Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning OCT 1, 2007 and ending SEP 30, 2008

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NEIGHBORHOOD HEALTH CLINIC, INC.

Number and street (or P.O. box if mail is not delivered to street address): 120 GOODLETTE ROAD NORTH | Room/suite:

City or town, state or country, and ZIP + 4: NAPLES, FL 34102

D Employer identification number: 59-3546884

E Telephone number: 239-591-8073

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ▶WWW.NEIGHBORHOODHEALTHCLINIC.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

I Group Exemption Number ▶ N/A

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,318,882.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	2,165,621.		
	c	Indirect public support (not included on line 1a)	1c	84,688.		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash $ 1,156,417. noncash $ 1,093,892.)			1e	2,250,309.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	48,822.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	59,042.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	883,994.	8a	
b	Less: cost or other basis and sales expenses	903,426.	8b	
c	Gain or (loss) (attach schedule)	<19,432.>	8c	

Revenue	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1			8d	<19,432.>
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ 242,161. of contributions reported on line 1b)	9a	75,440.		
	b	Less: direct expenses other than fundraising expenses	9b	75,440.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2			9c	0.
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	1,275.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	2,340,016.
Expenses	13	Program services (from line 44, column (B))			13	1,913,746.
	14	Management and general (from line 44, column (C))			14	237,421.
	15	Fundraising (from line 44, column (D))			15	18,300.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	2,169,467.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	170,549.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	5,440,478.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3			20	<82,183.>
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	5,528,844.

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	94,376.	65,120.	26,426.	2,830.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	283,826.	199,622.	79,471.	4,733.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	27,317.	19,122.	7,648.	547.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	8,382.	6,873.	1,341.	168.
34 Telephone	34	6,274.	5,145.	1,004.	125.
35 Postage and shipping	35	7,741.	1,548.	3,871.	2,322.
36 Occupancy	36	20,046.	16,438.	3,207.	401.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	3,568.		1,784.	1,784.
39 Travel	39	7,650.	6,273.	1,224.	153.
40 Conferences, conventions, and meetings	40				
41 Interest	41	16,316.		16,316.	
42 Depreciation, depletion, etc (attach schedule)	42	59,652.	50,106.	9,546.	
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 4	43g	1,634,319.	1,543,499.	85,583.	5,237.
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,169,467.	1,913,746.	237,421.	18,300.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ N/A ; **(ii)** the amount allocated to Program services $ N/A ;

(iii) the amount allocated to Management and general $ N/A ; and **(iv)** the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	PROVIDED LOW COST HEALTH CARE SERVICES TO OVER 4,000 UNINSURED LOW INCOME RESIDENTS OF COLLIER COUNTY, FLORIDA. OVER 14,000 PRESCRIPTIONS WERE FILLED DURING THE YEAR VALUED AT OVER $1,183,000. VOLUNTEERS DONATED OVER 17,000 HOURS VALUED AT OVER $1,000,000 DOLLARS.	
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,913,746.
b		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,913,746.

Part IV Balance Sheets (See the instructions)

	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing			267,820.	45	217,024.
	46 Savings and temporary cash investments			780,490.	46	229,232.
	47 a Accounts receivable	47a				
	b Less allowance for doubtful accounts	47b		171,300.	47c	
	48 a Pledges receivable	48a	117,600.			
	b Less allowance for doubtful accounts	48b			48c	117,600.
	49 Grants receivable				49	
	50 a Receivables from current and former officers, directors, trustees, and key employees				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
	51 a Other notes and loans receivable	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			794,156.	52	646,139.
	53 Prepaid expenses and deferred charges				53	
	54 a Investments - publicly-traded securities ▶ ☐ Cost ☒ FMV			861,483.	54a	1,808,169.
	b Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
	55 a Investments - land, buildings, and equipment basis	55a				
	b Less accumulated depreciation	55b			55c	
	56 Investments - other				56	
	57 a Land, buildings, and equipment: basis	57a	3,312,636.			
	b Less accumulated depreciation STMT 6	57b	545,767.	2,191,550.	57c	2,766,869.
	58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 7)			658,015.	58	10,032.
	59 **Total assets** (must equal line 74) Add lines 45 through 58			5,724,814.	59	5,795,065.
Liabilities	60 Accounts payable and accrued expenses			4,188.	60	3,503.
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees				63	
	64 a Tax-exempt bond liabilities				64a	
	b Mortgages and other notes payable STMT 8			280,148.	64b	262,718.
	65 Other liabilities (describe ▶)				65	
	66 **Total liabilities.** Add lines 60 through 65			284,336.	66	266,221.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			4,506,728.	67	4,353,272.
	68 Temporarily restricted			41,960.	68	228,954.
	69 Permanently restricted			891,790.	69	946,618.
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			5,440,478.	73	5,528,844.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			5,724,814.	74	5,795,065.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements			a	4,163,642.
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1	<82,183.>		
2	Donated services and use of facilities	b2	1,905,809.		
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	1,823,626.
c	Subtract line b from line a			c	2,340,016.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines d1 and d2			d	0.
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	2,340,016.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	4,075,276.
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1	1,905,809.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	1,905,809.
c	Subtract line b from line a			c	2,169,467.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify).	d2			
	Add lines d1 and d2			d	0.
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	2,169,467.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		91,720.	2,656.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 16			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 10	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI | Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b 1,905,809.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85 a	*501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations* Enter **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations* Enter **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under. section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90 a List the states with which a copy of this return is filed ▶ FL

b Number of employees employed in the pay period that includes March 12, 2007 | 90b | 12

