 6,086. | 1,875. | | 152. |
| 17 | ARCH FEES | 040198ADS | 40.00 | 17 | 41,803. | | | | 41,803. | 12,801. | | 1,045. |
| 18 | ARCH FEES | 050198ADS | 40.00 | 17 | 8,617. | | | | 8,617. | 2,616. | | 215. |

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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------------------|--------------------|-----------------|--------|------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 19DOOR | SWINGING AUTOMATIC | 050198ADS | 40.00 | 17 | 2,066. | | | | 2,066. | 632. | | 52. |
| 20ARCH FEES | | 060198ADS | 40.00 | 17 | 27,191. | | | | 27,191. | 8,216. | | 680. |
| 21PAINTING | | 010198ADS | 40.00 | 17 | 3,780. | | | | 3,780. | 1,187. | | 95. |
| 22PAINTING | | 030198ADS | 40.00 | 17 | 12,135. | | | | 12,135. | 3,738. | | 303. |
| 23ARCH FEES | | 050198ADS | 40.00 | 17 | 23,038. | | | | 23,038. | 7,008. | | 576. |
| 24WORK | ARCH FEES & SITE | 061598ADS | 40.00 | 17 | 57,494. | | | | 57,494. | 17,364. | | 1,437. |
| 25PAINTING | | 010199ADS | 40.00 | 17 | 6,228. | | | | 6,228. | 1,794. | | 156. |
| 26PAINTING | | 010199ADS | 40.00 | 17 | 612. | | | | 612. | 173. | | 15. |
| 27BASEMENT | CODE WORK IN | 120898ADS | 40.00 | 17 | 1,700. | | | | 1,700. | 498. | | 43. |
| 28SHELVES & WINDOWS | COUNTERTOPS' | 120899ADS | 40.00 | 17 | 1,320. | | | | 1,320. | 374. | | 33. |
| 29CONSTRUCTION COSTS | | 080190ADS | 40.00 | 17 | 250,853. | | | | 250,853. | 124,900. | | 6,271. |
| 30CONSTRUCTION COSTS | | 080190ADS | 40.00 | 17 | 154,407. | | | | 154,407. | 76,880. | | 3,860. |
| 31CONSTRUCTION | FULLY DEPRECIATED | 110190ADS | 40.00 | 17 | 65,117. | | | | 65,117. | 32,017. | | 1,628. |
| 33ASSETS | VARIIES | .000 | 16 | | 151,835. | | | | 151,835. | 151,835. | 0. | |
| 39MICROSCOPE | | 073195200DB5.00 | 17 | | 1,441. | | | | 1,441. | 1,441. | 0. | |
| 43EXAM TABLES | | 042596200DB5.00 | 17 | | 3,975. | | | | 3,975. | 3,975. | 0. | |
| 45BOOKCASE UNIT | | 100196200DB7.00 | 17 | | 1,582. | | | | 1,582. | 1,582. | 0. | |
| 46EXAM TABLE | | 102296200DB5.00 | 17 | | 880. | | | | 880. | 880. | 0. | |

