

# 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)

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

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NEIGHBORHOOD HEALTH CLINIC, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>121 GOODLETTE RD</b> City or town, state or country, and ZIP + 4 <b>NAPLES, FL 34102</b> <b>F</b> Name and address of principal officer: <b>NINA GRAY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>59-3546884</b> <b>E</b> Telephone number <b>239-261-6600</b> <b>G</b> Gross receipts \$ <b>4,795,929.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.NEIGHBORHOODHEALTHCLINIC.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1999</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO DELIVER MEDICAL CARE TO LOW-INCOME WORKING, UNINSURED COLLIER COUNTY RESIDENTS.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>13</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>13</b></span> <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>14</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>714</b></span> <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>																									
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**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.

<b>Sign Here</b>	Signature of officer <b>NINA GRAY, CEO</b> Type or print name and title	Date  		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMELIA COOPER CPA</b>	Preparer's signature <b>AMELIA COOPER CPA</b>	Date <b>03/19/12</b>	<input type="checkbox"/> Check if self-employed PTIN
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶		
	Firm's address ▶ <b>4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103</b>	Phone no. <b>239-262-8686</b>		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO DELIVER QUALITY MEDICAL CARE TO THE LOW-INCOME WORKING BUT UNINSURED COLLIER COUNTY ADULTS USING VOLUNTEER PROFESSIONAL STAFF.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 756,797. including grants of \$ ) (Revenue \$ 148,642.) DELIVERED QUALITY MEDICAL AND DENTAL SERVICES TO OVER 2,000 UNINSURED LOW-INCOME COLLIER COUNTY, FLORIDA WORKING ADULTS, RESULTING IN APPROXIMATELY 7,500 PATIENT VISITS. SERVING AS A MEDICAL HOME, THE CLINIC PROVIDES PATIENTS WITH MEDICAL EXAMINATIONS BY LICENSED PHYSICIANS, LABORATORY TESTING, ALL PRESCRIPTION MEDICATIONS AND, IF NECESSARY, REFERRAL TO SPECIALISTS AND OTHER PROVIDERS WHO HAVE ALL VOLUNTEERED TO PROVIDE THEIR SERVICES FREE OF CHARGE. ACCORDING TO AN INDEPENDENT AUDIT OF OUR MOST RECENT FISCAL YEAR, THE VALUE OF SERVICES PROVIDED AT NO CHARGE BY VOLUNTARY PROFESSIONAL STAFF AND ASSOCIATED HEALTH CARE PROVIDERS TOTALED IN EXCESS OF \$3.5 MILLION. ADDITIONALLY, CLINIC VOLUNTEERS WERE ABLE TO SECURE IN EXCESS OF \$2.6 MILLION OF MEDICATIONS WITH DRUG MANUFACTURERS UNDER PATIENT ASSISTANCE

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

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 756,797.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form 990 (2010)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	
<b>Note.</b> All Form 990 filers are required to complete Schedule O		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b>		13
b	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b>		13
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a		X
b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PAM CARDEC - (239) 261-6600**  
**121 GOODLETTE ROAD NORTH, NAPLES, FL 34102**

**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	Former			
DAVID WESTON PAST CHAIR	0.50	X					0.	0.	0.	
CLAUDE WEIR PAST CHAIR ELECT	0.50	X					0.	0.	0.	
NANCY LASCHEID, RN, BSN CO-FOUNDER	40.00	X					0.	0.	0.	
WILLIAM LASCHEID, MD CO-FOUNDER	10.00	X					0.	0.	0.	
THOMAS BRICK, DMD DIRECTOR	1.50	X					0.	0.	0.	
JOHN CARDILLO, ESQ DIRECTOR	0.50	X					0.	0.	0.	
JOSEPH DAVIS DIRECTOR	0.50	X					0.	0.	0.	
GEORGE FERGUSON, MD DIRECTOR	1.50	X					0.	0.	0.	
GEORGE MCGLAUGHLIN DIRECTOR	0.50	X					0.	0.	0.	
ROBERT MORANTZ, MD DIRECTOR	1.50	X					0.	0.	0.	
JOHN MCDONOUGH CHAIR ELECT	0.50			X			0.	0.	0.	
CONNIE DALIS, CPA TREASURER	0.50			X			0.	0.	0.	
MARTHA MARLAND SECRETARY	0.50			X			0.	0.	0.	
DEBORAH RUSSELL, ESQ PAST CHAIR	0.50			X			0.	0.	0.	
NINA GRAY, MA LMHC CEO	40.00			X			98,580.	0.	10,430.	



**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	457,370.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1894619.				
	g	Noncash contributions included in lines 1a-1f: \$		88,794.				
	h	<b>Total.</b> Add lines 1a-1f		2351989.				
Program Service Revenue	2 a	<u>PATIENT REVENUE</u>	Business Code 624100	148,642.			148,642.	
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		148,642.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		105,732.			105,732.	
	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	2,008,024.	1,060.		
			c	Gain or (loss)	72,231.	-1,060.		
			d	Net gain or (loss)			71,171.	71,171.
	8 a	Gross income from fundraising events (not including \$ 457,370. of contributions reported on line 1c). See Part IV, line 18	a	109311.				
	b	Less: direct expenses	b	109311.				
	c	Net income or (loss) from fundraising events			0.			
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	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.			2677534.	0.	0.	325,545.	

**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	88,580.	46,469.	30,596.	11,515.
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	355,164.	186,308.	122,684.	46,172.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	48,835.	25,619.	16,868.	6,348.
10 Payroll taxes	27,846.	14,608.	9,618.	3,620.
11 Fees for services (non-employees):				
a Management				
b Legal	9,746.	7,992.	1,751.	3.
c Accounting	15,848.	12,995.	2,848.	5.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	152,496.	125,047.	27,404.	45.
12 Advertising and promotion	17,934.	180.	7,890.	9,864.
13 Office expenses	20,851.	9,474.	11,213.	164.
14 Information technology				
15 Royalties				
16 Occupancy	28,690.	23,526.	4,590.	574.
17 Travel	6,517.	2,737.	3,584.	196.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,138.		15,138.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,550.	63,591.	12,408.	1,551.
23 Insurance	22,870.	12,167.	10,406.	297.
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 <b>PHARMACEUTICALS</b>	103,580.	103,580.		
b <b>RADIOLOGY AND OTHER FEE</b>	63,083.	63,083.		
c <b>REPAIRS AND MAINTENANCE</b>	61,056.	50,676.	9,158.	1,222.
d <b>MEDICAL SUPPLIES</b>	5,779.	5,779.		
e <b>PRINTING &amp; PUBLICATIONS</b>	3,928.	2,475.	1,021.	432.
f All other expenses	756.	491.	265.	
25 Total functional expenses. Add lines 1 through 24f	1,126,247.	756,797.	287,442.	82,008.
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	100.	1	100.
	2	Savings and temporary cash investments	792,688.	2	911,338.
	3	Pledges and grants receivable, net	66,161.	3	1,114,938.
	4	Accounts receivable, net		4	
	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	59,629.	8	60,423.
	9	Prepaid expenses and deferred charges	39,984.	9	24,134.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,778,702.		
	b	Less: accumulated depreciation	10b 608,735.	10c	2,169,967.
	11	Investments - publicly traded securities	0.	11	
	12	Investments - other securities. See Part IV, line 11	2,954,972.	12	3,207,494.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	305.	15	305.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,089,055.	16	7,488,699.	
Liabilities	17	Accounts payable and accrued expenses	44,703.	17	77,237.
	18	Grants payable		18	
	19	Deferred revenue	9,500.	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	54,203.	26	77,237.
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	4,252,473.	27	5,229,286.
	28	Temporarily restricted net assets	57,911.	28	1,080,216.
	29	Permanently restricted net assets	1,724,468.	29	1,101,960.
	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	<b>Total net assets or fund balances</b>	6,034,852.	33	7,411,462.
	34	<b>Total liabilities and net assets/fund balances</b>	6,089,055.	34	7,488,699.