91 a The books are in care of ▶ KAREN ATTANASSIO Telephone no. ▶ 2392616600

Located at ▶ 120 GOODLETTE ROAD NORTH, NAPLES, FL ZIP + 4 ▶ 34102

			Yes	No
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)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			

Part VI | Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041-** Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

Part VII | Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue.					
a PATIENT REVENUE					48,822.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	59,042.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<19,432.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE			01	1,275.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		40,885.	48,822.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					89,707.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I*

Part VIII | Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PATIENT REVENUE RAISED TO HELP PAY FOR MEDICAL COSTS OF THE NEEDY

Part IX | Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X | Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions)*

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Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

Nina Gray — 1/29/09

Signature of officer — Date

NINA GRAY CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
[signature]	1-27-09		
Firm's name (or yours if self-employed), address, and ZIP + 4	SWOPE LAMBERSON, P.A. P.O. BOX 111419 NAPLES, FLORIDA 34108-0124	EIN ▶	Phone no. ▶ (239)262-0170

723164/12-27-07

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization: NEIGHBORHOOD HEALTH CLINIC, INC.

Employer identification number: 59 3546884

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	1			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
ROBERT TOBER MD 120 GOODLETTE ROAD, NAPLES, FL 34102	MEDICAL ADMINISTRATOR	115,000.
Total number of others receiving over $50,000 for professional services ▶ 1		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit? SEE STATEMENT 11	2b	X	
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.	

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [X] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** N/A
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b N/A

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c N/A

d Add: Amounts from column (e) for lines: 18 ______ 19 ______ 22 ______ 26b ______ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) (2005) (2004) (2003)

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000 000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions:			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	OFFICE EQUIPMENT	031799	SL	5.00	16	2,733.			2,733.	2,733.		0.
2	OFFICE MACHINES	041099	200DB	5.00	17	2,516.			2,516.	2,516.		0.
3	MEDICAL MANAGER	032499	SL	5.00	16	9,285.			9,285.	9,285.		0.
4	COMPUTER & PRINTER	072301	200DB	5.00	17	2,954.			2,954.	2,954.		0.
5	EKG MACHINE	012201	200DB	5.00	17	4,644.			4,644.	4,644.		0.
6	POWER TABLE	040501	200DB	5.00	17	5,176.			5,176.	5,176.		0.
7	INTERMED	062602	200DB	5.00	17	3,000.			3,000.	3,000.		0.
8	PROCESSOR, DRIVES,(20) PENT 4, CD ROM & DRVS	052902	200DB	5.00	17	81,068.			81,068.	81,068.		0.
9	RX SOFTWARE	061202	200DB	5.00	17	5,118.			5,118.	5,118.		0.
10	LEXMARK OPTRA LASER	061202	200DB	5.00	17	1,239.			1,239.	1,239.		0.
11	DELL COMPUTER & MONITOR	061202	200DB	5.00	17	2,628.			2,628.	2,628.		0.
12	WINDOWS WORKSTATION	071602	200DB	5.00	17	809.			809.	809.		0.
13	DELL MONITOR	091002	200DB	5.00	17	599.			599.	599.		0.
14	15" FLAT PANEL LCD MONITOR	093002	200DB	5.00	17	350.			350.	350.		0.
15	15" FLAT PANEL LCD MONITOR	093002	200DB	5.00	17	355.			355.	355.		0.
16	OFFICE MAX PRINTER	060102	200DB	5.00	17	750.			750.	750.		0.
17	OFFICE MAX PRINTER	060102	200DB	5.00	17	321.			321.	321.		0.
18	OFFICE JET PRINTER	081502	200DB	5.00	17	600.			600.	600.		0.

(D) - Asset disposed

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	BLOOD PRESSURE WALL UNIT	053102	200DB	5.00	17	113.			113.	113.		0.
20	BLOOD PRESSURE WALL UNIT	053102	200DB	5.00	17	113.			113.	113.		0.
21	BLOOD PRESSURE INFLATION SYS LG ADULT	053102	200DB	5.00	17	128.			128.	128.		0.
22	(4) STETHOSCOPE LITTMAN CARDIOLOGY III	053102	200DB	5.00	17	586.			586.	586.		0.
23	LAMP MAGNIFYING HI-LIGHTING WHITE W/ST	053102	200DB	5.00	17	210.			210.	210.		0.
24	LAMP MAGNIFYING HI-LIGHTING WHITE W/ST	053102	200DB	5.00	17	210.			210.	210.		0.
25	LAMP MAGNIFYING HI-LIGHTING WHITE W/ST	053102	200DB	5.00	17	210.			210.	210.		0.
26	TREATMENT STAND MOBILE W/5 CASTER BASE	053102	200DB	5.00	17	148.			148.	148.		0.
27	DOPPLER VASCULAR	053102	200DB	5.00	17	429.			429.	429.		0.
28	WALL TRANSFORMER/HAND 3.5V	061102	200DB	5.00	17	296.			296.	296.		0.
29	WALL TRANSFORMER W/HAND 3.5V	061102	200DB	5.00	17	296.			296.	296.		0.
30	WALL TRANSFORMER W/HAND 3.5V	061102	200DB	5.00	17	296.			296.	296.		0.
31	FIBER OPTIC SURGICAL HEADLITE	061002	200DB	5.00	17	2,614.			2,614.	2,614.		0.
32	HEADLITE HALOGEN COMPLETE	060702	200DB	5.00	17	434.			434.	434.		0.
33	BURTON OUTPATIENT II SURGICAL LIGHT	060702	200DB	5.00	17	1,595.			1,595.	1,595.		0.
34	BURTON REFLECTING CYLINDER LIGHT	060702	200DB	5.00	17	1,250.			1,250.	1,250.		0.
35	EAR WASH KIT	081502	200DB	5.00	17	325.			325.	325.		0.
36	DBL/PED DESK/KEYBOARD TRAY MAPLE	061202	200DB	7.00	17	315.			315.	285.		20.