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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|--------------------------------|------------------------------------|-----------------|-----------------|---------|---------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 54MEDICAL RECORD SHELF | AUDIO METER & MEDICAL RECORD SHELF | 042498200DB5.00 | 042399200DB5.00 | 17 | 17 | 8,402. | | | 8,402. | 8,402. | 0. | 0. |
| 63CODE LINK | | 042399200DB5.00 | | 17 | 1,188. | | | 1,188. | 1,188. | 0. | 0. | |
| 64TABLE & CHAIRS | | 101598200DB5.00 | 101598200DB5.00 | 17 | 950. | | | 950. | 950. | 0. | 0. | |
| 65UNIX UPGRADE | | 062199200DB5.00 | 062199200DB5.00 | 17 | 1,991. | | | 1,991. | 1,991. | 0. | 0. | |
| 66DOT MATRIX PRINTER | | 021199200DB5.00 | 021199200DB5.00 | 17 | 1,993. | | | 1,993. | 1,993. | 0. | 0. | |
| 68AIR CONDITIONER | | 072298200DB5.00 | 072298200DB5.00 | 17 | 500. | | | 500. | 500. | 0. | 0. | |
| 78CONSTRUCTION COSTS | | 061577SL | 061577SL | 25.0016 | 61,412. | | | 61,412. | 61,412. | 0. | 0. | |
| 79CONSTRUCTION COSTS | | 061578SL | 061578SL | 24.0016 | 23,769. | | | 23,769. | 23,769. | 0. | 0. | |
| 80CONSTRUCTION COSTS | | 061579SL | 061579SL | 23.0016 | 19,437. | | | 19,437. | 19,437. | 0. | 0. | |
| 81CONTRIBUTED LABOR | | 061579SL | 061579SL | 22.0016 | 51,000. | | | 51,000. | 51,000. | 0. | 0. | |
| 82SIGN | | 031580SL | 031580SL | 10.0016 | 450. | | | 450. | 450. | 0. | 0. | |
| 83ARCHITECT FEES | | 061580SL | 061580SL | 22.0016 | 2,200. | | | 2,200. | 2,200. | 0. | 0. | |
| 84FLOOR RENOVATIONS- 3RD FLOOR | | 081583SL | 081583SL | 15.0016 | 4,502. | | | 4,502. | 4,502. | 0. | 0. | |
| 85ROOM RENOVATIONS- RECORD | | 082581SL | 082581SL | 15.0016 | 2,548. | | | 2,548. | 2,548. | 0. | 0. | |
| 863RD FLOOR | | 081583SL | 081583SL | 15.0016 | 156. | | | 156. | 156. | 0. | 0. | |
| 87BASEMENT & ALCOVE | | 081583SL | 081583SL | 15.0016 | 1,038. | | | 1,038. | 1,038. | 0. | 0. | |
| 88ADDITION- EXAM ROOM | | 111584SL | 111584SL | 18.0016 | 30,913. | | | 30,913. | 30,913. | 0. | 0. | |
| 89ADDITION- EXAM ROOM | | 031585SL | 031585SL | 18.0016 | 819. | | | 819. | 819. | 0. | 0. | |

028102
05-01-10

(D) - Asset disposed

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

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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | * Reduction in Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|----------------------------------|--------------------|---------|----------|---------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 902 | SINKS & CABINETS | 081582SL | 15.0016 | 1,400. | | | | | 1,400. | 1,400. | | 0. |
| 91 | BUILDING PAINTING | 061387ADS | 31.0017 | 12,881. | | | | | 12,881. | 9,490. | | 416. |
| 92 | LAROSE IMPROVEMENTS | 040191ADS | 40.0017 | 101,883. | | | | | 101,883. | 49,030. | | 2,547. |
| 93 | LAROSA IMPROVEMENTS | 120691ADS | 40.0017 | 10,000. | | | | | 10,000. | 4,646. | | 250. |
| 94 | LAROSE IMPROVEMENTS | 022992ADS | 40.0017 | 9,710. | | | | | 9,710. | 4,473. | | 243. |
| | MILLARD | | | | | | | | | | | |
| 95 | IMPROVEMENTS | 110891ADS | 40.0017 | 9,500. | | | | | 9,500. | 4,439. | | 238. |
| 96 | SONITROL CONVERSION | 082793ADS | 40.0017 | 3,100. | | | | | 3,100. | 1,317. | | 78. |
| 97 | C.J. FUCCI | 070193ADS | 40.0017 | 1,370. | | | | | 1,370. | 580. | | 34. |
| 99 | FUCCI PAVE DRIVEWAY | 051094ADS | 40.0017 | 3,995. | | | | | 3,995. | 1,616. | | 100. |
| 100 | COMPUTER OUTLETS | 121999ADS | 40.0017 | 2,193. | | | | | 2,193. | 582. | | 55. |
| 101 | CONSTRUCTION COST | 061580SL | 5.00 16 | 3,301. | | | | | 3,301. | 3,301. | | 0. |
| 102 | IMPROVEMENTS | 063082SL | 15.0016 | 8,953. | | | | | 8,953. | 8,953. | | 0. |
| 103 | IMPROVEMENTS | 063082SL | 15.0016 | 1,141. | | | | | 1,141. | 1,141. | | 0. |
| 107 | ACCORDIAN DOOR FIRE ALARM SYSTEM | 022100200DB10.0017 | | 2,100. | | | | | 2,100. | 2,100. | | 0. |
| 108 | MONITOR | 122099200DB10.0017 | | 1,979. | | | | | 1,979. | 1,979. | | 0. |
| 109 | CARPET (UNGERS) | 091698200DB7.00 | 17 | 1,000. | | | | | 1,000. | 1,000. | | 0. |
| 114 | C.J. FUCCI | 102893ADS | 40.0017 | 1,750. | | | | | 1,750. | 736. | | 44. |
| 117 | PAPER SHREDDER | 081100200DB5.00 | 17 | 1,150. | | | | | 1,150. | 1,150. | | 0. |