**Part XI Reconciliation of Net Assets**

Check 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	2,677,534.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,126,247.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,551,287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,034,852.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-174,677.
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	7,411,462.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

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: **NEIGHBORHOOD HEALTH CLINIC, INC.** Employer identification number: **59-3546884**

**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?
 

	Yes	No
(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? <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

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

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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
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	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

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

- 19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

NEIGHBORHOOD HEALTH CLINIC, INC.

Employer identification number

59-3546884

**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).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if 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	1,027,294.	1,294,222.	946,618.		
b Contributions	74,666.		401,629.		
c Net investment earnings, gains, and losses		-106,018.			
d Grants or scholarships					
e Other expenditures for facilities and programs			54,025.		
f Administrative expenses					
g End of year balance	1,101,960.	1,188,204.	1,294,222.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  8.00 %
  - b Permanent endowment  92.00 %
  - c Term endowment  .00 %

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		775,000.		775,000.
b Buildings		1,632,519.	383,858.	1,248,661.
c Leasehold improvements		37,285.	3,942.	33,343.
d Equipment		99,187.	71,952.	27,235.
e Other		234,711.	148,983.	85,728.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>2,169,967.</b>

**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) PUBLIC SECURITIES	3,207,494.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	3,207,494.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,677,534.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,126,247.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,551,287.
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	-174,677.
9	Total adjustments (net). Add lines 4 through 8	9	-174,677.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,376,610.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,057,017.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-174,677.
b	Donated services and use of facilities	2b	3,553,100.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	3,378,423.
3	Subtract line 2e from line 1	3	2,678,594.
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	-1,060.
c	Add lines 4a and 4b	4c	-1,060.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,677,534.

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

1	Total expenses and losses per audited financial statements	1	4,680,407.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,553,100.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,060.
e	Add lines 2a through 2d	2e	3,554,160.
3	Subtract line 2e from line 1	3	1,126,247.
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	1,126,247.

**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 V, LINE 4: EARNINGS OF THE ENDOWMENT FUND ARE TO BE USED FOR OPERATIONS OF THE CLINIC. THE TRANSFER OF FUNDS FOR OPERATING NEEDS IS AT THE DISCRETION OF THE BOARD BUT CAN BE NO MORE THAN 5% OF THE MARKET VALUE OF FUND IN ANY GIVEN YEAR.**

**PART X, LINE 2: THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES**

**Part XIV** Supplemental Information (continued)

RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THIS STANDARD HAS NO  
 IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT  
 AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE  
 ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON  
 UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES. AN EXEMPT ORGANIZATION  
 BUSINESS INCOME TAX RETURN (FORM 990) IS FILED ANNUALLY BY THE  
 ORGANIZATION. THE TAX RETURNS FROM THE TAX YEARS ENDED 2007 THROUGH 2009  
 ARE OPEN TO EXAMINATION BY THE IRS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BLOCK PARTY (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	566,681.		566,681.
	2	Less: Charitable contributions	457,370.		457,370.
	3	Gross income (line 1 minus line 2)	109,311.		109,311.
Direct Expenses	4	Cash prizes	10,000.		10,000.
	5	Noncash prizes			
	6	Rent/facility costs	5,000.		5,000.
	7	Food and beverages	47,418.		47,418.
	8	Entertainment	1,225.		1,225.
	9	Other direct expenses	45,668.		45,668.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 109,311 )
	11	Net income summary. Combine line 3, column (d), and line 10			0.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **NEIGHBORHOOD HEALTH CLINIC, INC.** Employer identification number: **59-3546884**

**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	X	3	17,107.	FMV
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	X	1	34,687.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( LABORATORY EQ )	X	1	37,000.	FMV
26 Other ▶ ( )				
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**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

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.

Name of the organization

NEIGHBORHOOD HEALTH CLINIC, INC.

Employer identification number  
59-3546884

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS(PAP), PROVIDED AT NO COST TO THE PATIENTS.

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS, NANCY LASCHEID AND  
WILLIAM LASCHEID, HAVE A FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: ALL BOARD MEMBERS WILL BE PROVIDED  
WITH AN ELECTRONIC COPY OF A FINAL DRAFT OF FORM 990 PRIOR TO FILING AND BE  
INSTRUCTED TO VOICE ANY QUESTIONS OR CONCERNS TO THE BOARD CHAIRMAN AND  
CEO. ALL MEMBERS WILL BE NOTIFIED OF ANY CHANGES TO FORM 990 FROM WHAT THEY  
REVIEWED AND WHAT IS ULTIMATLEY FILED

FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES AND BOARD MEMBERS  
ARE AWARE OF WHAT REPRESENTS A CONFLICT OF INTEREST. ALL ARE COVERED BY THE  
POLICY AND ANY POTENTIAL CONFLICTS ARE TO BE BROUGHT TO THE ATTENTION OF  
THE CHAIRMAN OR CEO

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR CEO IS REVIEWED BY  
OFFICERS OF THE BOARD, UTILIZING LOCAL NOT-FOR-PROFIT COMPENSATION DATA.  
THE MOST RECENT REVIEW WAS IN 2011.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
AVAILABLE ON REQUEST

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

Name of the organization

NEIGHBORHOOD HEALTH CLINIC, INC.

Employer identification number

59-3546884

NET UNREALIZED GAINS ON INVESTMENTS

-174,677.