(D) - Asset disposed

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

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
37	3DR LATERAL FILE PUTTY	061202	200DB	7.00	17	199.			199.	180.		12.
38	CASTLE SERVICES HURRICANE SHUTTERS AND	052708	SL	39.00	19I	4,990.			4,990.			48.
39	3DR LATERAL FILE PUTTY	061202	200DB	7.00	17	199.			199.	180.		12.
40	2DR LATERAL FILE PUTTY	061202	200DB	7.00	17	149.			149.	135.		9.
41	GLOBAL IMPRESSARIO CHAIR	061202	200DB	7.00	17	150.			150.	136.		9.
42	GLOBAL IMPRESSARIO CHAIR	061202	200DB	7.00	17	150.			150.	136.		9.
43	GLOBAL IMPRESSARIO CHAIR	061202	200DB	7.00	17	150.			150.	136.		9.
44	GLOBAL IMPRESSARIO CHAIR	061202	200DB	7.00	17	150.			150.	136.		9.
45	LEFT L-SHAPE DESK MAPLE/KEYBOARD	061202	200DB	7.00	17	419.			419.	380.		26.
46	ENTERPRISE CHAIR WHEAT	061202	200DB	7.00	17	159.			159.	144.		10.
47	ENTERPRISE CHAIR WHEAT	061202	200DB	7.00	17	159.			159.	144.		10.
48	TASK CHAIR WHEAT	061202	200DB	7.00	17	99.			99.	90.		6.
49	TASK CHAIR WHEAT	061202	200DB	7.00	17	99.			99.	90.		6.
50	TASK CHAIR WHEAT	061202	200DB	7.00	17	99.			99.	90.		6.
51	SIDE CHAIR WHEAT (29)	061202	200DB	7.00	17	2,409.			2,409.	2,183.		151.
52	DBL/PED DESK/KEYBOARD TRAY MAPLE	061202	200DB	7.00	17	275.			275.	249.		17.
53	DBL/PED DESK/KEYBOARD TRAY MAPLE	061202	200DB	7.00	17	319.			319.	289.		20.
54	OFFICE DEPOT	061202	200DB	7.00	17	293.			293.	265.		18.

(D) - Asset disposed
* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	OFFICE MAX	072802	200DB	7.00	17	165.			165.	150.		10.
56	ASHTRAY OUTSIDE	080702	200DB	7.00	17	376.			376.	341.		24.
57	4 PLASTIC TABLES	081002	200DB	7.00	17	220.			220.	199.		14.
58	(10) PHYSICIANS STOOLS CREAM COLOR	090702	200DB	7.00	17	713.			713.	646.		45.
59	PHYS STOOL W/BACK CREAM COLOR	081502	200DB	7.00	17	117.			117.	106.		7.
60	PHYS STOOL W/BACK CREAM COLOR	081502	200DB	7.00	17	117.			117.	106.		7.
61	PHYS STOOL W/BACK CREAM COLOR	081502	200DB	7.00	17	117.			117.	106.		7.
62	PHYS STOOL W/BACK CREAM COLOR	081502	200DB	7.00	17	117.			117.	106.		7.
63	PHYS STOOL W/BACK CREAM COLOR	081502	200DB	7.00	17	117.			117.	106.		7.
64	36" 2 DR LATERAL FILE	082002	200DB	7.00	17	210.			210.	190.		13.
65	16 PLASTIC TABLES	082202	200DB	7.00	17	780.			780.	707.		49.
66	WINDOW TREATMENTS	092002	200DB	7.00	17	2,207.			2,207.	2,000.		138.
67	TELEPHONE SYSTEM	052902	200DB	7.00	17	22,166.			22,166.	20,089.		1,385.
68	KONIA COPIER	043002	200DB	5.00	17	10,498.			10,498.	10,498.		0.
69	REX TV	060102	200DB	7.00	17	189.			189.	171.		12.
70	PROJECTOR NEC LT158	061202	200DB	5.00	17	4,263.			4,263.	4,263.		0.
71	PROJECTOR 3M 9100	061202	200DB	5.00	17	289.			289.	289.		0.
72	SCREEN TRIPOD DA-LITE 70X70	061202	200DB	7.00	17	157.			157.	143.		10.