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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------------------|-------------|-----------------|--------|--------|---------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 126 CABLES | | 052001200DB5.00 | 17 | 949. | | | | | 949. | 949. | | 0. |
| 129 ROOF | | 072600200DB5.00 | 17 | 3,015. | | | | | 3,015. | 3,015. | | 0. |
| 130 PARKING LOT | | 092900200DB5.00 | 17 | 1,450. | | | | | 1,450. | 1,450. | | 0. |
| 131 FIRE ALARM SYSTEM | | 100900200DB5.00 | 17 | 1,071. | | | | | 1,071. | 1,071. | | 0. |
| 132 BOILER | | 123100200DB5.00 | 17 | 3,650. | | | | | 3,650. | 3,650. | | 0. |
| HEATER & COMPUTER | | 020401200DB5.00 | 17 | 1,057. | | | | | 1,057. | 1,057. | | 0. |
| 133 WIRING | | 050701200DB5.00 | 17 | 2,950. | | | | | 2,950. | 2,950. | | 0. |
| 134 COMPUTER WIRING | | 051701200DB5.00 | 17 | 1,649. | | | | | 1,649. | 1,649. | | 0. |
| PAINTING-BELLE | | 061301200DB5.00 | 17 | 4,044. | | | | | 4,044. | 4,044. | | 0. |
| 135 VISTA | | 061801200DB5.00 | 17 | 2,100. | | | | | 2,100. | 2,100. | | 0. |
| 136 FLOOR BELLA VISTA | | 062001200DB5.00 | 17 | 1,298. | | | | | 1,298. | 1,298. | | 0. |
| PAINTING BELLA | | 081001200DB5.00 | 17 | 450. | | | | | 450. | 450. | | 0. |
| 137 VISTA | | 082501200DB5.00 | 17 | 3,100. | | | | | 3,100. | 3,100. | | 0. |
| CABINETS BELLA | | 083001200DB5.00 | 17 | 585. | | | | | 585. | 585. | | 0. |
| 138 VISTA | | | | | | | | | | | | |
| 1432 CHAIRS | | | | | | | | | | | | |
| 144 ZOOMSCOPE | | | | | | | | | | | | |
| POWER SUPPLY & | | | | | | | | | | | | |
| 145 PHONE | | | | | | | | | | | | |
| 1514 CHAIRS & TABLE | | 101101200DB5.00 | 17 | 1,069. | | | | | 1,069. | 1,069. | | 0. |
| 8 STEELCASE | | 102201200DB5.00 | 17 | 1,592. | | | | | 1,592. | 1,592. | | 0. |
| 152 CHAIRS-WINE | | | | | | | | | | | | |
| (D) BROTHER 4600 | | 112601200DB5.00 | 17 | 395. | | | | | 395. | 395. | | 0. |
| 153 FAX-BV | | | | | | | | | | | | |
| BV PAINTING | | | | | | | | | | | | |
| 156 COUNTERS | | 071101200DB5.00 | 17 | 2,875. | | | | | 2,875. | 2,875. | | 0. |