FORM 990, PART XII, LINE 2C

PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Year Deduction	Ending Accumulated Depreciation
138	MEDICAL MANAGER	03/24/99	SL	3.00		HY16	9,285.				9,285.	9,285.	0.	9,285.
139	POWER TABLE	04/05/01	200DB	5.00		HY17	5,176.				5,176.	5,176.	0.	5,176.
140	INTERMED	06/26/02	200DB	3.00		HY17	3,000.			900.	2,100.	2,100.	0.	2,100.
141	RX SOFTWARE	06/12/02	200DB	3.00		HY17	5,118.			1,535.	3,583.	3,583.	0.	3,583.
142	LEXMARK OPTRA LASER	06/12/02	200DB	5.00		HY17	1,239.			372.	867.	867.	0.	867.
143	WINDOWS WORKSTATION	07/16/02	200DB	3.00		HY17	809.			243.	566.	566.	0.	566.
144	DELL MONITOR	09/10/02	200DB	5.00		HY17	599.			180.	419.	419.	0.	419.
145	15" FLAT PANEL LCD MONITOR	09/30/02	200DB	5.00		HY17	350.			105.	245.	245.	0.	245.
146	15" FLAT PANEL LCD MONITOR	09/30/02	200DB	5.00		HY17	355.			107.	248.	248.	0.	248.
147	BLOOD PRESSURE WALL UNIT	05/31/02	200DB	5.00		HY17	113.			34.	79.	79.	0.	79.
148	BLOOD PRESSURE WALL UNIT	05/31/02	200DB	5.00		HY17	113.			34.	79.	79.	0.	79.
149	(4) BLOOD PRESSURE INFLATION SYS LG ADULT	05/31/02	200DB	5.00		HY17	128.			38.	90.	90.	0.	90.
150	(4) STETHOSCOPE LITTMAN CARDIOLOGY III	05/31/02	200DB	5.00		HY17	586.			176.	410.	410.	0.	410.
151	LAMP MAGNIFYING HI-LIGHTING WHITE W/STAND	05/31/02	200DB	5.00		HY17	210.			63.	147.	147.	0.	147.
152	LAMP MAGNIFYING HI-LIGHTING WHITE W/STAND	05/31/02	200DB	5.00		HY17	210.			63.	147.	147.	0.	147.
153	LAMP MAGNIFYING HI-LIGHTING WHITE W/STAND	05/31/02	200DB	5.00		HY17	210.			63.	147.	147.	0.	147.
154	TREATMENT STAND MOBILE W/5 CASTER BASE	05/31/02	200DB	5.00		HY17	148.			44.	104.	104.	0.	104.
155	DOPPLER VASCULAR	05/31/02	200DB	5.00		HY17	429.			129.	300.	300.	0.	300.

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156	WALL TRANSFORMER/HAND 3.5V	06/11/02	200DE	5.00		HXL17	296.			89.	207.	207.	0.	0.	207.
157	WALL TRANSFORMER W/HAND 3.5V	06/11/02	200DE	5.00		HXL17	296.			89.	207.	207.	0.	0.	207.
158	WALL TRANSFORMER W/HAND 3.5V	06/11/02	200DE	5.00		HXL17	296.			89.	207.	207.	0.	0.	207.
159	FIBER OPTIC SURGICAL HEADLITE	06/10/02	200DE	5.00		HXL17	2,614.			784.	1,830.	1,830.	0.	0.	1,830.
160	HEADLITE HALOGEN COMPLETE	06/07/02	200DE	5.00		HXL17	434.			130.	304.	304.	0.	0.	304.
161	BURTON OUTPATIENT II SURGICAL LIGHT	06/07/02	200DE	5.00		HXL17	1,595.			479.	1,116.	1,116.	0.	0.	1,116.
162	BURTON REFLECTING CYLINDER LIGHT	06/07/02	200DE	5.00		HXL17	1,250.			375.	875.	875.	0.	0.	875.
163	EAR WASH KIT	08/15/02	200DE	5.00		HXL17	325.			98.	227.	227.	0.	0.	227.
164	DBL/PED DESK/KEYBOARD TRAY MAPLE	06/12/02	200DE	7.00		HXL17	315.			95.	220.	220.	0.	0.	220.
165	3DR LATERAL FILE PUTTY	06/12/02	200DE	7.00		HXL17	199.			60.	139.	139.	0.	0.	139.
166	3DR LATERAL FILE PUTTY	06/12/02	200DE	7.00		HXL17	199.			60.	139.	139.	0.	0.	139.
167	2DR LATERAL FILE PUTTY	06/12/02	200DE	7.00		HXL17	149.			45.	104.	104.	0.	0.	104.
168	GLOBAL IMPRESSARIO CHAIR	06/12/02	200DE	7.00		HXL17	150.			45.	105.	105.	0.	0.	105.
169	GLOBAL IMPRESSARIO CHAIR	06/12/02	200DE	7.00		HXL17	150.			45.	105.	105.	0.	0.	105.
170	GLOBAL IMPRESSARIO CHAIR	06/12/02	200DE	7.00		HXL17	150.			45.	105.	105.	0.	0.	105.
171	GLOBAL IMPRESSARIO CHAIR	06/12/02	200DE	7.00		HXL17	150.			45.	105.	105.	0.	0.	105.
172	LEFT L-SHAPE DESK MAPLE/KEYBOARD	06/12/02	200DE	7.00		HXL17	419.			126.	293.	293.	0.	0.	293.
173	ENTERPRISE CHAIR WHEAT	06/12/02	200DE	7.00		HXL17	159.			48.	111.	111.	0.	0.	111.

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174	ENTERPRISE CHAIR WHEAT	06/12/02	200DE	7.00		HXL17	159.			48.	111.	111.		0.	111.
175	TASK CHAIR WHEAT	06/12/02	200DE	7.00		HXL17	99.			30.	69.	69.		0.	69.
176	TASK CHAIR WHEAT	06/12/02	200DE	7.00		HXL17	99.			30.	69.	69.		0.	69.
177	TASK CHAIR WHEAT	06/12/02	200DE	7.00		HXL17	99.			30.	69.	69.		0.	69.
178	SIDE CHAIR WHEAT (29)	06/12/02	200DE	7.00		HXL17	2,409.			723.	1,686.	1,686.		0.	1,686.
179	DBL/PED DESK/KEYBOARD TRAY MAPLE	06/12/02	200DE	7.00		HXL17	275.			83.	192.	192.		0.	192.
180	DBL/PED DESK/KEYBOARD TRAY MAPLE	06/12/02	200DE	7.00		HXL17	319.			96.	223.	223.		0.	223.
181	ASHTRAY OUTSIDE	08/07/02	200DE	7.00		HXL17	376.			113.	263.	263.		0.	263.
182	(10) PHYSICIANS STOOLS CREAM COLOR	09/07/02	200DE	7.00		HXL17	713.			214.	499.	499.		0.	499.
183	PHYS STOOL W/BACK CREAM COLOR	08/15/02	200DE	7.00		HXL17	117.			35.	82.	82.		0.	82.
184	PHYS STOOL W/BACK CREAM COLOR	08/15/02	200DE	7.00		HXL17	117.			35.	82.	82.		0.	82.
185	PHYS STOOL W/BACK CREAM COLOR	08/15/02	200DE	7.00		HXL17	117.			35.	82.	82.		0.	82.
186	PHYS STOOL W/BACK CREAM COLOR	08/15/02	200DE	7.00		HXL17	117.			35.	82.	82.		0.	82.
187	PHYS STOOL W/BACK CREAM COLOR	08/15/02	200DE	7.00		HXL17	117.			35.	82.	82.		0.	82.
188	36" 2 DR LATERAL FILE	08/20/02	200DE	7.00		HXL17	210.			63.	147.	147.		0.	147.
189	16 PLASTIC TABLES	08/22/02	200DE	7.00		HXL17	780.			234.	546.	546.		0.	546.
190	WINDOW TREATMENTS	09/20/02	200DE	7.00		HXL17	2,207.			662.	1,545.	1,545.		0.	1,545.
191	TELEPHONE SYSTEM	05/29/02	200DE	7.00		HXL17	22,166.			6,650.	15,516.	15,516.		0.	15,516.

