

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **04/01**, 2009, and ending **03/31**, 20 **10**

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

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

C Name of organization **COMMUNITY HEALTH CLINICS INC**
 Doing Business As **TERRY REILLY HEALTH SERVICES**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
211 16th Ave North P O Box 9
 City or town, state or country, and ZIP + 4
Nampa, ID 83653-0009

D Employer identification number
82 : 0300537

E Telephone number
 (**208**) **467-4431**

F Name and address of principal officer: **TIMOTHY BROWN**
211 16TH AVE NORTH PO BOX 9, NAMPA, ID 83653-0009

G Gross receipts \$ **19,305,559**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **trhs.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1972** **M** State of legal domicile: **ID**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>See Schedule O, Statement 1</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	238
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,919,990	Current Year 9,151,699
	9 Program service revenue (Part VIII, line 2g)	9,457,281	10,026,482
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,100	28,584
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,738	49,175
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,467,109	19,255,940
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,781,143	450,245
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,787,044	11,450,552
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 77,344		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,488,266	6,398,114
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,056,453	18,298,911	
19 Revenue less expenses. Subtract line 18 from line 12	410,656	957,029	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,385,192	End of Year 11,261,269
	21 Total liabilities (Part X, line 26)	2,786,299	2,705,347
	22 Net assets or fund balances. Subtract line 21 from line 20	7,598,893	8,555,922

Part II Signature Block

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

Sign Here

Signature of officer: Timothy Brown, Executive Director Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's identifying number (see instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
See Schedule O, Statement 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **Yes** **No**
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? **Yes** **No**
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **11,969,065** including grants of \$ **211,662**) (Revenue \$ **6,555,932**)
HEALTH CARE PROGRAMS - GENERAL - TRHS PROVIDES FAMILY PRACTICE, COMPREHENSIVE SERVICES AT SIX SITES THROUGHOUT THE TREASURE VALLEY. SERVICES ARE PROVIDED BY OVER 20 FAMILY PRACTICE DOCTORS, FAMILY NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS. A PHARMACY IS LOCATED AT THE LARGEST CLINIC IN NAMPA WITH OVER 57,000 PRESCRIPTIONS FILLED ANNUALLY, IN ADDITION, HEALTH EDUCATION, CASE MANAGEMENT AND OUTREACH SERVICES ARE OFFERED TO SPECIAL POPULATIONS AND FOR SPECIFIC DISEASE CATEGORIES (E.G. DIABETES). DURING THE REPORTING YEAR, APPROXIMATELY 71,263 VISITS WERE PROVIDED TO OVER 22,281 PATIENTS.

4b (Code:) (Expenses \$ **3,134,252** including grants of \$ **100,567**) (Revenue \$ **2,188,122**)
FOUR CLINICS DENTAL SERVICES - LOW INCOME PERSONS, MIGRANT FARMWORKERS AND THEIR FAMILIES AND HOMELESS PATIENTS. 20234 VISITS. (9302 CLIENTS)

4c (Code:) (Expenses \$ **1,908,905** including grants of \$ **138,016**) (Revenue \$ **1,282,428**)
MENTAL HEALTH, SUBSTANCE ABUSE PROGRAMS, INDIVIDUAL AND GROUP COUNSELING AND MEDICATION MANAGEMENT. SPECIAL EMPHASIS ON SERVICES FOR OFFENDERS AND VICTIMS OF SEXUAL OR PHYSICAL ABUSE. SERVICES ARE OFFERED AT EIGHT SITES FOR 28578 VISITS PROVIDED DURING THE YEAR TO 2793 CLIENTS.