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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|------------------------------------|-----------------|--------|--------|---------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 157 | PAINTING & NEW OFFICE-ELITE | 073001200DB5.00 | 17 | 2,695. | | | | | 2,695. | 2,695. | 0. | |
| 158 | CONSTRUCTION | 081301ADS | 40.00 | 17 | 12,000. | | | | 12,000. | 2,663. | 300. | |
| 159 | PAINTING & CARPENTRY-374 | 101001200DB5.00 | 17 | 3,150. | | | | | 3,150. | 3,150. | 0. | |
| 160 | ELITE CONSTRUCTION | 063002ADS | 40.00 | 17 | 2,300. | | | | 2,300. | 466. | 58. | |
| 161 | NEW OFFICE-ELITE CONSTRUCTION | 091801ADS | 40.00 | 17 | 35,200. | | | | 35,200. | 7,737. | 880. | |
| 162 | SCALE | 072602150DB5.00 | 16 | 545. | | | | | 545. | 479. | 0. | |
| 163 | BILLING SYSTEM | 082602150DB5.00 | 16 | 4,180. | | | | | 4,180. | 4,180. | 0. | |
| 164 | PULSE METER | 091602150DB5.00 | 16 | 662. | | | | | 662. | 576. | 0. | |
| 168 | PHOTOSHOP | 102602150DB5.00 | 16 | 631. | | | | | 631. | 631. | 0. | |
| 169 | EXAM TABLE | 111502150DB5.00 | 16 | 5,418. | | | | | 5,418. | 5,418. | 0. | |
| 170 | INCUBATOR | 111502150DB5.00 | 16 | 660. | | | | | 660. | 660. | 0. | |
| 175 | UNITED OFFICE FURNITURE | 121902150DB5.00 | 16 | 712. | | | | | 712. | 712. | 0. | |
| 176 | MICRO-TECH OPTICAL COMPUTER SERVER | 123102150DB5.00 | 16 | 2,048. | | | | | 2,048. | 2,048. | 0. | |
| 177 | DELL | 050203150DB5.00 | 16 | 4,629. | | | | | 4,629. | 4,629. | 0. | |
| 178 | BILLING SYSTEM | 062603150DB5.00 | 16 | 3,135. | | | | | 3,135. | 3,135. | 0. | |
| 180 | (D) PRINTERS | 030103150DB5.00 | 16 | 2,051. | | | | | 2,051. | 2,051. | 0. | |
| 184 | WATER HEATER | 111402SL | 15.00 | 16 | 1,450. | | | | 1,450. | 743. | 97. | |
| 185 | PARKING LOT | 112502SL | 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