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192	REX TV	06/01/02	200DB	7.00		HY17	189.			57.	132.	132.		0.	132.
193	PROJECTOR NEC LT158	06/12/02	200DB	5.00		HY17	4,263.			1,279.	2,984.	2,984.		0.	2,984.
194	PROJECTOR 3M 9100	06/12/02	200DB	5.00		HY17	289.			87.	202.	202.		0.	202.
195	(D)SCREEN TRIPOD DA-LITE 70X70	06/12/02	200DB	7.00		HY17	157.			47.	110.	110.		0.	110.
196	CART LUXOR LB42	06/12/02	200DB	5.00		HY17	175.			53.	122.	122.		0.	122.
197	CART LUXOR TVP-44LT	06/12/02	200DB	5.00		HY17	564.			169.	395.	395.		0.	395.
198	PODIUM PSAC VS-SL3720K	06/12/02	200DB	7.00		HY17	899.			270.	629.	629.		0.	629.
199	PHARMACY STORAGE SHELVES & BINS	03/11/02	200DB	7.00		HY17	14,491.			4,347.	10,144.	10,144.		0.	10,144.
200	INTERIOR SIGNS	06/01/02	200DB	7.00		HY17	1,541.			462.	1,079.	1,079.		0.	1,079.
201	BULLETIN BOARD	08/08/02	200DB	7.00		HY17	237.			71.	166.	166.		0.	166.
202	CLINIC BUILDING	06/15/02	SL	39.00		MM17	1,576,183.				1,576,183.	340,092.		40,253.	380,345.
203	SANITARY SEWER CLEAN-OUT RELOCATIONS	04/03/03	SL	39.00		MM16	2,205.				2,205.	424.		57.	481.
204	MEDICAL AUTOMATION SOFTWARE	05/15/03	200DB	3.00		HY17	995.			498.	497.	497.		0.	497.
205	ENT CHAIR LAMP	11/19/02	200DB	7.00		HY17	315.			95.	220.	220.		0.	220.
206	ENT POWER CHAIR	11/30/02	200DB	7.00		HY17	4,450.			1,335.	3,115.	3,115.		0.	3,115.
207	POWER PROCEDURE CENTER	11/30/02	200DB	7.00		HY17	2,477.			743.	1,734.	1,734.		0.	1,734.
208	ARTICULATING HEADSET	11/30/02	200DB	7.00		HY17	286.			86.	200.	200.		0.	200.
209	HEMOCUE INC	01/17/03	200DB	7.00		HY17	408.			122.	286.	286.		0.	286.

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210	STETHOSCOPES/BP SYSTEM	05/05/03	200DB	7.00		HY17	1,683.			505.	1,178.	1,178.		0.	1,178.
211	BINOCULAR W/EYEPIECES	06/16/03	200DB	7.00		HY17	750.			375.	375.	375.		0.	375.
212	ARM W/O LIGHT SOURCE W/O OPTICS	06/16/03	200DB	7.00		HY17	2,150.			1,075.	1,075.	1,075.		0.	1,075.
213	LIGHT SOURCE FIBEROPTIC DUAL LAMP	06/16/03	200DB	7.00		HY17	615.			308.	307.	307.		0.	307.
214	MICROSCOPE	06/24/03	200DB	7.00		HY17	1,800.			900.	900.	900.		0.	900.
215	THERMOSCAN THERMOMETER	06/30/03	200DB	7.00		HY17	1,108.			554.	554.	554.		0.	554.
216	WINDOW TREATMENTS	01/30/03	200DB	7.00		HY17	485.			146.	339.	339.		0.	339.
217	FILE 4 DRAWER	02/17/03	200DB	7.00		HY17	624.			187.	437.	437.		0.	437.
218	CITY-TEL COMMUNICATION	10/10/02	200DB	7.00		HY17	195.			59.	136.	136.		0.	136.
219	LAND	01/01/01	NC	.000		HY	775,000.				775,000.			0.	
220	CYRO UNIT	03/16/04	SL	7.00		HY16	1,350.				1,350.	1,254.		96.	1,350.
221	ZOOMSTAR SCOPE	03/16/04	SL	7.00		HY16	4,583.				4,583.	4,256.		327.	4,583.
222	GYNY CABINET	03/30/04	SL	7.00		HY16	542.				542.	503.		39.	542.
223	ELECTROSURG	03/30/04	SL	7.00		HY16	3,691.				3,691.	3,427.		264.	3,691.
224	PRO TIME	07/10/04	SL	7.00		HY16	1,235.				1,235.	1,103.		132.	1,235.
225	DCA ANALYZER	07/10/04	SL	7.00		HY16	2,445.				2,445.	2,183.		262.	2,445.
226	AUDIO- VISUAL EQUIPMENT	05/24/05	200DB	7.00		HY17	558.				558.	483.		50.	533.
227	THERMAL CAUTERY UNIT	02/28/05	SL	20.00		HY16	595.				595.	166.		30.	196.