4d Other program services. (Describe in Schedule O.) **See Schedule O, Statement 3**
(Expenses \$ **109,249** including grants of \$ **0**) (Revenue \$ **0**)

4e Total program service expenses ▶ 17,121,471

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • 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> • 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> • 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> • 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> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • 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? <i>If "Yes," complete Schedule D, Part X.</i> 		
12	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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 48		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 238		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a material diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	<input checked="" type="checkbox"/>	
8b	b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
13	Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<input checked="" type="checkbox"/>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA, FL, IL, MD, NY, OR, PA, UT, WA, WV
- 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: ► TERRY REILLY HEALTH SERVICES, (208)467-4431
211 16TH AVE NORTH, NAMPA, ID 83653-0009

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PALMA BROWN Board Member	0	✓					\$0	\$0	\$0	
CAROLYN CALOMENI Board Member	0	✓					\$0	\$0	\$0	
HELEN CARTER Board Member	0	✓					\$0	\$0	\$0	
SISTER MAURA CLARK Board Member	0	✓					\$0	\$0	\$0	
MICHAEL CUNNINGTON DDS Board Member	0	✓					\$0	\$0	\$0	
ROSIE DELGADILLO REILLY Past-VICE CHAIRPERSON	0	✓					\$0	\$0	\$0	
FRED HELPENSTELL MD Board Member	0	✓					\$0	\$0	\$0	
MARGARET HENBEST Board Member	0	✓					\$0	\$0	\$0	
LINDA KAISER Board Member	0	✓					\$0	\$0	\$0	
THERESA LUNSTRUM Past Chairperson	0	✓					\$0	\$0	\$0	
CHARLES MARSH Board Member	0	✓					\$0	\$0	\$0	
JAZMIN MENDEZ Board Member	0	✓					\$0	\$0	\$0	
ROBYN PAGE Board Member	0	✓					\$0	\$0	\$0	
BOB RING MD Board Member	0	✓					\$0	\$0	\$0	
DENNIS SMITH Board Member	0	✓					\$0	\$0	\$0	
VALERIE STEFFEN Ph D Board Member	0	✓					\$0	\$0	\$0	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LUIS URIAS Board Member	0	<input checked="" type="checkbox"/>						\$0	\$0	\$0
RAFAEL ZARAGOZA Board Member	0	<input checked="" type="checkbox"/>						\$0	\$0	\$0
MIKE DUGGAN Chairperson	0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				\$0	\$0	\$0
ERIK JOHNSON Vice Chairperson	0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				\$0	\$0	\$0
DIANE MARKUS Board Secretary/Treasurer	0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				\$0	\$0	\$0
TIMOTHY BROWN Exec Director/CEO	50			<input checked="" type="checkbox"/>				\$79,076	\$0	\$4,149
BARBARA KORN CFO	45.0			<input checked="" type="checkbox"/>				\$90,356	\$0	\$14,952
JONATHAN BOWMAN MEDICAL DIRECTOR	40				<input checked="" type="checkbox"/>			\$171,233	\$0	\$17,887
DAN WATT DENTAL DIRECTOR	32.0				<input checked="" type="checkbox"/>			\$139,363	\$0	\$15,266
REBECCA RATCLIFF PHYSICIAN	40					<input checked="" type="checkbox"/>		\$176,724	\$0	\$14,307
STUART BLACK PHYSICIAN	40					<input checked="" type="checkbox"/>		\$134,941	\$0	\$15,894
DARON LIND DENTIST	50.0					<input checked="" type="checkbox"/>		\$132,493	\$0	\$7,193
MARK MERING PHYSICIAN	32.0					<input checked="" type="checkbox"/>		\$135,806	\$0	\$13,676
1b Total								1,185,699	0	115,747

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **19**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ALL PRO CLEANING, 119 S VALLEY DRIVE A-124, NAMPA, ID 83686	JANITORIAL AND GROUN	\$170,635