| 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 | 121902SL | | 15.00 | 16 | 2,746. | | | 2,746. | 1,373. | | 183. |
| 187 | BATHROOM SINK & TOILET | 011303SL | | 15.00 | 16 | 1,304. | | | 1,304. | 652. | | 87. |
| 188 | OFFICE SECOND FLOOR | 051203SL | | 40.00 | 16 | 25,000. | | | 25,000. | 4,479. | | 625. |
| 189 | SECOND FLOOR OFFICE | 063003SL | | 40.00 | 16 | 15,000. | | | 15,000. | 2,625. | | 375. |
| 190 | LAND | 063003L | | | | 11,289. | | | 11,289. | | | 0. |
| 191 | 2ND FLOOR OFFICES APPOINTMENTS AND EXAM ROOM | 091403SL | | 40.00 | 16 | 38,325. | | | 38,325. | 6,546. | | 958. |
| 192 | EXAM ROOM | 011504SL | | 40.00 | 16 | 70,600. | | | 70,600. | 11,473. | | 1,765. |
| 193 | 1ST FLOOR REMODELING | 040104SL | | 40.00 | 16 | 42,452. | | | 42,452. | 6,631. | | 1,061. |
| 194 | REMODELING BELLA VISTA | 063004SL | | 40.00 | 16 | 30,917. | | | 30,917. | 4,638. | | 773. |
| 195 | EXTERIOR PAINTING AND REPAIRS | 063004SL | | 10.00 | 16 | 23,881. | | | 23,881. | 14,328. | | 2,388. |
| 196 | UNITED OFFICE DESKS AND CHAIRS - | 072403SL | | 5.00 | 16 | 2,088. | | | 2,088. | 2,088. | | 0. |
| 197 | MCKESSON EXAM TABLE | 101503SL | | 5.00 | 16 | 660. | | | 660. | 660. | | 0. |
| 200 | DRAWERS - MCKESSON EXAM TABLE W/RIGHT HP COLOR LASER JET | 011504SL | | 5.00 | 17 | 1,630. | | | 1,630. | 1,630. | | 0. |
| 201 | 2500 - POW-R-PC GAS 75 GAL WATER | 021004SL | | 5.00 | 17 | 1,325. | | | 1,325. | 1,325. | | 0. |
| 203 | HEATER - MUOLO | 021604SL | | 10.00 | 17 | 2,400. | | | 2,400. | 1,520. | | 240. |
| 204 | SHELVING - AXIS II OKIDATA MICROLINE | 031004SL | | 5.00 | 17 | 3,704. | | | 3,704. | 3,704. | | 0. |
| 207 | 391 TURBO BW PRINTER SANYO P8011 | 042804SL | | 5.00 | 17 | 550. | | | 550. | 550. | | 0. |
| 209 | PORTABLE AIR CONDIT | 051304SL | | 5.00 | 17 | 1,500. | | | 1,500. | 1,500. | | 0. |

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|---------------------------------------|--------------------|---------------|--------|---------|---------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 210 LEASE | FLEET BANK CAPITAL | 063004SL | 5.00 | 17 | 1,336. | | | | 1,336. | | 0. | 0. |
| 211 COMPUTER SOFTWARE | 063005SL | 5.00 | 17 | 1,730. | | | | | 1,730. | | 0. | 0. |
| 212 RACE CAR TYMP | 042705SL | 5.00 | 17 | 1,275. | | | | | 1,275. | | 0. | 0. |
| 213 (USED) | | | | | | | | | | | | |
| 216 WORKSTATIONS (13) | 040405SL | 5.00 | 17 | 8,600. | | | | | 8,600. | | 0. | 0. |
| 217 PERIPHERAL | | | | | | | | | | | | |
| 218 EQUIPMENT - VPN - LEASEHOLD | B072404SL | 5.00 | 17 | 1,476. | | | | | 1,476. | | 0. | 0. |
| 219 IMPROVEMENTS - LEASEHOLD | BELLA11204SL | 7.00 | 17 | 1,730. | | | | | 1,730. | | 247. | 247. |
| 220 IMPROVEMENTS - LEASEHOLD | BELLA093004SL | 7.00 | 17 | 1,242. | | | | | 1,242. | | 177. | 177. |
| 221 IMPROVEMENTS - LEASEHOLD | BELL071604SL | 7.00 | 17 | 546. | | | | | 546. | | 78. | 78. |
| 223 IMPROVEMENTS - LEASEHOLD | TRI 072904SL | 7.00 | 17 | 546. | | | | | 546. | | 78. | 78. |
| 224 IMPROVEMENTS - AFC0012505SL | | 7.00 | 17 | 1,200. | | | | | 1,200. | | 171. | 171. |
| 225 (D) IKON COPIER | 060905SL | 5.00 | 17 | 1,180. | | | | | 1,180. | | 0. | 0. |
| 226 SLIMLINE WORKSTATIONS: | | | | | | | | | | | | |
| 227 SLIMLINE DESKTOPS | 071405SL | 5.00 | 17 | 11,220. | | | | | 11,220. | | 396. | 396. |
| 228 LCD MONITORS: | | | | | | | | | | | | |
| 229 24" FLAT SCREEN | 071405SL | 5.00 | 17 | 4,800. | | | | | 4,800. | | 120. | 120. |
| 230 WORKSTATION: UATX | | | | | | | | | | | | |
| 231 WORKSTATION: GRAND AVE | 071405SL | 5.00 | 17 | 635. | | | | | 635. | | 16. | 16. |
| 232 GE HEALTHCARE ULTRA | | | | | | | | | | | | |
| 233 SOUND EQUIP: SONY, WEB MD MEDICAL | 010106SL | 5.00 | 17 | 33,000. | | | | | 33,000. | | 4,125. | 4,125. |
| 234 MANAGER PCN LICENSE | 081605SL | 3.00 | 17 | 4,181. | | | | | 4,181. | | 0. | 0. |
| 235 MEDICAL MANAGER | | | | | | | | | | | | |
| 236 MEDICAL SOFTWARE | 012006SL | 3.00 | 17 | 3,770. | | | | | 3,770. | | 0. | 0. |
| 237 TELEPHONE EQUIPMENT | 070105SL | 5.00 | 17 | 85,916. | | | | | 85,916. | | 2,149. | 2,149. |