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228	HYREATOR 200 EQUIPMENT	02/28/05	SL	20.00		HY16	1,084.				1,084.	303.		54.	357.
229	REFRIGERATOR (PELICAN BAY JUBILEE GIFT)	12/09/05	SL	7.00		HY16	2,729.				2,729.	1,884.		390.	2,274.
230	EXAM TABLE HIGH LOW/W PELVIC TILT	02/15/06	SL	7.00		HY16	4,355.				4,355.	2,851.		622.	3,473.
231	AUDIO-VISUAL WALL MOUNT EQUIP FOR DIABETIC TRAINING	07/31/06	SL	7.00		HY16	2,992.				2,992.	1,781.		427.	2,208.
232	MEDIA EQUIP FOR ED. CTR (DIABETIC EDUCATION)	08/03/06	SL	7.00		HY16	2,799.				2,799.	1,666.		400.	2,066.
233	AUDIO-VISUAL WALL MOUNT EQUIP FOR DIABETIC TRAINING	09/29/06	SL	7.00		HY16	3,346.				3,346.	1,912.		478.	2,390.
234	QUICKBOOKS PREMIER 2006	11/15/05	SL	3.00		HY16	2,530.				2,530.	2,530.		0.	2,530.
235	DELL POWER EDGE 1800 SERVER	12/12/05	SL	7.00		HY16	4,309.				4,309.	2,975.		616.	3,591.
236	MS EXCHANGE SERVER	01/12/06	SL	7.00		HY16	4,300.				4,300.	2,918.		614.	3,532.
237	SPSS OUTCOME MEASURES SOFTWARE	02/16/07	SL	5.00		HY16	3,015.				3,015.	2,161.		603.	2,764.
238	LAPTOP COMPUTER	03/21/07	SL	5.00		HY16	1,200.				1,200.	840.		240.	1,080.
239	INFINETORK DELL PE 4210	05/31/07	SL	5.00		HY16	4,100.				4,100.	2,733.		820.	3,553.
240	LEXMARK PRINTER	02/12/07	SL	5.00		HY16	1,650.				1,650.	1,210.		330.	1,540.
241	EKG MACHINE	02/12/07	SL	7.00		HY16	4,707.				4,707.	2,466.		672.	3,138.
242	MEDICAL MOBILE FILING SYSTEM	07/27/07	SL	7.00		HY16	5,250.				5,250.	2,375.		750.	3,125.
243	IBM LAPTOP - VOL. COORD	10/03/07	SL	5.00		HY16	999.				999.	599.		200.	799.
244	TOSHIBA LAPTOP - PHARMACY	12/12/07	SL	5.00		HY16	1,813.				1,813.	1,027.		363.	1,390.
245	DELL LAPTOP - DEVELOPMENT	07/03/08	SL	5.00		HY16	869.				869.	391.		174.	565.

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246	SECURITY SYSTEM	07/03/08	SL	5.00		HXL6	4,348.				4,348.	1,956.		870.	2,826.
247	SECURITY SYSTEM	07/24/08	SL	5.00		HXL6	4,348.				4,348.	1,884.		870.	2,754.
248	H PYLORI MACHINE	09/09/08	200DE	5.00		MC17	10,000.				10,000.	6,580.		1,368.	7,948.
249	KYOCERA COPIER	09/18/08	200DE	5.00		MC17	5,900.				5,900.	3,882.		807.	4,689.
250	(D) BYTESCRIBE - DICTATION SYSTEM	10/03/07	SL	7.00		HXL6	2,473.				2,473.	1,060.		353.	
251	MEDICAL MOBILE FILING SYSTEM FINAL PAYMENT	10/05/07	SL	7.00		HXL6	5,250.				5,250.	2,250.		750.	3,000.
252	WAITING ROOM CHAIRS	04/03/08	200DE	7.00		MC17	2,242.				2,242.	1,221.		292.	1,513.
253	WAITING ROOM CHAIRS	05/31/08	200DE	7.00		MC17	2,089.				2,089.	1,138.		272.	1,410.
254	HURRICANE SHUTTERS	05/27/08	SL	39.00		MM17	4,990.				4,990.	304.		128.	432.
255	NAPLES LUMBER 4 - IMPACT GLASS - FRONT OF BUILDING	07/09/08	SL	39.00		MM17	6,022.				6,022.	341.		154.	495.
256	NAPLES LUMBER 5 - IMPACT GLASS - FRONT OF BUILDING	08/14/08	SL	39.00		MM17	5,933.				5,933.	323.		152.	475.
257	HURRIANE SHUTTERS	08/20/08	SL	39.00		MM17	11,356.				11,356.	619.		291.	910.
258	CLOSET ADDITION	10/28/08	SL	39.00		MM17	3,725.				3,725.	187.		96.	283.
259	CLOSET ADDITION	01/21/09	SL	39.00		MM17	1,250.				1,250.	55.		32.	87.
260	NAPLES LUMBER 1 - IMPACT GLASS - FRONT OF BUILDING	02/05/09	SL	39.00		MM17	9,639.				9,639.	402.		247.	649.
261	NAPLES LUMBER 2 - IMPACT GLASS - FRONT OF BUILDING	05/01/09	SL	39.00		MM17	31,236.				31,236.	1,101.		801.	1,902.
262	NAPLES LUMBER 3 - IMPACT GLASS - FRONT OF BUILDING	07/22/09	SL	39.00		MM17	7,986.				7,986.	247.		205.	452.
263	NATIONAL ROOFING TILE REPAIR	07/27/09	SL	39.00		MM17	2,500.				2,500.	77.		64.	141.

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264	BENCO DENTAL LAPTOP	02/01/09	200DB	5.00	HY	17	1,984.				1,984.	1,032.		381.	1,413.
265	COASTAL IT HARDWARE REPLACEMENT	09/15/09	200DB	5.00	MO	17	18,259.			9,129.	9,130.			4,382.	4,382.
266	LOBBY CLUTCH ROLLER SHADES	05/13/09	200DB	5.00	HY	17	551.				551.	286.		106.	392.
267	LOBBY CLUTCH ROLLER SHADES	05/19/09	200DB	5.00	HY	17	551.				551.	286.		106.	392.
268	BREATHTEK-UBT KIT	09/26/09	200DB	5.00	HY	17	1,023.				1,023.	532.		196.	728.
269	DELL LAPTOP - CEO	10/19/09	200DB	5.00	HY	17	985.				985.	197.		315.	512.
270	COASTAL IT SOFTWARE	11/10/09	200DB	5.00	HY	17	524.				524.	105.		168.	273.
271	COASTAL - IT SERVER	05/11/10	200DB	5.00	HY	17	1,200.				1,200.	240.		384.	624.
272	SIGNS & THINGS - EXTERIOR SIGN	12/07/09	200DB	7.00	HY	17	8,550.				8,550.	1,221.		2,094.	3,315.
273	MIDMARK- DENTAL CHAIR/LIGHT/STOOL	02/27/10	200DB	7.00	HY	17	13,361.				13,361.	1,909.		3,272.	5,181.
274	WAITING ROOM CHAIRS	07/06/10	200DB	7.00	HY	17	1,682.				1,682.	240.		412.	652.
275	CONDITIONED AIR- MINI SPLIT FOR WAITING ROOM	12/29/09	SL	7.00	HY	16	3,720.				3,720.	399.		531.	930.
276	2ND FLOOR OFFICE IMPROVEMENTS	04/07/11	SL	7.00	HY	16	3,060.				3,060.			219.	219.
277	NIKKI STRONG OFFICE COMPUTER	01/20/11	SL	5.00	HY	16	758.				758.			101.	101.
278	SERVER	03/21/11	SL	5.00	HY	16	1,158.				1,158.			116.	116.
279	SERVER PURCHASED FROM COASTAL	08/10/11	SL	5.00	HY	16	6,831.				6,831.			228.	228.
280	DONOR WALL	10/12/10	SL	7.00	HY	16	16,000.				16,000.			2,286.	2,286.
281	PHONE SYSTEM	01/07/11	SL	7.00	HY	16	9,995.				9,995.			1,071.	1,071.

