

Form **990**

OMB No 1545-0047

2000Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust
The organization may have to use a copy of this return to satisfy state reporting requirements**A** For the 2000 calendar year, or tax year period beginning 7/01/00, and ending 6/30/01**B** Check if applicable:
☒ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☒ Amended return

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

C Name of organization
AVIS GOODWIN COMMUNITY HEALTH CENTER

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

19 OLD ROLLINSFORD ROAD, SUITE 7

Room/suite

City or town state or country and ZIP code

DOVER**NH 03820****D** Employer ID number**02-0304203****E** Telephone number**603-740-3510****F** Check ☐ if application pending**G** Org type (check only one) ☒ 501(c) (3) ☐ 527 or ☐ 4947(a)(1)

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

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify)**K** Check here ☐ if the organization's gross receipts are normally not more than \$25 000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter number of affiliates ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No" att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit group exemption no. (GEN) ☐**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)****1** Contributions, gifts, grants, and similar amounts received**1a** 278,752**1b** 69,779**1c** 1,044,550**a** Direct public support**b** Indirect public support**c** Government contributions (grants)**d** Total (add lines 1a through 1c) (cash \$ 1,393,081 noncash \$)**1d** 1,393,081**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 1,515,010**3** Membership dues and assessments**3** **4** Interest on savings and temporary cash investments**4** **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** **8a** Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a **8b** **8c** **b** Less cost of other basis and sales expenses**c** Gain or (loss) (subtract line 8b from line 8a)**d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d** **9** Special events and activities (attach schedule)**a** Gross revenue (from line 1a) of **9a** **9b** **b** Less direct expenses other than fundraising expenses**c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c** **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** **12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 2,908,091**13** Program service expenses (from line 4 column (B))**13** 2,904,116**14** Management and general (from line 44 column (C))**14** **15** Fundraising (from line 44 column (D))**15** 727**16** Payments to affiliates (attach schedule)**16** **17** Total expenses (add lines 13 and 14 column (A))**17** 2,904,843**18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** 3,248**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 549,324**20** Other changes in net assets or fund balances (attach explanation)**20** 25,025**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 577,597

SEE STMT

Schedule B
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

**AVIS GOODWIN COMMUNITY HEALTH
CENTER**

Employer identification number

02-0304203Organization type (check one)- Section ☒ 501(c) **3** (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust**A Section 501(c)(7), (8), or (10) organizations-**Check this box if the organization had no General charitable contributors who contributed more than \$1,000 during the year (But see rule below) ▶ ☐Enter here the total gifts received during the year for a religious charitable etc , purpose ▶ \$**Note** This form is generally not open to public inspection except for section 527 organizations

Schedule B (Form 990 or 990-EZ)(2000)

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Name of organization

Employer identification number

AVIS GOODWIN COMMUNITY HEALTH

02-0304203

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 529,526	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ 463,024	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ 52,000	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		\$ 130,000	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>		\$ 90,000	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>		\$ 69,779	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)