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|----------|----------------------|---------------|--------|---------|---------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 233 | LEASEHOLD | | | | | | | | 2,178. | 1,283. | | 311. |
| | PRINTERS AND CABLES | 061106SL | | 7.00 | 17 | 2,178. | | | | 663. | 663. | 0. |
| 234- | PERIPHERAL FOR 2 | 071405SL | | 3.00 | 17 | 663. | | | | | | 94. |
| | ROOF REPAIRS - | 052206SL | | 39.0017 | | 3,660. | | | | 3,660. | 388. | 543. |
| 235 | EMPIRE RESTORATION | | | | | | | | | 3,800. | 2,443. | 522. |
| | HVAC UNIT @ 374 | | | | | | | | | 3,657. | 1,827. | |
| 236 | GRAND - ELITE HEAT | 052606SL | | 7.00 | 17 | 3,800. | | | | | | 4,332. |
| | EMDEON PRACTICE | | | | | | | | | | | 0. |
| 237 | SERVER BILLING SYST | 123106SL | | 7.00 | 17 | 3,657. | | | | | | |
| | SAGE GENERAL LEDGER | | | | | | | | | | | |
| 238 | SYSTEM | 123106SL | | 7.00 | 17 | 30,323. | | | | 30,323. | 15,161. | |
| | | | | | | | | | | | | |
| 239 | LAND ADDITION | 063007L | | | | 2,767. | | | | 2,767. | | |
| | | | | | | | | | | | | |
| 240 | BUILDING | 070107SL | | 39.0017 | | 933,954. | | | | 933,954. | 71,844. | 23,948. |
| | SAGE SOFTWARE | | | | | | | | | | | |
| 242 | (COMPUTER SOFTWARE) | 070107SL | | 3.00 | 17 | 23,672. | | | | 23,672. | 23,672. | 0. |
| | LEASEHOLD | | | | | | | | | | | |
| 243 | IMPROVEMENTS | 070107SL | | 5.00 | 17 | 3,696. | | | | 3,696. | 2,217. | 739. |
| | | | | | | | | | | | | |
| 244 | PHARMACY | 070107SL | | 39.0017 | | 90,000. | | | | 90,000. | 6,924. | 2,308. |
| | | | | | | | | | | | | |
| 245 | CHAIRS | 070108SL | | 5.00 | 17 | 2,086. | | | | 2,086. | 834. | 417. |
| | UPGRADE TO PHONE | 070108SL | | 5.00 | 17 | 9,342. | | | | | | |
| 246 | SYSTEM | 070108SL | | 39.0017 | | 56,757. | | | | 56,757. | 2,874. | 1,455. |
| | | | | | | | | | | | | |
| 247 | BUILDING | 070108SL | | 5.00 | 17 | 2,044. | | | | 2,044. | 818. | 409. |
| | | | | | | | | | | | | |
| 248 | REFRIGERATOR | 070108SL | | 7.00 | 17 | 22,719. | | | | 22,719. | 6,997. | 3,246. |
| | FILE SERVER - MIP | 070108SL | | 5.00 | 17 | 15,306. | | | | 15,306. | 3,061. | 3,061. |
| 250 | VEHICLE | 063009SL | | | | | | | | | | |
| | ADDITIONS & | | | | | | | | | | | |
| 251 | RENOVATION EXPANSION | 010110SL | | 39.0016 | | 1995083. | | | | 1995083. | 25,578. | 51,156. |