(D) - Asset disposed

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

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	CART LUXOR LE42	061202	200DB	5.00	17	175.			175.	175.		0.
74	CART LUXOR TVP-44LT	061202	200DB	5.00	17	564.			564.	564.		0.
75	PODIUM PSAO VS-SL372OK	061202	200DB	7.00	17	899.			899.	815.		56.
76	PHARMACY STORAGE SHELVES & BINS	031102	200DB	7.00	17	14,491.			14,491.	13,133.		905.
77	INTERIOR SIGNS	060102	200DB	7.00	17	1,541.			1,541.	1,397.		96.
78	BULLETIN BOARD	080802	200DB	7.00	17	237.			237.	215.		15.
79	EXTERIOR SIGNS	060502	200DB	7.00	17	7,235.			7,235.	6,557.		452.
80	COSTCO (DR L AMEX)	081002	200DB	7.00	17	2,345.			2,345.	2,125.		146.
81	CLINIC BUILDING	061502	SL	39.00	17	1576183.			1576183.	219,334.		40,253.
82	SANITARY SEWER CLEAN-OUT RELOCATIONS	040303	SL	39.00	17	2,205.			2,205.	254.		56.
83	MEDICAL AUTOMATION SOFTWARE	051503	200DB	3.00	17	995.			995.	995.		0.
84	PHARMACY COMPUTER HARDWARE	062403	200DB	5.00	17	200.			200.	194.		6.
85	ENT CHAIR LAMP	111902	200DB	7.00	17	315.			315.	266.		20.
86	ENT POWER CHAIR	113002	200DB	7.00	17	4,450.			4,450.	3,755.		278.
87	POWER PROCEDURE CENTER	113002	200DB	7.00	17	2,477.			2,477.	2,090.		155.
88	ARTICULATING HEADSET	113002	200DB	7.00	17	286.			286.	241.		18.
89	HEMOCUE INC	011703	200DB	7.00	17	408.			408.	344.		25.
90	STETHOSCOPES/BP SYSTEM	050503	200DB	7.00	17	1,683.			1,683.	1,420.		105.

(D) - Asset disposed

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

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	BINOCULAR W/EYEPIECES	061603	200DB	7.00	17	750.			750.	666.		33.
92	OBJECTIVE LENS	061603	200DB	7.00	17	145.			145.	129.		6.
93	ARM W/O LIGHT SOURCE W/O OPTICS	061603	200DB	7.00	17	2,150.			2,150.	1,910.		96.
94	LIGHT SOURCE FIBEROPTIC DUAL LAMP	061603	200DB	7.00	17	615.			615.	546.		27.
95	FLOORSTAND & COLUMN F/OPTOMIC SCOPE	061603	200DB	7.00	17	840.			840.	746.		37.
96	MICROSCOPE	062403	200DB	7.00	17	1,800.			1,800.	1,599.		80.
97	THERMOSCAN THERMOMETER	063003	200DB	7.00	17	1,108.			1,108.	984.		49.
98	OFFICE MAX	112002	200DB	7.00	17	37.			37.	32.		2.
99	WINDOW TREATMENTS	013003	200DB	7.00	17	485.			485.	409.		30.
100	FILE 4 DRAWER	021703	200DB	7.00	17	624.			624.	526.		39.
101	CITY-TEL COMMUNICATION	101002	200DB	7.00	17	195.			195.	165.		12.
102	LAND	010101	NC	.000		775,000.			775,000.			0.
103	THRIFTSHOP LAND	022704	NC	.000		225,000.			225,000.			0.
104	THRIFT SHOP BLDG	022704	150DB	5.00	17	360,097.			360,097.	24,237.		0.
105	THRIFT SHOP LEASEHOLD IMPROVEMENTS	041504	150DB	5.00	17	5,251.			5,251.	466.		135.
106	COMPUTER	110903	SL	5.00	16	2,584.			2,584.	2,024.		517.
107	COMPUTER HARDWARE	071504	SL	5.00	16	200.			200.	130.		40.
108	COMPUTER PRINTERS	053104	SL	5.00	16	217.			217.	145.		43.