028111 05-01-10

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
282	KITCHEN CABINETS	04/07/11	SL	7.00		HY16	1,428.				1,428.			102.	102.
283	KITCHEN OTHER	04/07/11	SL	7.00		HY16	1,462.				1,462.			104.	104.
284	ADOBE INDESIGN CS 5.5	09/28/11	SL	3.00		HY16	667.				667.			0.	
285	COLON CANCER MACHINE DONATED BY POLYMEDCO	01/01/11	SL	7.00		HY16	37,000.				37,000.			3,964.	3,964.
	* TOTAL 990 PAGE 10 DEPR						2,781,336.			38,943.	2,742,393.	495,639.		77,553.	571,669.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

Part I only

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

<b>Type or print</b>	Name of exempt organization <b>NEIGHBORHOOD HEALTH CLINIC, INC.</b>	Employer identification number <b>59-3546884</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>121 GOODLETTE RD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NAPLES, FL 34102</b>	

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-T (corporation)	07
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

**PAM CARDEC**

• The books are in the care of ▶ **121 GOODLETTE ROAD NORTH - NAPLES, FL 34102**

Telephone No. ▶ **(239) 261-6600** FAX No. ▶ \_\_\_\_\_

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

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. 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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2012**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2010**, and ending **SEP 30, 2011**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning OCT 1, 2010, and ending SEP 30, 2011

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**NEIGHBORHOOD HEALTH CLINIC, INC.**

**59-3546884**

Name and title of officer

**NINA GRAY  
CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2677534</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature \_\_\_\_\_ Date \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**65243154321**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 03/19/12

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

2010 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - NEIGHBORHOOD HEALTH CLINIC, INC.

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
138	MEDICAL MANAGER	032499SL		3.00	16	9,285.			9,285.	9,285.		0.
139	POWER TABLE	040501200DB		5.00	17	5,176.			5,176.	5,176.		0.
140	INTERMED	062602200DB		3.00	17	3,000.		900.	2,100.	2,100.		0.
141	RX SOFTWARE	061202200DB		3.00	17	5,118.		1,535.	3,583.	3,583.		0.
142	LEXMARK OPTRA LASER	061202200DB		5.00	17	1,239.		372.	867.	867.		0.
143	WINDOWS WORKSTATION	071602200DB		3.00	17	809.		243.	566.	566.		0.
144	DELL MONITOR	091002200DB		5.00	17	599.		180.	419.	419.		0.
145	15" FLAT PANEL LCD	093002200DB		5.00	17	350.		105.	245.	245.		0.
146	15" FLAT PANEL LCD	093002200DB		5.00	17	355.		107.	248.	248.		0.
147	BLOOD PRESSURE WALL UNIT	053102200DB		5.00	17	113.		34.	79.	79.		0.
148	BLOOD PRESSURE WALL UNIT	053102200DB		5.00	17	113.		34.	79.	79.		0.
149	(4) BLOOD PRESSURE INFLATION SYS LG AD	053102200DB		5.00	17	128.		38.	90.	90.		0.
150	(4) STETHOSCOPE	053102200DB		5.00	17	586.		176.	410.	410.		0.
151	LITTMAN CARDIOLOGY LAMP MAGNIFYING	053102200DB		5.00	17	210.		63.	147.	147.		0.
152	HI-LIGHTING WHITE LAMP MAGNIFYING	053102200DB		5.00	17	210.		63.	147.	147.		0.
153	HI-LIGHTING WHITE LAMP MAGNIFYING	053102200DB		5.00	17	210.		63.	147.	147.		0.
154	MOBILE W/5 CASTER TREATMENT STAND	053102200DB		5.00	17	148.		44.	104.	104.		0.
155	DOPPLER VASCULAR	053102200DB		5.00	17	429.		129.	300.	300.		0.

028.02,  
05-01-10  
 (D) - Asset disposed  
 \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

CURRENT YEAR FEDERAL - NEIGHBORHOOD HEALTH CLINIC, INC.

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
156	WALL TRANSFORMER/HAND 3.5V	0611102200DB	5.00	17	296.		89.	207.	207.	207.		0.
157	WALL TRANSFORMER	0611102200DB	5.00	17	296.		89.	207.	207.	207.		0.
158	WALL TRANSFORMER	0611102200DB	5.00	17	296.		89.	207.	207.	207.		0.
159	FIBER OPTIC	061002200DB	5.00	17	2,614.		784.	1,830.	1,830.	1,830.		0.
160	SURGICAL HEADLITE	060702200DB	5.00	17	434.		130.	304.	304.	304.		0.
161	HEADLITE HALOGEN	060702200DB	5.00	17	1,595.		479.	1,116.	1,116.	1,116.		0.
162	COMPLETE	060702200DB	5.00	17	1,250.		375.	875.	875.	875.		0.
163	BURTON OUTPATIENT	081502200DB	5.00	17	325.		98.	227.	227.	227.		0.
164	BURTON SURGICAL LIGHT	061202200DB	7.00	17	315.		95.	220.	220.	220.		0.
165	BURTON REFLECTING	061202200DB	7.00	17	199.		60.	139.	139.	139.		0.
166	CYLINDER LIGHT	061202200DB	7.00	17	199.		60.	139.	139.	139.		0.
167	BEAR WASH KIT	061202200DB	7.00	17	149.		45.	104.	104.	104.		0.
168	DBL/PED	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
169	DESK/KEYBOARD TRAY	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
170	3DR LATERAL FILE	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
171	PUTTY	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
172	3DR LATERAL FILE	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
173	GLOBAL IMPRESSARIO	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
174	GLOBAL IMPRESSARIO	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
175	GLOBAL IMPRESSARIO	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
176	GLOBAL IMPRESSARIO	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
177	GLOBAL IMPRESSARIO	061202200DB	7.00	17	150.		45.	105.	105.	105.		0.
178	LEFT L-SHAPE DESK	061202200DB	7.00	17	419.		126.	293.	293.	293.		0.
179	MAPLE/KEYBOARD	061202200DB	7.00	17	159.		48.	111.	111.	111.		0.
180	ENTERPRISE CHAIR	061202200DB	7.00	17	159.		48.	111.	111.	111.		0.
181	WHEAT	061202200DB	7.00	17	159.		48.	111.	111.	111.		0.