2010 DEPRECIATION AND AMORTIZATION REPORT
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| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | * Reduction in Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|--|---------------|--------|----------|---------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 252 | INTEGRATED DIAGNOSTIC SYSTEM (011110SL BODY COMP. ANALYZER | 5.00 | 17 | 2,761. | | 1,381. | 1,380. | 138. | | | | 276. |
| 253 | SCALE (H. SCHEIN) | 5.00 | 17 | 1,717. | | 859. | - | 858. | | | | 172. |
| 254 | NEW SERVER | 7.00 | 17 | 2,499. | | 1,250. | 1,249. | 89. | | | | 178. |
| 255 | SAGE INTERGY SYSTEM | 5.00 | 16 | 83,309. | | 83,309. | | | | | | 15,273. |
| 28 | SLIMLINE WORKSTATIONS | 3.00 | 16 | 19,600. | | 19,600. | | | | | | 4,900. |
| 13 | SLIMLINE WORKSTATIONS | 3.00 | 16 | 8,775. | | 8,775. | | | | | | 731. |
| 257 | WORKSTATIONS FIREWALL CYBERROAM | 3.00 | 16 | 2,700. | | 2,700. | | | | | | 225. |
| 258 | 2001 + SUPPORT FIREWALL CYBERROAM | 3.00 | 16 | 2,700. | | 2,700. | | | | | | 225. |
| 259 | 2001 + SUPPORT | 3.00 | 16 | 2,700. | | 2,700. | | | | | | 225. |
| 260 | SAGE 50 SOFTWARE | 3.00 | 16 | 6,700. | | 6,700. | | | | | | 372. |
| 261 | TIGER DIRECT COMPUTER | 3.00 | 16 | 2,539. | | 2,539. | | | | | | 635. |
| 262 | APPLE COMPUTER | 3.00 | 16 | 2,602. | | 2,602. | | | | | | 145. |
| 263 | 10 MINI PC | 3.00 | 16 | 13,930. | | 13,930. | | | | | | 0. |
| 264 | DELL XPS COMPUTER | 3.00 | 16 | 1,526. | | 1,526. | | | | | | 297. |
| | * TOTAL 990 PAGE 10 DEPR | | | 7372529. | | 3,490. | 7369039. | | | | | 0. 212,327. |

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 | <i>NONCASH - Federal</i> | <i>(1,377,760)</i> |
| 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 | | | <u>\$ 4,962,839</u> |

less (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 Grant #093-FHC-EHS-16 2008-1126 | 77,295 2,000 |
| Elderly Services Division - Bella Vista – passed through City of New Haven Health Department | | |
| 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 | <u>40,000</u> |
| 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
- 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 <small>File by the extended due date for filing your return. See instructions</small> | Name of exempt organization FAIR HAVEN COMMUNITY HEALTH CLINIC, INC. | Employer identification number 06-0883545 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 374 GRAND AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW HAVEN, CT 06513 | |
| | | |

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

0 1

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

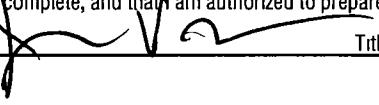
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this 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)