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(D) - Asset disposed

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

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
109	COMPUTR PRINTER	053104	SL	5.00	16	998.			998.	665.		200.
110	MEDICAL SUPPLIES	030904	SL	7.00	16	131.			131.	67.		19.
111	CYRO UNIT	031604	SL	7.00	16	1,350.			1,350.	675.		193.
112	ZOOMSTAR SCOPE	031604	SL	7.00	16	4,583.			4,583.	2,291.		655.
113	GYNY CABINET	033004	SL	7.00	16	542.			542.	271.		77.
114	ELECTROSURG	033004	SL	7.00	16	3,691.			3,691.	1,845.		527.
115	PRO TIME	071004	SL	7.00	16	1,235.			1,235.	573.		176.
116	DCA ANALYZER	071004	SL	7.00	16	2,445.			2,445.	1,135.		349.
117	THRIFT SHOP LEASEHOLD IMPROVEMENTS	103104	SL	39.00	16	239.			239.	18.		6.
118	COMPUTER HARDWARE	103104	SL	3.00	16	1,255.			1,255.	802.		35.
119	OFFICE EQUIPMENT	103104	200DB	7.00	17	371.			371.	209.		46.
120	AUDIO-VISUAL EQUIPMENT	052405	200DB	7.00	17	558.			558.	314.		70.
121	WEBSITE	122404	SL	3.00	16	1,750.			1,750.	1,021.		146.
122	THERMAL CAUTERY UNIT	022805	SL	20.00	16	595.			595.	77.		30.
123	HYFRECATOR 200 EQUIPMENT	022805	SL	20.00	16	1,084.			1,084.	140.		54.
124	REFRIGERATOR (PELICAN BAY JUBILEE GIFT)	120905	SL	7.00	16	2,729.			2,729.	715.		390.
125	EXAM TABLE HIGH LOW/W PELVIC TILT	021506	SL	7.00	16	4,355.			4,355.	985.		622.
126	AUDIO-VISUAL WALL MOUNT EQUIQ FOR DIABET	073106	SL	7.00	16	2,992.			2,992.	499.		427.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
127	MEDIA EQUIP FOR ED. CTR (DIABETIC EDUCATIO	080306	SL	7.00	16	2,799.			2,799.	467.		400.
128	AUDIO-VISUAL MOUNT EQUIP FOR DIABETIC TRA	092906	SL	7.00	16	3,346.			3,346.	478.		478.
129	WEBSITE	062706	SL	3.00	16	101.			101.	42.		34.
130	QUICKBOOKS PREMIER 2006	111505	SL	3.00	16	2,530.			2,530.	1,617.		843.
131	DELL POWER EDGE 1800 SERVER	121205	SL	7.00	16	4,309.			4,309.	1,129.		616.
132	MS EXCHANGE SERVER	011206	SL	7.00	16	4,300.			4,300.	1,075.		614.
133	SPSS OUTCOME MEASURES SOFTWARE	021607	SL	5.00	16	3,015.			3,015.	352.		603.
134	LAPTOP COMPUTER	032107	SL	5.00	16	1,200.			1,200.	120.		240.
135	INFINETORK DELL PE-4210	053107	SL	5.00	16	4,100.			4,100.	273.		820.
136	EKG PRINTER	021207	SL	5.00	16	1,650.			1,650.	220.		330.
137	EKG MACHINE	021207	SL	7.00	16	4,707.			4,707.	448.		672.
138	MEDICAL MOBILE FILING SYSTEM	072707	SL	7.00	16	5,250.			5,250.	125.		750.
139	NAPLES LUMBER	070908	SL	39.00	19I	6,022.			6,022.			32.
140	NAPLES LUMBER	081408	SL	39.00	19I	5,933.			5,933.			19.
141	CASTLE SERVICES -HURRICANE SHUTTERS AN	082008	SL	39.00	19I	11,356.			11,356.			36.
142	MEDICAL MOBILE FILING SYSTEM FINAL PAYMENT	100507	SL	7.00	16	5,250.			5,250.			750.
143	IBM LAPTOP LENOVO 3000	100307	SL	5.00	16	999.			999.			200.
144	DELL LAPTOP	070308	SL	5.00	16	869.			869.			43.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
145	DEX IMAGING, INC.	091808	200DB	5.00	19B	5,900.			5,900.			295.
146	BYTESCRIBE INC.	100307	SL	7.00	16	2,473.			2,473.			353.
147	OFFICE FURNITURE & DESIGN CONCEPTS	040308	200DB	7.00	19C	2,242.			2,242.			240.
148	OTSUKA AMERICA PHARMACEUTICAL, INC	090908	200DB	5.00	19B	10,000.			10,000.			500.
149	EXECUTIVE ELECTRONICS	070308	SL	5.00	16	4,348.			4,348.			217.
150	EXECUTIVE ELECTRONICS	072408	SL	5.00	16	4,348.			4,348.			145.
151	OFFICE FURNITURE & DESIGN CONCEPTS	053108	200DB	7.00	19C	2,089.			2,089.			224.
152	TOSHIBA TOSHIBA	121207	SL	5.00	16	1,813.			1,813.			302.
	* TOTAL 990 PAGE 2 DEPR					3312637.		0.	3312637.	486,098.	0.	59,652.

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FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	883,994.	903,426.	0.	<19,432.>
TO FORM 990, PART I, LINE 8	883,994.	903,426.	0.	<19,432.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
SPECIAL EVENTS-BLOCK PARTY	317,601.	242,161.	75,440.	75,440.	0.
TO FM 990, PART I, LINE 9	317,601.	242,161.	75,440.	75,440.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED INVESTMENT LOSSES	<82,183.>
TOTAL TO FORM 990, PART I, LINE 20	<82,183.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	19,906.		19,906.	
ENDOWMENT FEE & PRINTING	21,439.		21,439.	
MED SUPPLIES & LAB FEES	1,322,160.	1,322,160.		
MISCELLANEOUS	5,026.	4,075.	325.	626.
PROFESSIONAL FEES	157,431.	130,855.	26,576.	
REPAIRS AND MAINTENANCE	81,712.	67,004.	13,074.	1,634.