2010 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - NEIGHBORHOOD HEALTH CLINIC, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Basis % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
174	ENTERPRISE CHAIR WHEAT	0612022000	DB7.00	17	159.			48.	111.	111.		0.
175	TASK CHAIR WHEAT	0612022000	DB7.00	17	99.			30.	69.	69.		0.
176	TASK CHAIR WHEAT	0612022000	DB7.00	17	99.			30.	69.	69.		0.
177	TASK CHAIR WHEAT SIDE CHAIR WHEAT	0612022000	DB7.00	17	99.			30.	69.	69.		0.
178	(29) DBL/PED	0612022000	DB7.00	17	2,409.			723.	1,686.	1,686.		0.
179	DESK/KEYBOARD TRAY DBL/PED	0612022000	DB7.00	17	275.			83.	192.	192.		0.
180	DESK/KEYBOARD TRAY	0612022000	DB7.00	17	319.			96.	223.	223.		0.
181	ASHTRAY OUTSIDE (10) PHYSICIANS	0807022000	DB7.00	17	376.			113.	263.	263.		0.
182	STOOLS CREAM COLOR PHYS STOOL W/BACK	0907022000	DB7.00	17	713.			214.	499.	499.		0.
183	CREAM COLOR PHYS STOOL W/BACK	0815022000	DB7.00	17	117.			35.	82.	82.		0.
184	CREAM COLOR PHYS STOOL W/BACK	0815022000	DB7.00	17	117.			35.	82.	82.		0.
185	CREAM COLOR PHYS STOOL W/BACK	0815022000	DB7.00	17	117.			35.	82.	82.		0.
186	CREAM COLOR PHYS STOOL W/BACK	0815022000	DB7.00	17	117.			35.	82.	82.		0.
187	CREAM COLOR 36" 2 DR LATERAL	0815022000	DB7.00	17	117.			35.	82.	82.		0.
188	FILE	0820022000	DB7.00	17	210.			63.	147.	147.		0.
189	16 PLASTIC TABLES	0822022000	DB7.00	17	780.			234.	546.	546.		0.
190	WINDOW TREATMENTS	0920022000	DB7.00	17	2,207.			662.	1,545.	1,545.		0.
191	TELEPHONE SYSTEM	0529022000	DB7.00	17	22,166.			6,650.	15,516.	15,516.		0.

028102  
05-01-10  
 (D) - Asset disposed  
 \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - NEIGHBORHOOD HEALTH CLINIC, INC.

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
192	REX TV	06102200	DB	7.00	17	189.		57.	132.	132.		0.
193	PROJECTOR NEC LT158	061202200	DB	5.00	17	4,263.		1,279.	2,984.	2,984.		0.
194	PROJECTOR 3M 9100 (D)SCREEN TRIPOD	061202200	DB	5.00	17	289.		87.	202.	202.		0.
195	DA-LITE 70X70	061202200	DB	7.00	17	157.		47.	110.	110.		0.
196	CART LUXOR LE42	061202200	DB	5.00	17	175.		53.	122.	122.		0.
197	CART LUXOR TVP-44LT	061202200	DB	5.00	17	564.		169.	395.	395.		0.
198	VS-SL3720K PHARMACY STORAGE	061202200	DB	7.00	17	899.		270.	629.	629.		0.
199	SHELVES & BINS	031102200	DB	7.00	17	14,491.		4,347.	10,144.	10,144.		0.
200	INTERIOR SIGNS	060102200	DB	7.00	17	1,541.		462.	1,079.	1,079.		0.
201	BULLETIN BOARD	080802200	DB	7.00	17	237.		71.	166.	166.		0.
202	CLINIC BUILDING SANITARY SEWER	061502SL	SL	39.00	17	1,576,183.				340,092.		40,253.
203	CLEAN-OUT RELOCATION	040303SL	SL	39.00	16	2,205.			2,205.	424.		57.
204	MEDICAL AUTOMATION SOFTWARE	051503200	DB	3.00	17	995.		498.	497.	497.		0.
205	ENT CHAIR LAMP	111902200	DB	7.00	17	315.		95.	220.	220.		0.
206	ENT POWER CHAIR	113002200	DB	7.00	17	4,450.		1,335.	3,115.	3,115.		0.
207	POWER PROCEDURE CENTER	113002200	DB	7.00	17	2,477.		743.	1,734.	1,734.		0.
208	ARTICULATING HEADSET	113002200	DB	7.00	17	286.		86.	200.	200.		0.
209	HEMOCUE INC	011703200	DB	7.00	17	408.		122.	286.	286.		0.

02&102  
05-01-10

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - NEIGHBORHOOD HEALTH CLINIC, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
210	STETHOSCOPES/BP SYSTEM	050503200DB		7.00	17	1,683.		505.	1,178.	1,178.		0.
211	BINOCULAR W/O LIGHT ARM	061603200DB		7.00	17	750.		375.	375.	375.		0.
212	SOURCE W/O OPTICS LIGHT SOURCE	061603200DB		7.00	17	2,150.		1,075.	1,075.	1,075.		0.
213	FIBEROPTIC DUAL LAM	061603200DB		7.00	17	615.		308.	307.	307.		0.
214	MICROSCOPE THERMOSCAN	062403200DB		7.00	17	1,800.		900.	900.	900.		0.
215	THERMOMETER	063003200DB		7.00	17	1,108.		554.	554.	554.		0.
216	WINDOW TREATMENTS	013003200DB		7.00	17	485.		146.	339.	339.		0.
217	FILE 4 DRAWER CITY-TEL	021703200DB		7.00	17	624.		187.	437.	437.		0.
218	COMMUNICATION	101002200DB		7.00	17	195.		59.	136.	136.		0.
219	LAND	010101NC		.000		775,000.			775,000.			0.
220	CYRO UNIT	031604SL		7.00	16	1,350.			1,350.	1,254.		96.
221	ZOOMSTAR SCOPE	031604SL		7.00	16	4,583.			4,583.	4,256.		327.
222	GYNY CABINET	033004SL		7.00	16	542.			542.	503.		39.
223	ELECTROURG	033004SL		7.00	16	3,691.			3,691.	3,427.		264.
224	PRO TIME	071004SL		7.00	16	1,235.			1,235.	1,103.		132.
225	DCA ANALYZER AUDIO- VISUAL	071004SL		7.00	16	2,445.			2,445.	2,183.		262.
226	EQUIPMENT THERMAL CAUTERY	052405200DB		7.00	17	558.			558.	483.		50.
227	UNIT	022805SL		20.00	16	595.			595.	166.		30.

058102  
05-01-10

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - NEIGHBORHOOD HEALTH CLINIC, INC.