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **1**

Part VIII Statement of Revenue				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	259,940					
	b Membership dues	1b	0					
	c Fundraising events	1c	3,386					
	d Related organizations	1d	0					
	e Government grants (contributions).	1e	6,417,695					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,470,678					
	g Noncash contributions included in lines 1a-1f: \$		2,017,014					
	h Total. Add lines 1a-1f		9,151,699					
Program Service Revenue	2a PATIENT SERVICE REVENUE		Business Code 621400	10,026,482	10,026,482	0	0	
	b							
	c							
	d							
	e							
	f All other program service revenue			0	0	0	0	
	g Total. Add lines 2a-2f			10,026,482				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			28,584	0	0	28,584
4 Income from investment of tax-exempt bond proceeds				0	0	0	0	
5 Royalties				0	0	0	0	
6a Gross Rents		(i) Real	(ii) Personal					
		0	0					
		b Less: rental expenses			0	0		
		c Rental income or (loss)			0	0		
d Net rental income or (loss)					0	0	0	
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other					
		0	0					
		b Less: cost or other basis and sales expenses			0	0		
		c Gain or (loss)			0	0		
d Net gain or (loss)					0	0	0	
8a Gross income from fundraising events (not including \$ 3,386 of contributions reported on line 1c). See Part IV, line 18								
		a		64,828				
		b Less: direct expenses			49,619			
c Net income or (loss) from fundraising events					15,209	15,209	0	0
9a Gross income from gaming activities. See Part IV, line 19								
		a		0				
		b Less: direct expenses.			0			
c Net income or (loss) from gaming activities				0	0	0	0	
10a Gross sales of inventory, less returns and allowances								
	a		0					
	b Less: cost of goods sold			0				
c Net income or (loss) from sales of inventory				0	0	0	0	
Miscellaneous Revenue		Business Code						
11a MEDICAL RECORDS		621400	24,915	24,915	0	0		
b NSF FEES		621400	930	930	0	0		
c MISCELLANEOUS ITEMS		621400	8,121	8,121	0	0		
d All other revenue			0	0	0	0		
e Total. Add lines 11a-11d			33,966					
12 Total revenue. See instructions.			19,255,940	10,075,657	0	28,584		

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	0	0		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	450,245	450,245		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	645,516	393,020	252,496	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	8,670,497	8,155,891	471,415	43,191
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	410,810	378,060	28,212	4,538
9 Other employee benefits	1,012,834	962,772	48,818	1,244
10 Payroll taxes	710,895	662,454	43,091	5,350
11 Fees for services (non-employees):				
a Management	1,250	0	1,250	0
b Legal	18,572	15,558	3,014	0
c Accounting	34,060	0	34,060	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	236,979	225,040	11,434	505
12 Advertising and promotion	18,119	10,137	1,844	6,138
13 Office expenses	3,256,067	3,213,869	41,227	971
14 Information technology	188,256	183,868	4,388	0
15 Royalties	0	0	0	0
16 Occupancy	579,709	566,036	13,172	501
17 Travel	130,057	101,969	27,943	145
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	70,492	49,842	7,060	13,590
20 Interest	117	78	39	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	515,103	479,747	35,356	0
23 Insurance	34,865	1,745	33,120	0
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISC AND CLIENT SERVICES	59,432	46,711	12,460	261
b BAD DEBT EXPENSE	1,182,817	1,182,817	0	0
c RECRUITMENT	24,328	23,752	576	0
d LICENSES AND DUES	47,891	17,860	29,121	910
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	18,298,911	17,121,471	1,100,096	77,344
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,600	1	2,675
	2 Savings and temporary cash investments	1,826,424	2	3,130,759
	3 Pledges and grants receivable, net	3,123,865	3	2,701,220
	4 Accounts receivable, net	439,745	4	391,189
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	38,030	8	66,786
	9 Prepaid expenses and deferred charges	136,692	9	283,323
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,774,523		
	b Less: accumulated depreciation	4,138,608	10c	4,635,915
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	85,416	15	49,402
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,385,192	16	11,261,269	
Liabilities	17 Accounts payable and accrued expenses	1,472,344	17	1,458,278
	18 Grants payable	0	18	0
	19 Deferred revenue	7,248	19	43,786
	20 Tax-exempt bond liabilities	673,413	20	599,720
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	633,294	23	603,563
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	
	26 Total liabilities. Add lines 17 through 25	2,786,299	26	2,705,347
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	3,359,592	27	4,430,835
	28 Temporarily restricted net assets	3,874,534	28	3,760,320
	29 Permanently restricted net assets	364,767	29	364,767
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,598,893	33	8,555,922	
34 Total liabilities and net assets/fund balances	10,385,192	34	11,261,269	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

- Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,437,808	5,645,083	6,138,402	7,919,990	9,163,919	34,305,202
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	5,437,808	5,645,083	6,138,402	7,919,990	9,163,919	34,305,202
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)						0
6 Public support. Subtract line 5 from line 4.						34,305,202

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,437,808	5,645,083	6,138,402	7,919,990	9,163,919	34,305,202
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,090	37,881	29,996	26,167	28,584	154,718
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						34,459,920
12 Gross receipts from related activities, etc. (see instructions)					12	10,075,657
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.55 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.51 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY HEALTH CLINICS INC

Employer identification number

82 0300537

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

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

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

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

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

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

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶%
 - b** Permanent endowment ▶%
 - c** Term endowment ▶%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	1,106,421		1,106,421
b Buildings	0	4,283,263	2,106,503	2,176,760
c Leasehold improvements	0	3,207	3,207	0
d Equipment	0	3,314,710	2,028,898	1,285,812
e Other	0	66,922	0	66,922
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,635,915

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	19,255,940
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,298,911
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	957,029
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	957,029

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	19,423,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	0
b	Donated services and use of facilities	2b	117,692
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	117,692
3	Subtract line 2e from line 1	3	19,305,559
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	0
b	Other (Describe in Part XIV.)	4b	-49,619
c	Add lines 4a and 4b	4c	-49,619
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,255,940

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

1	Total expenses and losses per audited financial statements	1	18,466,222
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	117,692
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	49,619
e	Add lines 2a through 2d	2e	167,311
3	Subtract line 2e from line 1	3	18,298,911
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	0
b	Other (Describe in Part XIV.)	4b	0
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	18,298,911

Part XIV Supplemental Information

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

Schedule D, Part XII, Line 4b - \$49619 includes fund raising direct expenses reported on Part VIII, Line 8b. This adjustment will adjust both total revenues and expenses accordingly. The total net income effect will be zero.

Schedule D, Part XIII, Line 2d - \$49619 includes fund raising direct expenses reported on Part VIII, Line 8b. This adjustment will adjust both total revenues and expenses accordingly. The total net income effect will be zero.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BOB LEBOW BIKE (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	74,919			74,919
	2 Less: Charitable contributions	3,596			3,596
	3 Gross income (line 1 minus line 2)	71,323			71,323
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	2,077			2,077
	7 Food and beverages	10,840			10,840
	8 Entertainment	0			0
	9 Other direct expenses	36,703			36,703
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(49,620)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				21,703	

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))
Revenue	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 ▶					

	Yes	No
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?	9a	
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amount of cash grant	Amount of non-cash assistance
Type of grant	MAMMOGRAPHIES	70	\$0	\$12,294
Method of valuation	INVOICED			
Description of non-cash assistance	MAMMOGRAPHIES			
Type of grant	PHARMACY	3550	\$0	\$78,559
Method of valuation	INVOICED			
Description of non-cash assistance	PHARMACY PRESCRIPTIONS FOR HOMELESS PATIENTS			
Type of grant	OPTICAL REFERRALS	16	\$0	\$1,438
Method of valuation	INVOICED			
Description of non-cash assistance	OPTICAL REFERRALS FOR HOMELESS PATIENTS			
Type of grant	INDIGENT	1289	\$0	\$357,955
Method of valuation	PHARMACEUTICALS / MEDICAL / DENTAL / SUPPLIES			
Description of non-cash assistance	FMV PHARMACEUTICALS PROVIDED TO INDIGENT PATIENTS. MEDICAL AND DENTAL SUPPLIES ARE PROVIDED IN PATIENT SERVICES.			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization COMMUNITY HEALTH CLINICS INC	Employer identification number 82 0300537
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	✓
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c	✓
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	✓
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b	✓
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b	✓
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✓
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JONATHAN BOWMAN	(i)	\$166,233	\$5,000	\$0	\$12,009	\$5,878	\$189,120	\$177,950
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
REBECCA RATCLIFF	(i)	\$135,799	\$40,925	\$0	\$9,298	\$5,009	\$191,031	\$174,280
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DAN WATT	(i)	\$135,363	\$4,000	\$0	\$9,088	\$6,178	\$154,629	\$162,694
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
STUART BLACK	(i)	\$110,701	\$24,240	\$0	\$8,905	\$6,989	\$150,835	\$0
	(ii)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