NEIGHBORHOOD HEALTH CLINIC, INC. 59-3546884

INSURANCE	26,645.	19,405.	4,263.	2,977.
TOTAL TO FM 990, LN 43	1,634,319.	1,543,499.	85,583.	5,237.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 5

EXPLANATION

MEDICAL CLINIC FOR LOW INCOME UNINSURED EMPLOYED RESIDENTS OF COLLIER COUNTY

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	2,733.	2,733.	0.
OFFICE MACHINES	2,516.	2,516.	0.
MEDICAL MANAGER	9,285.	9,285.	0.
COMPUTER & PRINTER	2,954.	2,954.	0.
EKG MACHINE	4,644.	4,644.	0.
POWER TABLE	5,176.	5,176.	0.
INTERMED	3,000.	3,000.	0.
PROCESSOR, DRIVES,(20) PENT 4, CD ROM & DRVS	81,068.	81,068.	0.
RX SOFTWARE	5,118.	5,118.	0.
LEXMARK OPTRA LASER	1,239.	1,239.	0.
DELL COMPUTER & MONITOR	2,628.	2,628.	0.
WINDOWS WORKSTATION	809.	809.	0.
DELL MONITOR	599.	599.	0.
15" FLAT PANEL LCD MONITOR	350.	350.	0.
15" FLAT PANEL LCD MONITOR	355.	355.	0.
OFFICE MAX PRINTER	750.	750.	0.
OFFICE MAX PRINTER	321.	321.	0.
OFFICE JET PRINTER	600.	600.	0.
BLOOD PRESSURE WALL UNIT	113.	113.	0.
BLOOD PRESSURE WALL UNIT	113.	113.	0.
BLOOD PRESSURE INFLATION SYS LG ADULT	128.	128.	0.
(4) STETHOSCOPE LITTMAN CARDIOLOGY III	586.	586.	0.
LAMP MAGNIFYING HI-LIGHTING WHITE W/STAND	210.	210.	0.
LAMP MAGNIFYING HI-LIGHTING WHITE W/STAND	210.	210.	0.
LAMP MAGNIFYING HI-LIGHTING WHITE W/STAND	210.	210.	0.

TREATMENT STAND MOBILE W/5 CASTER BASE	148.	148.	0.
DOPPLER VASCULAR	429.	429.	0.
WALL TRANSFORMER/HAND 3.5V	296.	296.	0.
WALL TRANSFORMER W/HAND 3.5V	296.	296.	0.
WALL TRANSFORMER W/HAND 3.5V	296.	296.	0.
FIBER OPTIC SURGICAL HEADLITE	2,614.	2,614.	0.
HEADLITE HALOGEN COMPLETE	434.	434.	0.
BURTON OUTPATIENT II SURGICAL LIGHT	1,595.	1,595.	0.
BURTON REFLECTING CYLINDER LIGHT	1,250.	1,250.	0.
EAR WASH KIT	325.	325.	0.
DBL/PED DESK/KEYBOARD TRAY MAPLE	315.	305.	10.
3DR LATERAL FILE PUTTY	199.	192.	7.
CASTLE SERVICES HURRICANE SHUTTERS AND PROTECTION	4,990.	48.	4,942.
3DR LATERAL FILE PUTTY	199.	192.	7.
2DR LATERAL FILE PUTTY	149.	144.	5.
GLOBAL IMPRESSARIO CHAIR	150.	145.	5.
GLOBAL IMPRESSARIO CHAIR	150.	145.	5.
GLOBAL IMPRESSARIO CHAIR	150.	145.	5.
GLOBAL IMPRESSARIO CHAIR	150.	145.	5.
LEFT L-SHAPE DESK MAPLE/KEYBOARD	419.	406.	13.
ENTERPRISE CHAIR WHEAT	159.	154.	5.
ENTERPRISE CHAIR WHEAT	159.	154.	5.
TASK CHAIR WHEAT	99.	96.	3.
TASK CHAIR WHEAT	99.	96.	3.
TASK CHAIR WHEAT	99.	96.	3.
SIDE CHAIR WHEAT (29)	2,409.	2,334.	75.
DBL/PED DESK/KEYBOARD TRAY MAPLE	275.	266.	9.
DBL/PED DESK/KEYBOARD TRAY MAPLE	319.	309.	10.
OFFICE DEPOT	293.	283.	10.
OFFICE MAX	165.	160.	5.
ASHTRAY OUTSIDE	376.	365.	11.
4 PLASTIC TABLES	220.	213.	7.
(10) PHYSICIANS STOOLS CREAM COLOR	713.	691.	22.
PHYS STOOL W/BACK CREAM COLOR	117.	113.	4.
PHYS STOOL W/BACK CREAM COLOR	117.	113.	4.
PHYS STOOL W/BACK CREAM COLOR	117.	113.	4.
PHYS STOOL W/BACK CREAM COLOR	117.	113.	4.
PHYS STOOL W/BACK CREAM COLOR	117.	113.	4.
36" 2 DR LATERAL FILE	210.	203.	7.
16 PLASTIC TABLES	780.	756.	24.
WINDOW TREATMENTS	2,207.	2,138.	69.
TELEPHONE SYSTEM	22,166.	21,474.	692.
KONIA COPIER	10,498.	10,498.	0.
REX TV	189.	183.	6.