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
228	HYFRECATOR 200 EQUIPMENT	022805SL	SL	20.00	16	1,084.			1,084.	303.		54.
229	REFRIGERATOR (PELICAN BAY JUBILEE)	0120905SL	SL	7.00	16	2,729.			2,729.	1,884.		390.
230	EXAM TABLE HIGH LOW/W PELVIC TILT	021506SL	SL	7.00	16	4,355.			4,355.	2,851.		622.
231	AUDIO-VISUAL WALL MOUNT EQUIQ FOR DIA	073106SL	SL	7.00	16	2,992.			2,992.	1,781.		427.
232	MEDIA EQUIP FOR ED. CTR (DIABETIC EDUC	080306SL	SL	7.00	16	2,799.			2,799.	1,666.		400.
233	AUDIO-VISUAL WALL MOUNT EQUIP FOR DIA	092906SL	SL	7.00	16	3,346.			3,346.	1,912.		478.
234	QUICKBOOKS PREMIER 2006	111505SL	SL	3.00	16	2,530.			2,530.	2,530.		0.
235	DELL POWER EDGE 1800 SERVER	121205SL	SL	7.00	16	4,309.			4,309.	2,975.		616.
236	MS EXCHANGE SERVER	011206SL	SL	7.00	16	4,300.			4,300.	2,918.		614.
237	SPSS OUTCOME MEASURES SOFTWARE	021607SL	SL	5.00	16	3,015.			3,015.	2,161.		603.
238	LAPTOP COMPUTER	032107SL	SL	5.00	16	1,200.			1,200.	840.		240.
239	INFINETORK DELL PE 4210	053107SL	SL	5.00	16	4,100.			4,100.	2,733.		820.
240	LEXMARK PRINTER	021207SL	SL	5.00	16	1,650.			1,650.	1,210.		330.
241	EKG MACHINE	021207SL	SL	7.00	16	4,707.			4,707.	2,466.		672.
242	MEDICAL MOBILE FILING SYSTEM	072707SL	SL	7.00	16	5,250.			5,250.	2,375.		750.
243	IBM LAPTOP - VOL. COORD	100307SL	SL	5.00	16	999.			999.	599.		200.
244	TOSHIBA LAPTOP - PHARMACY	121207SL	SL	5.00	16	1,813.			1,813.	1,027.		363.
245	DELL LAPTOP - DEVELOPMENT	070308SL	SL	5.00	16	869.			869.	391.		174.

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08-01-10

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - NEIGHBORHOOD HEALTH CLINIC, INC.

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
246	SECURITY SYSTEM	070308SL		5.00	16	4,348.			4,348.	1,956.		870.
247	SECURITY SYSTEM	072408SL		5.00	16	4,348.			4,348.	1,884.		870.
248	PYLORI MACHINE	090908200DB	5.00	17		10,000.			10,000.	6,580.		1,368.
249	KYOCERA COPIER (D) BYTESCRIBE	091808200DB	5.00	17		5,900.			5,900.	3,882.		807.
250	DICTIONATION SYSTEM	100307SL		7.00	16	2,473.			2,473.	1,060.		353.
251	FILING SYSTEM FINAL	100507SL		7.00	16	5,250.			5,250.	2,250.		750.
252	WAITING ROOM CHAIRS	040308200DB	7.00	17		2,242.			2,242.	1,221.		292.
253	WAITING ROOM CHAIRS	053108200DB	7.00	17		2,089.			2,089.	1,138.		272.
254	HURRICANE SHUTTERS	052708SL		39.00	17	4,990.			4,990.	304.		128.
255	NAPLES LUMBER 4 - IMPACT GLASS - FRON	070908SL		39.00	17	6,022.			6,022.	341.		154.
256	NAPLES LUMBER 5 - IMPACT GLASS - FRON	081408SL		39.00	17	5,933.			5,933.	323.		152.
257	HURRIANE SHUTTERS	082008SL		39.00	17	11,356.			11,356.	619.		291.
258	CLOSET ADDITION	102808SL		39.00	17	3,725.			3,725.	187.		96.
259	CLOSET ADDITION	012109SL		39.00	17	1,250.			1,250.	55.		32.
260	NAPLES LUMBER 1 - IMPACT GLASS - FRON	020509SL		39.00	17	9,639.			9,639.	402.		247.
261	NAPLES LUMBER 2 - IMPACT GALSS - FRON	050109SL		39.00	17	31,236.			31,236.	1,101.		801.
262	NAPLES LUMBER 3 - IMPACT GLASS - FRON	072209SL		39.00	17	7,986.			7,986.	247.		205.
263	NATIONAL ROOFING TILE REPAIR	072709SL		39.00	17	2,500.			2,500.	77.		64.

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05-01-10

(D) - Asset disposed

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2010 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - NEIGHBORHOOD HEALTH CLINIC, INC.

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
264	BENCO DENTAL LAPTOP	020109	200DB	5.00	17	1,984.			1,984.	1,032.		381.
265	COASTAL IT HARDWARE	091509	200DB	5.00	17	18,259.		9,129.	9,130.			4,382.
266	REPLACEMENT LOBBY CLUTCH ROLLER	051309	200DB	5.00	17	551.			551.	286.		106.
267	SHADES LOBBY CLUTCH ROLLER	051909	200DB	5.00	17	551.			551.	286.		106.
268	BREATHTEK-UBT KIT	092609	200DB	5.00	17	1,023.			1,023.	532.		196.
269	DELL LAPTOP - CEO	101909	200DB	5.00	17	985.			985.	197.		315.
270	COASTAL IT SOFTWARE	110009	200DB	5.00	17	524.			524.	105.		168.
271	COASTAL - IT SERVER - SIGNS & THINGS	051110	200DB	5.00	17	1,200.			1,200.	240.		384.
272	EXTERIOR SIGN MIDMARK- DENTAL	120709	200DB	7.00	17	8,550.			8,550.	1,221.		2,094.
273	CHAIR/LIGHT/STOOL	022710	200DB	7.00	17	13,361.			13,361.	1,909.		3,272.
274	WAITING ROOM CHAIRS - CONDITIONED AIR	070610	200DB	7.00	17	1,682.			1,682.	240.		412.
275	MINI SPLIT FOR WAIT 2ND FLOOR OFFICE	122909	SL	7.00	16	3,720.			3,720.	399.		531.
276	IMPROVEMENTS NIKKI STRONG OFFICE	040711	SL	7.00	16	3,060.			3,060.			219.
277	COMPUTER	012011	SL	5.00	16	758.			758.			101.
278	SERVER	032111	SL	5.00	16	1,158.			1,158.			116.
279	SERVER PURCHASED FROM COASTAL	081011	SL	5.00	16	6,831.			6,831.			228.
280	DONOR WALL	101210	SL	7.00	16	16,000.			16,000.			2,286.
281	PHONE SYSTEM	010711	SL	7.00	16	9,995.			9,995.			1,071.

(D) - Asset disposed

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

2010 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - NEIGHBORHOOD HEALTH CLINIC, INC.

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
282	KITCHEN CABINETS	040711	SL	7.00	16	1,428.			1,428.			102.
283	KITCHEN OTHER	040711	SL	7.00	16	1,462.			1,462.			104.
284	ADOBE INDESIGN CS 5.5	092811	SL	3.00	16	667.			667.			0.
285	COLON CANCER MACHINE DONATED BY	011011	SL	7.00	16	37,000.			37,000.			3,964.
	* TOTAL 990 PAGE 10 DEPR					2,781,336.		38,943.	2,742,393.	495,639.		77,553.

(D) - Asset disposed

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