COMMUNITY HEALTH CLINICS INC

Employer identification number

82 0300537

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	IDAHO HEALTH FACILITIES AUTHORITY	82-6051863		07/25/2007	\$698,495	CONSTRUCTION OF DENTAL CLINIC		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
B										
C										
D										
E										

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue		\$698,495								
2 Gross proceeds in reserve funds		\$0								
3 Proceeds in refunding or defeasance escrows		\$0								
4 Other unspent proceeds		\$0								
5 Issuance costs from proceeds		\$8,495								
6 Working capital expenditures from proceeds		\$0								
7 Capital expenditures from proceeds		\$690,000								
8 Year of substantial completion		2007								
9 Were the bonds issued as part of a current refunding issue?		<input checked="" type="checkbox"/>								
10 Were the bonds issued as part of an advance refunding issue?		<input checked="" type="checkbox"/>								
11 Has the final allocation of proceeds been made?	<input checked="" type="checkbox"/>									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	<input checked="" type="checkbox"/>									

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		<input checked="" type="checkbox"/>								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		<input checked="" type="checkbox"/>								

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		✓								
b Are there any research agreements with respect to the financed property which may result in private business use?		✓								
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		✓								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ▶		0 %		%		%		%		%
6 Total of lines 4 and 5		0 %		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	✓									

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No								
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		✓								
2 Is the bond issue a variable rate issue?		✓								
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		✓								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		✓								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		✓								
6 Did the bond issue qualify for an exception to rebate?		✓								

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization COMMUNITY HEALTH CLINICS INC	Employer identification number 82 : 0300537
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	✓	10	2,017,014	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....)				
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	0
---	----	---

	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?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

COMMUNITY HEALTH CLINICS INC

Employer identification number

82 0300537

Form 990, Part III, Line 2 - ALLUMBAUGH HOUSE IS A REGIONAL FACILITY THAT OFFERS SHORT-TERM MENTAL HEALTH CRISIS SERVICES, DETOXIFICATION SERVICES, AND SOBERING STATION SERVICES. ALL SERVICES ARE PROVIDED TO TREASURE VALLEY RESIDENTS WHO QUALIFY FOR ADMISSION. THE ALLUMBAUGH HOUSE IS A RESULT OF MORE THAN FIVE YEARS OF COLLABORATION BETWEEN MANY INDIVIDUALS AND ENTITIES, INCLUDING GOVERNMENT, HEALTHCARE, NON-PROFITS, AND ADVOCACY GROUPS. ALLUMBAUGH HOUSE CONTRACT STARTED 10/2009 AND OPEN FOR SERVICES IN 5/2010.

Form 990, Part III, Line 3 - TRHS CEASED CONDUCTING THE RURAL OUTREACH PROGRAM OF YOUTH OBESITY PROGRAM.

Form 990, Part VI, Section B, Line 11 - THERE IS A REVIEW WITH THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Section B, Line 12c - BOARD MEMBERS MUST DECLARE A CONFLICT OF INTEREST AND REMOVE THEMSELVES FROM VOTING.