PROJECTOR NEC LT158	4,263.	4,263.	0.
PROJECTOR 3M 9100	289.	289.	0.
SCREEN TRIPOD DA-LITE 70X70	157.	153.	4.
CART LUXOR LE42	175.	175.	0.
CART LUXOR TVP-44LT	564.	564.	0.
PODIUM PSAO VS-SL372OK	899.	871.	28.
PHARMACY STORAGE SHELVES & BINS	14,491.	14,038.	453.
INTERIOR SIGNS	1,541.	1,493.	48.
BULLETIN BOARD	237.	230.	7.
EXTERIOR SIGNS	7,235.	7,009.	226.
COSTCO (DR L AMEX)	2,345.	2,271.	74.
CLINIC BUILDING	1,576,183.	259,587.	1,316,596.
SANITARY SEWER CLEAN-OUT RELOCATIONS	2,205.	310.	1,895.
MEDICAL AUTOMATION SOFTWARE	995.	995.	0.
PHARMACY COMPUTER HARDWARE	200.	200.	0.
ENT CHAIR LAMP	315.	286.	29.
ENT POWER CHAIR	4,450.	4,033.	417.
POWER PROCEDURE CENTER	2,477.	2,245.	232.
ARTICULATING HEADSET	286.	259.	27.
HEMOCUE INC	408.	369.	39.
STETHOSCOPES/BP SYSTEM	1,683.	1,525.	158.
BINOCULAR W/EYEPIECES	750.	699.	51.
OBJECTIVE LENS	145.	135.	10.
ARM W/O LIGHT SOURCE W/O OPTICS	2,150.	2,006.	144.
LIGHT SOURCE FIBEROPTIC DUAL LAMP	615.	573.	42.
FLOORSTAND & COLUMN F/OPTOMIC SCOPE	840.	783.	57.
MICROSCOPE	1,800.	1,679.	121.
THERMOSCAN THERMOMETER	1,108.	1,033.	75.
OFFICE MAX	37.	34.	3.
WINDOW TREATMENTS	485.	439.	46.
FILE 4 DRAWER	624.	565.	59.
CITY-TEL COMMUNICATION	195.	177.	18.
LAND	775,000.	0.	775,000.
THRIFTSHOP LAND	225,000.	0.	225,000.
THRIFT SHOP BLDG	360,097.	24,237.	335,860.
THRIFT SHOP LEASEHOLD IMPROVEMENTS	5,251.	601.	4,650.
COMPUTER	2,584.	2,541.	43.
COMPUTER HARDWARE	200.	170.	30.
COMPUTER PRINTERS	217.	188.	29.
COMPUTR PRINTER	998.	865.	133.
MEDICAL SUPPLIES	131.	86.	45.
CYRO UNIT	1,350.	868.	482.
ZOOMSTAR SCOPE	4,583.	2,946.	1,637.
GYNY CABINET	542.	348.	194.
ELECTROSURG	3,691.	2,372.	1,319.
PRO TIME	1,235.	749.	486.
DCA ANALYZER	2,445.	1,484.	961.

THRIFT SHOP LEASEHOLD IMPROVEMENTS	239.	24.	215.
COMPUTER HARDWARE	1,255.	837.	418.
OFFICE EQUIPMENT	371.	255.	116.
AUDIO-VISUAL EQUIPMENT	558.	384.	174.
WEBSITE	1,750.	1,167.	583.
THERMAL CAUTERY UNIT	595.	107.	488.
HYFRECATOR 200 EQUIPMENT	1,084.	194.	890.
REFRIGERATOR (PELICAN BAY JUBILEE GIFT)	2,729.	1,105.	1,624.
EXAM TABLE HIGH LOW/W PELVIC TILT	4,355.	1,607.	2,748.
AUDIO-VISUAL WALL MOUNT EQUIQ FOR DIABETIC TRAINING	2,992.	926.	2,066.
MEDIA EQUIP FOR ED. CTR (DIABETIC EDUCATION)	2,799.	867.	1,932.
AUDIO-VISUAL MOUNT EQUIP FOR DIABETIC TRAINING	3,346.	956.	2,390.
WEBSITE	101.	76.	25.
QUICKBOOKS PREMIER 2006	2,530.	2,460.	70.
DELL POWER EDGE 1800 SERVER	4,309.	1,745.	2,564.
MS EXCHANGE SERVER	4,300.	1,689.	2,611.
SPSS OUTCOME MEASURES SOFTWARE	3,015.	955.	2,060.
LAPTOP COMPUTER	1,200.	360.	840.
INFINETORK DELL PE-4210	4,100.	1,093.	3,007.
EKG PRINTER	1,650.	550.	1,100.
EKG MACHINE	4,707.	1,120.	3,587.
MEDICAL MOBILE FILING SYSTEM	5,250.	875.	4,375.
NAPLES LUMBER	6,022.	32.	5,990.
NAPLES LUMBER	5,933.	19.	5,914.
CASTLE SERVICES -HURRICANE SHUTTERS AND PROTECTION	11,356.	36.	11,320.
MEDICAL MOBILE FILING SYSTEM FINAL PAYMENT	5,250.	750.	4,500.
IBM LAPTOP LENOVO 3000	999.	200.	799.
DELL LAPTOP	869.	43.	826.
DEX IMAGING, INC.	5,900.	295.	5,605.
BYTESCRIBE INC.	2,473.	353.	2,120.
OFFICE FURNITURE & DESIGN CONCEPTS	2,242.	240.	2,002.
OTSUKA AMERICA PHARMACEUTICAL, INC	10,000.	500.	9,500.
EXECUTIVE ELECTRONICS	4,348.	217.	4,131.
EXECUTIVE ELECTRONICS	4,348.	145.	4,203.
OFFICE FURNITURE & DESIGN CONCEPTS	2,089.	224.	1,865.
TOSHIBA TOSHIBA	1,813.	302.	1,511.
TOTAL TO FORM 990, PART IV, LN 57	3,312,637.	545,750.	2,766,887.