Form 990, Part VI, Section B, Line 15 - COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS REVIEWED AGAINST COMPARABLE INDUSTRY DATA ON AN ANNUAL BASIS BY THE HUMAN RESOURCES MANAGER. THE INFORMATION IS THEN REVIEWED BY THE EXECUTIVE DIRECTOR, IF APPROPRIATE. THE COMPARABLE DATA IS ALSO PRESENTED TO THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.

Form 990, Part VI, Section C, Line 19 - OUR POLICIES ARE INCLUDED IN THE EMPLOYEE HANDBOOK WHICH IS GIVEN TO EVERY EMPLOYEE UPON HIRE. THIS HANDBOOK INCLUDES CONFLICT OF INTEREST AND WHISTLEBLOWER POLICY. FURTHERMORE, OUR FINANCIAL INFORMATION IS INCLUDED IN OUR ANNUAL REPORT IN SUMMARY FORMAT AND FORM 990 ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AND AT OUR ADMINISTRATION OFFICES. THESE ARE ALSO MADE AVAILABLE UPON REQUEST.

Activity Or Mission Description

Description

COMMUNITY BASED ORGANIZATION THAT IS DEDICATED TO PROVIDING QUALITY, COMPREHENSIVE HEALTH CARE. PARTICULAR ATTENTION SHALL BE GIVEN TO PEOPLE WHO MIGHT HAVE DIFFICULTY OBTAINING CARE ELSEWHERE DUE TO RURAL ISOLATION, FINANCIAL BARRIERS, OR CULTURAL SENSITIVITY. PROVIDE 126,935 VISITS TO 30,756 PATIENTS

Mission Description

Description

TERRY REILLY HEALTH SERVICES IS A COMMUNITY BASED NON-PROFIT CORPORATION WHICH IS DEDICATED TO PROVIDING QUALITY, COMPREHENSIVE HEALTH CARE. THE SERVICES SHALL BE PROVIDED IN AN ACCESSIBLE AND AFFORDABLE MANNER TO ALL PERSONS REGARDLESS OF AGE, SEX, ETHNICITY, OR ECONOMIC SITUATION. PARTICULAR ATTENTION SHALL BE GIVEN TO PEOPLE WHO MIGHT HAVE DIFFICULTY OBTAINING CARE ELSEWHERE DUE TO RURAL ISOLATION, FINANCIAL BARRIERS, OR CULTURAL SENSITIVITY. TERRY REILLY HEALTH SERVICES SHALL FUNCTION AS A BUSINESS IN SUCH A MANNER AS TO BE FISCALLY RESPONSIBLE TO THE CORPORATE INTERESTS AND THE INTERESTS AND OBLIGATIONS OF THE PATIENTS. TERRY REILLY HEALTH SERVICES SHALL STRIVE TO IMPROVE AND EXPAND THE SERVICES. THE CORPORATION SHALL REMAIN FLEXIBLE IN THE HEALTH CARE MARKETPLACE AND EXPLORE NEW ORGANIZATIONAL STRUCTURES AND HEALTH RELATED FINANCIAL ENTERPRISES.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	ALLUMBAUGH HOUSE IS A REGIONAL FACILITY THAT OFFERS SHORT-TERM MENTAL HEALTH CRISIS SERVICES, DETOXIFICATION SERVICES, AND SOBERING STATION SERVICES. ALL SERVICES ARE PROVIDED TO TREASURE VALLEY RESIDENTS WHO QUALIFY FOR ADMISSION. THE ALLUMBAUGH HOUSE IS A RESULT OF MORE THAN FIVE YEARS OF COLLABORATION BETWEEN MANY INDIVIDUALS AND ENTITIES, INCLUDING GOVERNMENT, HEALTHCARE, NON-PROFITS, AND ADVOCACY GROUPS.	\$109,249	\$0	\$0
Total:		\$109,249	\$0	\$0