FORM 990	OTHER ASSETS	STATEMENT 7

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE FROM COMMUNITY FOUNDATION	80,934.	
PROPERTY HELD FOR SALE	566,350.	
PREPAID EXPENSES	10,731.	10,032.
TOTAL TO FORM 990, PART IV, LINE 58	658,015.	10,032.

FORM 990	MORTGAGES PAYABLE	STATEMENT 8

DESCRIPTION	BALANCE DUE
JOHN NOCERA	262,718.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	262,718.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN CARDILLO, ESQ 120 GOODLETTE RD, NORTH NAPLES, FL 34102	CHAIR 0.50	0.	0.	0.
DEBORAH RUSSELL,ESQ 120 GOODLETTE RD, NORTH NAPLES, FL 34102	CHAIR-ELECT 0.50	0.	0.	0.
DAVID GREIDER, M.D. 120 GOODLETTE RD, NORTH NAPLES, FL 34102	SECRETARY 0.50	0.	0.	0.
CONNIE DALIS, CPA 120 GOODLETTE RD, NORTH NAPLES, FL 34102	TREASURER 0.50	0.	0.	0.
DOUG BOYNTON, M.D. 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
LINDA FLORES 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
JOHN GESHAY 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
SEAN KELLEY 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
MARTHA MARLAND 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
ANNE DAVIS 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
NANCY LASCHEID,RN,BSN 120 GOODLETTE RD, NORTH NAPLES, FL 34102	EMERITUS 0.50	0.	0.	0.

BILL LASCHEID, M.D. 120 GOODLETTE RD, NORTH NAPLES, FL 34102	CHAIRMAN EMERITUS 0.50	0.	0.	0.
DAVE WESTON, MBA 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
CLAUDE WEIR, ESQ 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
BILL O'NEILL, ESQ 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
MILLARD YOUNKERS, JR. 120 GOODLETTE RD, NORTH NAPLES, FL 34102	DIRECTOR 0.50	0.	0.	0.
NINA GRAY 120 GOODLETTE RD, NORTH NAPLES, FL 34102	CEO 40.00	91,720.	2,656.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		91,720.	2,656.	0.

FORM 990 | EXPLANATION OF RELATIONSHIP PART V-A, LINE 75B | STATEMENT 10

INDIVIDUAL'S NAME	TITLE OR ROLE
NANCY LASCHEID, RN, BSN	EMERITUS

INDIVIDUAL'S NAME	TITLE OR ROLE
BILL LASCHEID, M.D.	CHAIR EMERITUS

EXPLANATION OF RELATIONSHIP

NANCY AND BILL LASCHEID ARE CO-FOUNDERS OF THE ORGANIZATION AND ARE HUSBAND AND WIFE.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2B	STATEMENT 11

DURING 2004, THE CLINIC PURCHASED LAND FROM A MEMBER OF THE BOARD OF DIECTORS. THE PURCHASE WAS FINANCED THROUGH A MORTGAGE FROM THE BOARD MEMBER. THE INTEREST RATE ON THE NOTE WAS 6% AND CONDITIONS WERE APPROXIMATELY THE SAME CONDITIONS THE CLINIC WOULD HAVE RECEIVED FROM A PRIVATE LENDER AND DOES NOT UNREASONABLY BENEFIT THE NOW FORMER BOARD MEMBER.

Form **4562-FY** Department of the Treasury Internal Revenue Service

Depreciation and Amortization 990
(Including Information on Listed Property)

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

OMB No 1545-0172 **2007** Attachment Sequence No 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NEIGHBORHOOD HEALTH CLINIC, INC.	FORM 990 PAGE 2	59-3546884

Part I Election To Expense Certain Property Under Section 179 **Note:** *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (**Do not** include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	12,916.

Part III MACRS Depreciation (**Do not** include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	45,342.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		15,900.	5 YRS.	MQ	200DB	795.
c	7-year property		4,331.	7 YRS.	MQ	200DB	464.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27 5 yrs.	MM	S/L	
		/		27.5 yrs	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/	STATEMENT 12		MM	S/L	135.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year	/		40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	59,652.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year:					
43 Amortization of costs that began before your 2007 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

FORM 4562-FY PART III - NONRESIDENTIAL REAL PROPERTY STATEMENT 12

(A) DESCRIPTION OF PROPERTY	(B) MO/YR	(C) BASIS	(D) PERIOD	(G) DEDUCTION
CASTLE SERVICES HURRICANE SHUTTERS AND PROTECTION	05/08	4,990.	39.0 YRS	48.
NAPLES LUMBER	07/08	6,022.	39.0 YRS	32.
NAPLES LUMBER	08/08	5,933.	39.0 YRS	19.
CASTLE SERVICES -HURRICANE SHUTTERS AND PROTECTION	08/08	11,356.	39.0 YRS	36.
TOTAL TO FORM 4562, PART III, LINE 19I		28,301.		135.